

Wednesday, 09 March 2022

Meeting of the Health and Wellbeing Board

Thursday, 17 March 2022

2.00 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Stockman (Chairwoman)

Pat Harris, Healthwatch Torbay

Liz Thomas, NHS England

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

Nancy Meehan, Director Children's Services

Lincoln Sargeant, Director of Public Health

Non-voting Co-opted Board Members

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Tara Harris, Divisional Director of Community and Customer Services

Alison Hernandez, Police and Crime Commissioner

Chris Forster, Torbay Community Development Trust

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

Neil Ralph, Devon and Cornwall Police

Anthony Reilly, Devon NHS Partnership Trust

Paul Northcott, Adult Safeguarding Board

Sarah Newham, Department for Work and Pensions



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

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

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 7)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 9 December 2021.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Joint Health and Wellbeing Strategy** (Pages 8 - 21)
6. **Torbay Joint Strategic Needs Assessment 2022/23** (Pages 22 - 100)
To consider a report on the above.
7. **Devon & Cornwall Health Protection Committee Annual Report 2021/22** (Pages 101 - 104)
To note the annual report of the Devon and Cornwall Health Protection Committee.

Appendix 1 is 'to follow'.

8. **Health and Wellbeing Executive Group** (To Follow)
To consider a report on the above.
9. **Devon General Practice Strategy** (Verbal Report)
To receive a presentation on the above.
10. **Torbay Young Carers Under 25 Strategy and Action Plan 2022 - 2025** (Pages 105 - 122)
To provide feedback on the Torbay Young Carers Under 25 Strategy and Action Plan.

Meeting Attendance

Torbay Council has taken the decision to continue operating in a Covid-19 secure manner in order to protect staff and visitors entering Council buildings and to help reduce the spread of Covid-19 in Torbay. This includes social distancing and other protective measures (e.g. wearing a face covering (unless exempt), signing in and using hand sanitiser). Our public meetings will continue to operate with social distancing measures in place and as such there are limited numbers that can access our meeting rooms. Also, to help prevent the spread of the virus, anyone attending meetings is asked to take Covid lateral flow test the evening before - if you have a positive test result please follow the Government's guidelines and do not attend the meeting.

If you wish to attend a public meeting please contact us to confirm arrangements for your attendance.



Minutes of the Health and Wellbeing Board

9 December 2021

-: Present :-

Matt Fox, Adel Jones, Nancy Meehan, Councillor Jackie Stockman, Lincoln Sargeant and Jo Williams

148. Apologies

In light of the high level of Covid-19 transmission and the emergence of the Omicron variant, the decision was made to limit face to face attendance to statutory members of the Board.

Apologies for absence were received from Pat Harris (Healthwatch) and Tanny Stobart (Imagine This Partnership). The Board were informed of a change to its membership, Julie Foster (Adult Safeguarding Board) had been replaced by Paul Northcott.

149. Torbay Joint Health and Wellbeing Strategy

The Board received a presentation from Maria van Hove, Public Health Registrar, which set out:

- the steps being taken to develop the new Torbay Joint Health and Wellbeing Strategy;
- the outcome measures for each of the priorities of Torbay's Joint Health and Wellbeing Strategy 2018-22 - Thriving Lives; and
- the work programme for the Health and Wellbeing Board.

The Board requested that the Outcomes Framework, where possible, use consistent data to aid year on year comparisons. Members welcomed the focus on carers, given the emphasis of the social care white paper released on 1 December 2021 and raised the need for flexibility with regards to Children and Families being an area of focus for the Board in March.

150. Torbay Joint Health and Wellbeing Strategy Outcomes Framework update, November 2021

This item was considered in Minute 149 set out above.

151. Multiple Complex Needs - Partnership Approach

The Board considered a report that detailed the progress of the procurement of the Multiple Complex Needs (MCN) Alliance. The conversations with stakeholders

confirmed that a system-wide approach was also required if the aims and objectives of the MCN Alliance were to be realised.

The Innovations Unit (IU) had been commissioned by Torbay Council to undertake two strands of work:

1. to develop the Community Safety Partnership Board; and
2. to work with stakeholders to develop a collective understanding of 'people with complex lives'.

With regards to strand 2, the IU would be working with the Torbay system in developing a shared understanding of complexity. The expected outputs/deliverables would be:

- agreeing shared priority areas of focus within the definition;
- common principles for new ways of addressing priority areas identified through the process; and
- a clear understanding of roles and responsibilities in providing support.

This would be achieved through a series of workshops that would be developed collaboratively between the IU, a Design Group comprising of stakeholders from across the system and a 'Lived Experience Thematic Group'. In addition, there would be telephone-based interviews with some key stakeholders.

Given the partnership nature of this programme of work there were benefits to having system-wide governance. It was believed that the Torbay Health and Wellbeing Board was best placed to provide this.

By consensus the Board agreed:

- 1) That the Health and Wellbeing Board agrees to provide governance and oversight for this piece of system-wide work; and
- 2) That the Health and Wellbeing Board establishes and chairs a sub-group comprising representatives from the Board and any additional members it would view as pertinent. The purpose being to:
 - support and influence the direction of travel;
 - oversee outputs from this work; and
 - support/drive any agreed actions that derive from this work.

152. Better Care Plan 2021/22

The Board considered a report of the Better Care Plan 2021/22. Members were advised that the Better Care Fund (BCF) was a programme spanning both the NHS and local government which sought to join-up health and care services, so that people could manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF had been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and

providing them integrated health and social care services, resulting in an improved experience and better quality of life.

Members were advised that the schemes included in the Better Care Fund supported the prevention and early intervention strategies supporting the aims of the Thriving Lives – Torbay’s Joint Health and Wellbeing Strategy.

By consensus the Board agreed to support:

1. A commitment to transformative care learning from the initiatives and taking the momentum from successes to date to deliver improvements in patient experience of care (including quality and satisfaction), improvements across the health of populations, and reducing the per capita cost of health care and deliver the goals of the NHS Long Term Plan.
2. The recognition of the pace of change required with the demographic, workforce and care demand drivers being faced.
3. The proposals made in the accompanying report, for them to be taken through due governance, to deliver a transformation in Torbay’s care provision for the wellbeing of the population including those working and caring within it.

153. Digital Business Case for Electronic Patient Record for Torbay and South Devon NHS Trust

Adel Jones, of the Torbay and South Devon NHS Foundation Trust, sought the Boards support for a business case that would improve the digital infrastructure used by the Trust resulting in a collaborative system across Devon and improvements in respect of access to patient records.

The Board welcomed the submission of a digital business case and recognised the need for digital improvements.

154. Director of Public Health - Annual Report

The Board noted the Annual Report of the Director of Public Health which focused on mental health. Lincoln Sargeant, Director of Public Health, informed the Board that, Torbay was already facing challenges to the mental health and wellbeing of its population before COVID-19. The pandemic made these challenges worse for many, with some experiencing an increase in anxiety and depression, particularly those on low incomes.

However, the public health team had worked with partners across the Bay to address the challenges, despite the backdrop of lockdowns. So, whilst loneliness increased because restrictions meant people were separated from family and friends, organisations worked together to come up with innovative solutions such as Torbay Community Helpline, which had taken more than 25,750 calls, offering everything from mental health support, telephone befriending, financial support and domestic abuse help.

The Board welcome the report, endorsed the recommendations and agreed to share it with their networks.

155. Torbay and Devon Safeguarding Adults Partnership 2020-21 Annual Report

The Board noted the Torbay and Devon Safeguarding Adults Partnership (TDSAP) 2020-21 Annual Report. Paul Northcott, Chair of the TDSAP informed the Board that Covid-19 had an impact upon the work of the partnership, it had brought many challenges, though despite these additional pressures, all partners had continued to work effectively together and responded well when being held to account by the TDSAP. Partners had shown continuous commitment the Partnerships key strategic areas and provided a good level of assurance throughout the year.

156. Work Programme

This item was considered in Minute 149 set out above.

Foreword

Foreword from Health and Wellbeing Board Chair will be added post Health and Wellbeing Board 17 March for launch of public consultation.

Introduction

Healthy people are at the core of healthy societies. Yet health is more than just the absence of disease. The World Health Organisation defines health as “a state of complete physical, mental and social well-being”. When it comes to health, accessible and high quality health care is important, but as little as 10% of a population’s health and wellbeing is linked to access to health care. Many other factors, such as the home and the community we live in, our environment, work, education and money, influence whether we are healthy and happy. It is therefore crucial to address these and create an environment that enables people to be as healthy as they can.

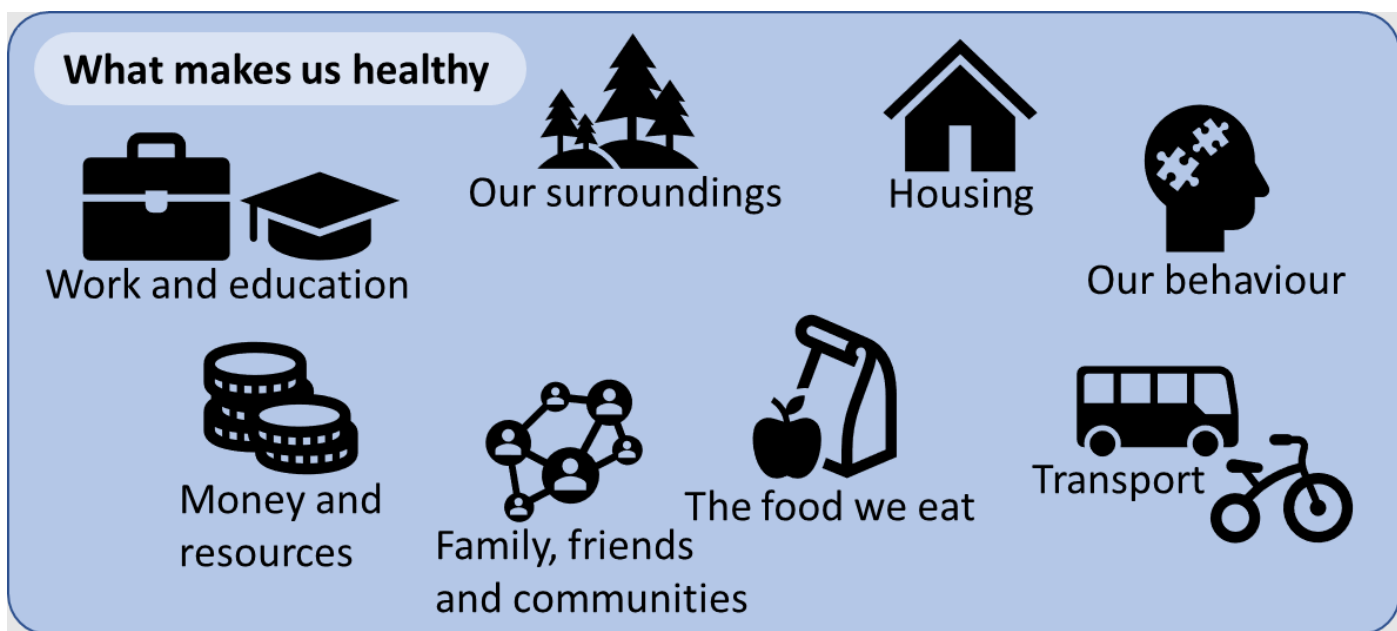


Figure 1 What makes us healthy. Adapted from The Health Foundation

The circumstances in which we live, our daily activities and our social lives affect our physical and mental health and wellbeing. At the same time, having a physical illness or mental health problem can have a significant impact on our social and working lives and our wellbeing.

Everyone in our community should have the opportunity for good health and wellbeing. To increase the health and wellbeing of the people in Torbay we need to work across all sectors and organisations to address the factors that influence these. This Joint Health and Wellbeing Strategy sets out our focus areas and key actions to improve lives in Torbay over the next four years.

Health inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people that arise because of the conditions in which we grow up and live, the environment or area we live in, the group we belong to or the opportunities we have to lead healthy lives¹.

¹ [Health inequalities in a nutshell | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/health-inequalities-in-a-nutshell)

The Marmot Review first described these differences in health outcomes between different sections of society in 2010 and found people living in the poorest neighbourhoods in England will die several years earlier than people living in the richest neighbourhoods. Poorer people will also spend more of their life living with disease or disability². An update of the Marmot review in 2021 showed:

- Improvements in life expectancy stalled in the decade before the pandemic
- There are wide inequalities in health within and between different areas in the UK
- The health gap between wealthy and deprived populations has widened
- People are spending more of their lives living in poor health.³

To tackle inequalities, we need to ensure that we not only provide high quality and accessible health care, but that we take note of the factors contributing to good or poor health. This includes supporting people when they need help, making sure children have a good start in life and working towards a thriving society where people can live healthy and happy lives in an environment that supports health and is sustainable for future generations.

The Government's Levelling Up White Paper, published in February 2022, emphasises the need to tackle the drivers of disparity and identifies a series of 'levelling up missions' centring around jobs, housing, skills, education, health, crime, community and wellbeing.⁴ These are reflected in the priority and underpinning areas of our Strategy.

Torbay

Torbay offers a great quality of life for individuals and families, with a great natural environment on the English Riviera, a wide range of outdoor activities, excellent schools and a growing arts and cultural sector. But in common with other coastal communities, Torbay faces major challenges. Some of these are listed below. For more detail consult Torbay Council's Joint Strategic Needs Assessment⁵.

- 1. Our climate is changing.** Torbay is projected to get warmer, wetter winters and hotter, drier summers with more intense storms and rising sea levels. This will affect every area of our lives, from increased mould growth within homes during winter, to more deaths due to severe weather such as storms and heatwaves. We need to reduce our carbon footprint, our impact on the environment and plan for the effects of climate change and environmental breakdown that we cannot prevent.
- 2. Our population is ageing.** As a popular retirement location, our population is older than the national average, with 26% of people over 65 years of age. This means we face increased challenges of ill-health, loneliness and frailty, with a high impact on health and social care. We also need to support our many carers, those family members and friends, who themselves support and ensure independence for our older population, many of whom are themselves older.

² Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK (www.gov.uk)

³ Health Equity in England: The Marmot Review 10 Years On - IHE (instituteofhealthequity.org)

⁴ Levelling up in the United Kingdom White Paper (HM Government) February 2022 [Levelling Up the United Kingdom](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106421/levelling-up-white-paper.pdf) (publishing.service.gov.uk)

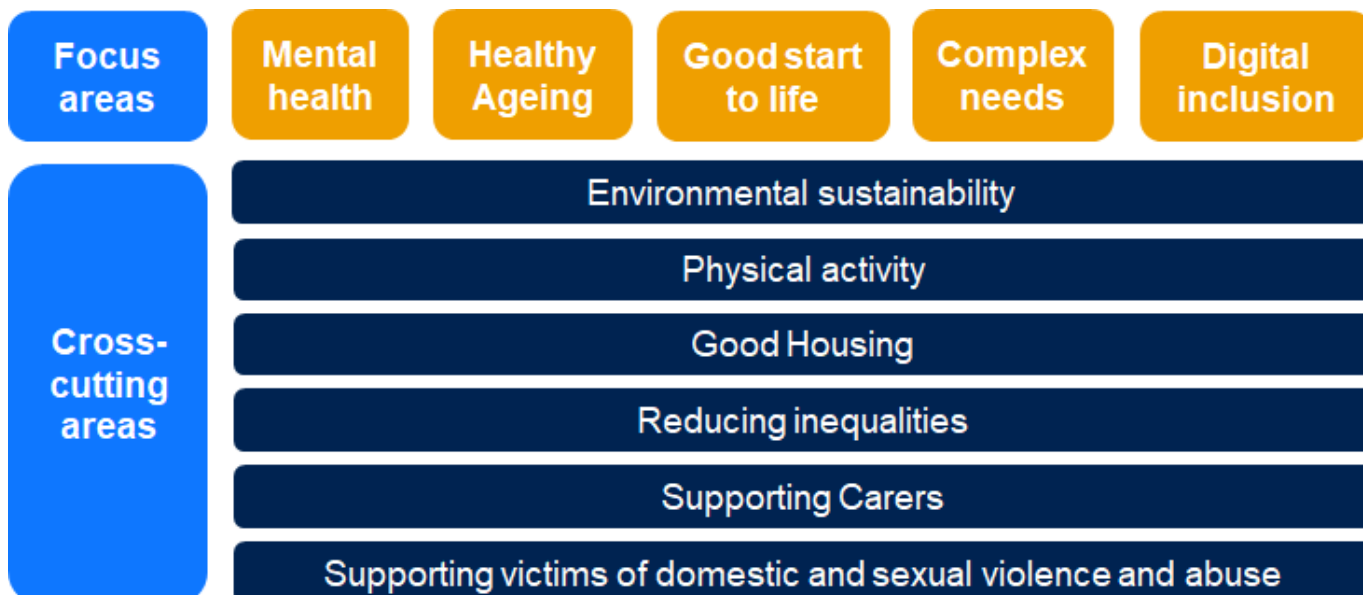
⁵ Joint Strategic Needs Assessment for Torbay 2020-2021

- 3. Inequalities are widening.** There are communities with high levels of deprivation and poor housing in Torbay, with around 1 in 6 children growing up in relative poverty, and few opportunities for young people. Many people in Torbay's tourism industry and care sector are employed on low wages. Many of these businesses have suffered during the COVID-19 pandemic, and this has had a knock-on effect, worsening existing inequalities as the most deprived were hit hardest by the health and economic impacts of the pandemic.
- 4. Residents are struggling with mental health problems.** 1 in 8 adults in Torbay have depression, and we have a high rate of people who require long-term support for mental health problems. We have high rates of suicide, and self-harm, particularly among young adults. People with caring responsibilities are also at higher risk of mental health issues.
- 5. Children and young people.** The rate of cared for children in Torbay is amongst the highest in England and many children and families require extra support. Around 1 in 6 children live in low-income households, above the England average. We also face challenges around children and young peoples' physical and mental health, including high rates of overweight and obesity, high rates of tooth decay and high rates of self-harm in children and young people.
- 6. Poor housing and homelessness.** Living in poor housing has a negative effect on both physical and mental health. 1 in 3 people in Torbay live in housing which is in poor condition, without central heating or overcrowded. Many people in Torbay struggle to pay their energy bills and may rent poor quality housing that is colder and more prone to damp. This has an impact on people's health and wellbeing. Houses in the South West of England are expensive, and housing in Torbay is on average less affordable than in the rest of England. There is also an increasing number of rough sleepers in Torbay, and many homeless households living in emergency accommodation or staying with friends and family.

Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. Five focus areas and six cross cutting areas identify priorities for collective system action over the next four years.

The Health and Wellbeing Board has selected priority areas that relate to all aspects of health and wellbeing, without duplicating existing work or losing focus by spreading efforts too widely.



The Joint Health and Wellbeing Strategy provides a framework for the Health and Wellbeing Board to promote and monitor progress in the areas identified to be most important. It also provides a direction for the commissioning of services in other areas, and identifies medium and long-term goals. The goals outlined in the following sections of the strategy will provide a basis for the Health and Wellbeing Board to monitor progress on each priority area.

Our Objectives and Priorities

Our vision:
To create a healthy, happy Torbay where individuals and communities can thrive

Priority 1 Good mental health

Why is this a priority?

Before the pandemic, Torbay residents generally reported positive wellbeing however almost one in four said they had high anxiety levels and one in five reported having a common mental disorder. Self-harm and suicide rates were significantly higher than the national average.

Since the start of the pandemic the situation has worsened. People now experience higher levels of anxiety and depression and people with an existing mental health diagnosis feel that their condition is worse. The pandemic led to people losing their jobs, debt, and them not being able to see friends and family, which has had an impact on people's mental health and ability to cope. Levels of domestic abuse also increased, particularly during lockdowns.

Mental health problems also affect our children and young people. We have many children needing social, emotional, and mental health support and levels of self-harm among children and young people are high. Torbay has the second highest number of referrals to social care services in the region and the highest rates of cared for children. We also have a high number of young carers affected by an adult's mental health, or whose own mental health is affected by their caring role.

While there are many examples of excellent community partnerships supporting mental health, pausing or cancellation of services during the pandemic has contributed to some people not getting the help they need in a timely manner, which also impacted on their family and carers.

For all partners across Torbay, supporting the mental health of our staff, clients, patients, students, and communities is critically important. It is a time of real need, but also a time of real opportunity. COVID-19 has sharpened our understanding of our mental wellbeing. It has never been more evident that 'mental health is everyone's business'. Without good mental health, communities suffer. With good mental health, we all thrive.

What are our goals?

Torbay Mental Health and Suicide Prevention Alliance has agreed a number of goals that we will work towards in collaboration with partners across the system.

Every individual, child and family will:

- Receive person-centred support
- Receive the right level of support at the right time for them
- Be resilient and feel able to look after their mental health
- Feel safe and protected
- Have mental health issues identified and addressed early

We will all live in communities that:

- Empower us to talk about our mental health and wellbeing
- Nurture our mental health and wellbeing
- Connect us to friends, family and services
- Enable us to have a stable home, fulfilling employment and financial stability

To make this happen we will:

- Ensure mental health and wellbeing and suicide prevention remain a priority for strategic partners across Torbay and achievement of outcomes via the Health and Wellbeing Board
- Undertake a collaborative needs assessment into mental health and wellbeing, suicide and self-harm
- Drive continuous improvement in Children and Young People's mental health outcomes through partnership working with families and communities.
- Implement the Torbay suicide and self-harm prevention plan with the aim of stabilising and reducing rates of suicide and self-harm across the Bay
- Incorporate mental health and wellbeing into the Multiple Complex Needs alliance from 2022
- Support the creation of mental health promoting communities through community development, training, safe spaces and peer support
- Promote and support workplace wellbeing in Torbay
- Promote approaches which tackle physical and mental wellbeing together especially the use of physical activity and green spaces to improve wider health and wellbeing
- Work with partners in the Community and Voluntary Sector and Health to ensure that community assets are in place and people are accessing them via a codesigned 'front door' to Adult Social Care.

Priority 2 A good start to life

Why is this a priority

Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. The importance of supporting children in their early years and through adolescence has been widely recognised by the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and is part of the NHS Long Term Plan. The Levelling Up White Paper highlights the impact of education and skills, health and wellbeing, on the economic life and opportunity of the whole community. Offering support to all children, adolescents and their families, as well as focussing on those who need help the most, reduces inequalities and improves health outcomes⁶.

What are our goals?

- Ensuring families have access to the services they need
 - Seamless support for families: a joined up Start for Life offer available to all families.
 - A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
 - The information families need when they need it: designing online, in-person and telephone offers around the needs of the family.
- Ensuring the Start for Life system works together to give families the support they need
 - An empowered Start for Life workforce: developing a skilled workforce to meet the changing needs of families.
 - Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
 - Leadership for change: ensuring local and national accountability and building the economic case⁷

To make this happen we will:

We will work across four main areas to improve outcomes for children and families.

- Shift resources to sustain preventative early help services and expand our offer so that it covers the time from before birth up to the age of 25.
- Commission services jointly with the Clinical Commissioning Group and the Integrated Care System to ensure emotional health and wellbeing is prioritised by all partners.
- Improve our data collection and presentation, mapping inequalities and moving to monthly data flows. Outcomes will be regularly reported to the Health and Wellbeing Board.
- Implement the recommendations from the joint area inspection of Special educational needs and disabilities (SEND).

Priority 3 Supporting people with complex needs

Why is this a priority

People with multiple and complex needs often experience two or more problems such as homelessness, substance misuse, domestic abuse and mental ill-health at the same time and

⁶ PHE (2018), *Best start in life and beyond: Improving public health outcomes for children, young people and families. Commissioning Guide 1: Background information on commissioning and service model*

⁷ Department of Health and Social Care (2021) *The best start for life: a vision for the 1,001 critical days*

sometimes have contact with the criminal justice system. People whose lives are complex have historically either fallen through the gaps between services, so have been disconnected from the help and support that would make a difference to them or have found that when they have engaged with specific services, who have not been able to respond to their holistic needs. This problem has been made worse by a lack of available services or services not working well together. This results in many people with multiple, complex needs circulating through different services and systems without improvement in their lives but at a cost to them, their families, and the community.

What are our goals?

- We will improve the experiences and outcomes of people with complex problems in Torbay using a different approach to the way in which support is structured, delivered, and commissioned. Support offers will be not only aware of, but also responsive to, people's needs, wishes and aspirations in their lives.

To make this happen we will:

- Commission a Multiple Complex Needs Alliance in 2022, with this becoming operational in 2023. This Alliance will deliver an integrated support offer for people who experience homelessness, substance misuse problems and domestic violence
- Develop a mental health offer as part of the Alliance delivery model.
- Introduce and develop trauma informed approaches across the system.
- Review our housing and support requirements to allow access to suitable accommodation.
- Work with the Innovation Unit to develop a Torbay-wide, shared understanding and definition of complexity; agree shared priority areas; and agree how to work together
- Establishing a Health and Wellbeing sub-group group to oversee and support the implementation of the partnership work that comes from the Torbay Innovation Unit workshops.

Priority 4 Healthy Ageing

Why is this a priority

Torbay's population includes an increasing number of people aged 50 and over with lived experience of health and wellbeing challenges. The need for health and care services is estimated to increase substantially in the future. Torbay needs health and support services that maintain the health and independence of people in the community and take older citizens' health and care needs and preferences into account.

Physical and mental wellbeing are closely connected and any programme to support healthy ageing needs to promote both together.

There is also a need to understand and to tackle older people's experiences of social isolation, discrimination and exclusion.

We need to work together with people of all ages to overcome these complex challenges and see this as an opportunity for engagement and learning about health and wellbeing for us all, right across the life course.

What are our goals?

Every individual:

- Understands the ageing process and is aware of ways for preventing and living with disease
- Is better informed about dying well as well as living well

- Has the opportunity to optimise brain ability and reduce the risk of dementia
- Is able to improve physical fitness and reduce their risk of injury from falling or from frailty
- Is respected for their life experiences; their abilities, choices and ambitions are acknowledged and supported
- Is treated with dignity in all healthcare services
- Is able to choose the level of support that will enable them to live independent and socially connected lives

To make this happen we will

- Challenge how people think about ageing, so that we all see ageing as a positive part of life and each stage as an opportunity for new, positive experiences
- Adopt a whole family approach in all our work and require the same of our partners
- Ensure health and care services are shaped by people with lived experience and from diverse backgrounds
- Enable trusted relationships that fully support peoples' wellbeing and that of their carers
- Promote services that are accessible, inclusive, and based on good evidence
- Ensure support is targeted at prevention and is determined by need, not age
- Actively challenge discrimination
- Ensure that when care is needed it is accessible, compassionate and of high quality
- Enable the development of communities that support safe, healthy, active, independent, and socially connected intergenerational living
- Develop housing provision that is suitable and adaptable for people as they age, promoting independent living.

Priority 5 Digital inclusion and access

Why is this a priority?

Digital technology and communication have transformed almost every aspect of people's lives and has become central to how society works. Being connected became more important during the Covid-19 pandemic when digital became people's default way of keeping socially connected, accessing services, and maintaining cultural connections. At the same time, this shift highlighted how a lack of digital skills and access can negatively impact on a person's life. A person may struggle to access key services and may lose their voice and visibility in society.

Those who are digitally excluded often experience other disadvantages such as low-quality housing, lower educational achievement, social isolation, low income, and unemployment. Unsurprisingly, there is a link between digital exclusion, poor health outcomes and lower life expectancy. Given that many of those who are digitally excluded are high users for health and social care provisions, we need to ensure that people are either supported to engage with services digitally, or that people are offered in-person or telephone services.

The Levelling Up White Paper highlights how the pandemic demonstrated the importance of digital connections right across society, from ensuring business continuity to reducing social isolation, and sets out action required at national and local level to promote digital access and skills.

Any digital service offer must be designed to be as accessible and intuitive as possible to both access and use. User experience must be optimal so that the opportunities of digital health and social care can be fully realised.

What are our goals?

- Enable people to become digitally included by facilitating access to internet-enabled devices that meet people's needs.
- Support people to improve their digital literacy.
- Increase the use of digital health and social care opportunities to realise the benefits for the individual as well as Torbay's health and care system.
- Increase the opportunities for the utilisation of digital health and care and optimising accessibility.

To make this happen we will:

- Support the growth of a cross-sectoral Digital Inclusion Group to enable digital inclusion within Torbay.
- Support people to get online and use digital health and care resources.
- Incorporate digital inclusion and accessibility in the organisational strategic planning of the NHS and Torbay Council.

Cross-cutting areas

As well as our focus areas, we have identified six areas that cut across and should inform all of our work.

Environmental sustainability

Why is this a cross cutting area?

Climate change is a public health emergency. As the global climate warms at an increasing rate, we see the effects of climate change being experienced by Torbay's health and social care system. In the future, we will see more extreme weather events like heat waves and flooding, and warmer, wetter winters leading to mould in homes. Without radically reducing our carbon emissions and adapting to the changes we cannot prevent, these impacts are forecast to significantly worsen. While these changes will impact on everyone in Torbay, they will hit the most vulnerable and disadvantaged in society hardest.

Torbay is well placed to become a leader and influencer of action against climate change. Torbay Council has a target to become carbon neutral by 2030 and the NHS, generally, has a target to reach net zero carbon emissions by 2040. Key actions in Torbay are counting our carbon emissions, reducing direct emissions from our estates, our fleet of vehicles, sustainable decision-making in procurement of services and changing the way our workforces commute and operate.

The actions required to cut carbon emissions and adapt to climate change have significant co-benefits for health, such as increasing active travel, insulating homes, and ensuring our health and care services are resilient to extreme weather events.

Torbay is developing a climate partnership to help all stakeholders work together better. Engagement from health sector partners is crucial to further mobilise action, assist each other in doing more and deliver a carbon neutral future for Torbay whilst becoming more resilient to a changing climate.

Asks from other service areas:

- Include environmental sustainability as a key element in all policies

- Make environmental sustainability a factor in decision making in all new policies and procurement contracts. Potential contractors should highlight the actions they will take to cut carbon emissions in their service delivery and work towards providing sustainable services.

Physical activity

Why is this a cross-cutting area?

Physical activity has a significant role to play both in physical health and in maintaining and improving mental health and wellbeing.

Physical activity is also a key driver in helping to address the national and local obesity crisis. In Torbay many people are overweight or obese - 60% of the adults and 35% of school-aged children.

Physical inactivity remains an issue of concern in Torbay - one in five adults and one in four young people are not doing the recommended 30 minutes of physical activity per day. People from lower-income families are most affected, with lower rates of physical activity and higher rates of obesity and overweight.

Increasing physical activity in Torbay will not only increase wellbeing, but also reduce demand for local health and care services, and there is still more work to be done.

Ask from other service areas

- Explore how physical activity can be included into your area of work/service
- Work with us to produce our Torbay on the Move Strategy to ensure that our vision for physical activity is a collective vision across the Council and our Community
- Share insight and intelligence so our Strategy is well-informed

Good Housing

Why is this a cross-cutting area?

Where we live has a big impact on our health. A house is more than a roof over our heads – it is what we call home, it is where we grow up and socialise. One in five homes in the UK do not meet decent housing standards. In Torbay, that figure is even higher with one in three people living in poor housing conditions. Fuel poverty, damp, overcrowding and homelessness are major challenges we face. While exact numbers for Torbay are not available, the COVID-19 pandemic is likely to have exacerbated the situation, with South West housing prices rising sharply during the pandemic and the most deprived parts of the population having been hit the hardest by the economic impacts of the pandemic. Wetter winters due to climate change will exacerbate this problem even further, with increased mould growth adding to the problem in the coming decade.

The Levelling Up White Paper highlights poor quality housing, overcrowding, and an over-reliance on temporary accommodation for vulnerable families as a key contributor to poor health and quality of life, and a key priority for action at national and local level.

Partnership working across the system will be required to tackle this problem. We can gain a lot through offering safe, healthy housing. Good housing contributes to health and wellbeing and helps keep people healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs.

Ask from other service areas

- Consider the housing implications and opportunities when developing new policies

- Work with the Council to develop a system wide housing strategy

Reducing inequalities

Why is this a cross-cutting area?

Health inequalities describe differences in the opportunities that people have to lead healthy lives. Health inequalities do not only exist in life expectancy, but also in access to and availability of care, behaviours that impact health and social determinants of health such as housing. Due to the impact of inequalities on health outcomes, reducing inequalities is an important goal in the NHS Long Term Plan, and should be a key aim of any public health policy in Torbay.

In Torbay, we have very affluent areas, but also quite deprived areas that struggle with poor housing, poverty, insecure jobs, low wages. Inequalities have also worsened during the pandemic, meaning that this is now more important than ever.

Ask from other service areas

- Every time a service changes a quality and equality impact assessment should be completed
- All employees should be trained to recognise the needs of minority and ethnic groups
- Introduce a Rural Proofing for Health Toolkit into the service delivery of local health and care systems
- Ensure that digital care pathways are developed in ways which increase inclusion

Supporting carers

Why is this a cross-cutting area?

One in eight people in Torbay cares for a friend or family member who cannot manage without them, due to a health or age-related condition, disability, drug/alcohol or mental health concern has caring responsibilities. Caring can have a significant impact on people's mental and physical health - three quarters of carers report that caring impacts their mental health and more than half report caring is impacting their physical health. Loneliness and social isolation are also key concerns for carers. Many working-age Carers either reduce their hours, give up work due to caring or find it difficult returning to the job market after caring, thus impacting on the local economy as well as their family's financial situation.

There is a wide range of support available for carers of all ages, however a major challenge is identifying people with caring responsibilities as many people do not self-identify as carers and therefore do not access help and support. Young Carers are often bullied, impacting their mental health and wellbeing as well as their academic attendance and attainment⁸.

Caring, with its impact on someone's, health, wellbeing and finances, is a key factor determining how healthy we are⁹.

Asks from other service areas

- All of Torbay's health and social care organisations formally sign up to the Devon-wide Commitment to Carers

⁸ Carers update Appendix 3.pdf (torbay.gov.uk)

⁹ <https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence>

- Proactively identify Carers, including Young Carers and Carers in the workforce, through incorporating questions about caring responsibilities on existing proformas and processes in services across the system so that Carers can be linked in with existing support programs
- Report the number of Carers from above on a quarterly basis to the Carers Strategy Steering Group.
- Set targets for identifying carers for health and care services.
- For all other Torbay organisations to become 'Carer-friendly' by working with Carers Services to become 'Carer-friendly Employers' or offering support / discounts etc as part of 'Carer Friendly Torbay'

Increasing awareness and identification of domestic abuse and sexual violence and abuse

Why is this a cross-cutting area?

Domestic abuse and sexual violence refers to any controlling, coercive, threatening or degrading and violent behaviour. Domestic abuse and sexual violence are very common problems which have worsened during the pandemic, when people spent more time at home. People have often felt unsafe isolating in a house with an abusive person, and isolated from their support networks.

Asks from other services

- Provide training on domestic abuse and sexual violence for all health and care services in Torbay and use a trauma-informed approach in all services¹⁰
- Increase the offer and confidence within communities to respond to domestic abuse and sexual violence that builds community capacity and encourages a thriving, high quality voluntary sector.
- Continue to work across the partnership and communities so that the longer-term impact of abuse is understood and strive to provide longer term capacity where there may still be difficulties (such as financial hardship, issues over child contact, insecure immigration status).
- Support those who have experienced domestic abuse and sexual violence to become actively involved in the agenda at a time that is right for them.

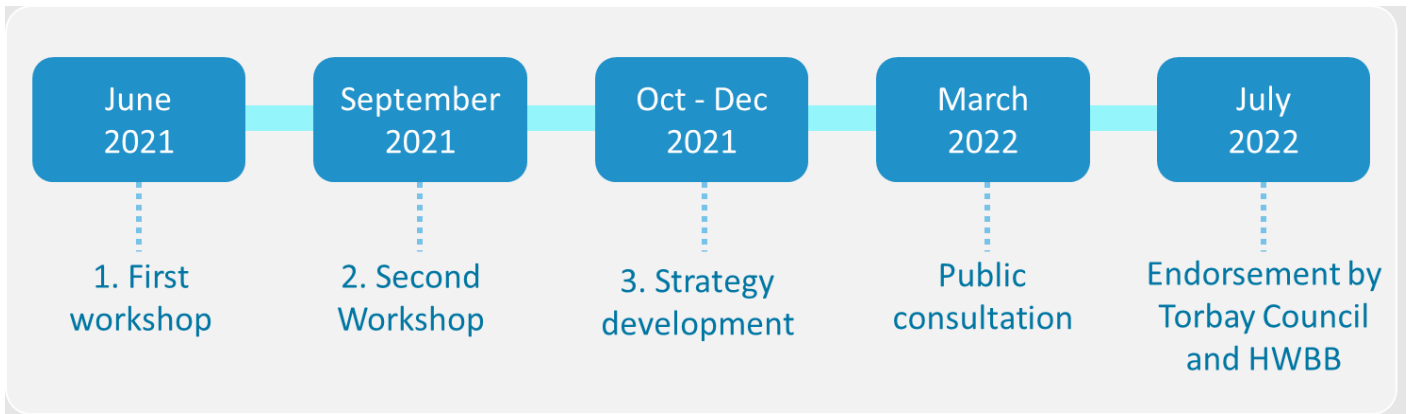
How the strategy was developed

Torbay's Joint Health and Wellbeing strategy is led by the Torbay Health and Wellbeing Board; the strategy development was coordinated by the Public Health team. Work priorities were decided by the Council and partners in two workshops, and outcomes to improve health and wellbeing and reduce inequalities in Torbay were agreed. The strategy builds on the Torbay Local Plan¹¹ and the Joint Strategic Needs Assessment¹², as well as workplans and strategic documents of the different working groups within the Council. The strategy will be refined through online consultation with the public March – April 2022. Key stakeholders have been engaged throughout the process.

¹⁰ [Covid-19: Safety and support resources - Womens Aid](#)

¹¹ [Local Plan 2012-2030 - Torbay Council](#)

¹² https://www.torbay.gov.uk/DemocraticServices/documents/s99114/JSNA_Landscape_Final.pdf#:~:text=JSNA 2020 Background A Joint Strategic Needs Assessment,community. The JSNA helps local leaders to work



How we will ensure delivery

The goals and actions laid out in Torbay’s Health and Wellbeing strategy will be delivered by Torbay Council, constituent members of the Joint Health and Wellbeing Board and partners, in accordance with the table below.

The Health and Wellbeing Board has agreed ‘areas of focus’, ‘areas to sponsor’ and ‘areas to watch’. Areas of focus match the focus areas of the Strategy. These are where the Board will take a more active direction and oversight of delivery. Areas to sponsor and watch are the underpinning areas where the Board is not the lead for delivery but requires assurance from partners that progress is on track.

For each area of focus there is a lead strategic group who will oversee delivery. There will also be an annual delivery plan sitting beneath the Strategy, defining actions year on year.

Focus area	Delivery led by
Mental Health	Torbay Mental Health and Suicide Prevention alliance
Healthy ageing	Torbay Living Longer Better Programme working with the Frailty and Healthy Ageing Partnership, Ageing Well, and the Torbay Assembly
Good start to life	Torbay Children’s Improvement Board, Torbay Safeguarding Board
Complex needs	Multiple Complex Needs Strategic Development Programme
Digital inclusion	Torbay Digital Inclusion Programme Board

Underpinning area	Delivery led by
Environmental sustainability	Torbay Climate Partnership Devon Climate Emergency Response Group
Physical activity	Torbay on the Move, Torbay Council Physical Activity strategy
Good housing	Torbay Strategic Housing Board, linking to Devon housing partnership
Reducing inequalities	Devon Integrated Care System health inequalities workstream
Supporting Carers	Torbay Carers' Partnership
Supporting victims of domestic and sexual violence and abuse	Domestic and sexual violence and abuse workstream, Safeguarding Boards, Early Help

How we will measure success

To ensure we achieve our aims in the agreed priority areas, an outcomes framework will set out the indicators and measures against which progress will be measured. Progress reports will be presented at the quarterly Health and Wellbeing Board meetings. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each work area to examine progress in more detail through the year.



Title: Torbay Joint Strategic Needs Assessment 2022/23
Wards Affected: All
To: Health and Wellbeing Board **On:** Thursday 17 March
Contact: Simon Baker, Public Health Specialist - Intelligence
Telephone: 01803 207311
Email: simon.baker@torbay.gov.uk

1. Purpose

- 1.1 2022/23 update of the Joint Strategic Needs Assessment (JSNA)

2. Recommendation

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

3. Supporting Information

- 3.1 The JSNA is divided into 4 main sections, together with a spotlight on particular issues. The principle areas are listed in the remainder of the document:

3.1.1 Population Overview

The **Life expectancy gap at birth** remains significant. Over the 5 year period from 2016 to 2020 there is a 9 year gap between the life expectancy of males and 8 year gap for females in the most and least deprived areas of Torbay.

Healthy life expectancy for females and males in Torbay are almost identical (Female – 62.9 years and Male – 62.2 years). This is broadly in line with England.

The **average age** of a Torbay resident is 49 years (South West – 44, England 40). 27% of the **current population are aged 65 and over**. This is projected to rise to 34% in the next 20 years. Torbay's **population is projected to rise** to 153,000 by 2043 compared to its current level of 136,000.

Torbay is ranked as the **most deprived** upper-tier local authority in the South West. Approximately 27% of the population live in areas amongst the 20% most deprived in England according to the 2019 Index of Multiple Deprivation. This is an improvement from 2015 when 32% of the population lived in areas amongst the 20% most deprived in England. **Income deprivation** is high in Torbay and is 30% in relation to children.

Levels of those owed a duty under the **Homelessness Reduction Act** and **rough sleepers** are significantly higher in Torbay than England in general.

3.1.2 Starting and Developing Well

Data relating to **education** has often not been collected at periods over the last 2 years due to school closures and disruption. For example, exam results and child measurement programmes around obesity.

The latest data around **overweight and obese children** relate to the period 2017/18 to 2019/20. Approximately 1 in 4 reception aged children (aged 4-5 years) and 1 in 3 Year 6 children (aged 10-11 years) were classified as overweight or obese. This is in line with England figures.

Hospital admissions for alcohol amongst those aged under 18 are higher than the England average. In general, these figures have been on a downward trend. This involves a small number of admissions, 50 over the 3 year period 2018/19 to 2020/21 (35 female, 15 male).

Hospital admissions for self-harm amongst those aged 10 to 24 years remain significantly higher than England, for 2020/21 twice the national rate. On average, there are fewer than 200 admissions per year. It is possible for a handful of young people with significant levels of admissions to skew the figures but Torbay's pattern of being significantly above England is consistent.

Under 18 conceptions have been falling consistently. In 2009, there were 131 conceptions, during 2019 there were 37. Torbay remains above the England average but the gap is closing.

Mothers smoking at the time of delivery has almost halved over the last decade from 21% to 11% and for the last 2 years rates have been in line with England. Previously rates had been significantly higher when compared to England.

5% of 16 and 17 year are **not in education, employment or training**. This is broadly in line with the South West and England average (2020/21).

Torbay continues to have very significant numbers of '**Cared for Children**'. The rate is approximately double the England average and has increased by 26% from 2012 to 2021.

MMR vaccination rates remain above 90% for 5 year olds (2 doses) during 2020/21 and are significantly higher than England rates.

3.1.3 Living and Working Well (Relates to working age population)

The **suicide rate** remains high for Torbay and for the latest available period is the highest of any upper-tier local authority in England. There were 61 suicides in the 3 year period 2018 to 2020.

1 in 7 adult patients on Torbay GP registers are diagnosed with **depression**, this is slightly higher than South West and England rates of 1 in 8. Although recognition and recording of depression is increasing there is still a significant likelihood that these figures are underestimates of the true prevalence.

According to the Active lives national survey, 67% of Torbay adults are **overweight or obese**. This is broadly in line with England. An England-wide study in 2019 showed that

overweight and obesity rates were over 70% for those aged between 45 and 64. Approximately 1 in 3 in those age ranges were obese.

The **average (median) full-time salary** for 2021 was £26,416. This compares to £29,585 across the South West and £31,490 for England. The Annual Population Survey (2017 – 2020) shows significantly fewer working age people in Torbay had a degree level qualification when compared to the South West and England (30% compared to 40%).

The latest comparable **housing affordability** data for 2020 showed lower quartile house prices at over 7 times lower quartile earnings and is in line with England. Torbay's affordability ratio peaked at 9.49 in 2007. This does not include the effect of 2021 house price rises which is likely to worsen the affordability ratio.

Diabetes prevalence recorded by GP practices for those aged 17 and over stands at 7.6% and is higher than the England rate of 7.1%. Rates are gradually rising across the country.

Rates of long-term support amongst 18 to 64 year olds with a Learning Disability, Personal Physical Care and Mental Health are significantly higher than regional and national rates.

Alcohol hospital admissions for those aged 20 to 64 have been significantly higher than England over the last 5 years. Successful completion of alcohol treatment in Torbay during the latest year was 45%, this compares to 35% nationally.

3.1.4 Ageing Well

Within Torbay, 27% of the **current population are aged 65 and over**. This is projected to rise to 34% in the next 20 years.

A 65 year old woman in Torbay would be **expected to live** until 86 years, for men 84 years. This is broadly in line with regional and national rates.

During 2020/21 when compared to the previous year, there were significant falls of 12% in **planned admissions to hospital** for those aged 65 and over in Torbay. In England, the fall in planned admissions was 32%. This was due to the effects of Covid on hospital capacity.

Emergency hospital admissions in Torbay for falls in people aged 65 and over continues to be significantly below the England average.

Flu vaccinations in Torbay during 2020/21 for those aged 65 and over were above the national target of 75% for the first time (79.8%).

The percentage of those aged 65 & over **still at home 91 days after discharge from hospital into reablement/rehabilitation services** is now in line with England for the last 2 years (140 out of 180 remained at home 91 days later). Previously rates had been significantly worse than England.

Rates of long-term support amongst those aged 65 and over with a Learning Disability, Personal Physical Care and Mental Health are significantly higher than regional and national rates.

32% of social care users aged 65 and over have as much **social contact** as they would like during 2020/21, this is a fall from 47% in 2019/20.

3.1.5 **Spotlight on Special Educational Needs (2020/21)**

Children assessed as having Special Educational Needs usually receive one of the following levels of support:

1. **SEN Support** – support plans which must be provided by mainstream state schools.
2. **Education, Health and Care (EHC) Plan** – this is for when SEN support is not enough for your child.

18% of Torbay resident school pupils are identified as having a **Special Educational Need**. This equates to 3,320 school pupils.

31% of Torbay pupils eligible for **Free School meals** are identified as having Special Educational Needs.

65% of Torbay pupils with Special Educational Needs are **male**, 35% are **female**.

26% of Torbay pupils are eligible for **Free School Meals** but they make up 45% of those identified as having Special Educational Needs.

There is a consistent relationship within Torbay between a higher prevalence of pupils with Special Educational Needs and living in a more deprived area. The **deprivation** relationship is most pronounced among those pupils with Social, Emotional & Mental Health needs and Speech, Language & Communication needs.

Across the South West, rates of special educational needs are highest among the **ethnic groups** of Gypsy Roma (32.9%), Traveller of Irish Heritage (30.3%) and Black Caribbean (23.7%).

3.1.6 **Spotlight on Covid effects**

Number of patients **waiting to start treatment** throughout Devon CCG is approximately 143,000 as of December 2021. This is a rise of more than 70% since April 2019. As of December 2021, **planned admissions to hospital** had yet to return to pre-pandemic levels.

In person GP appointments accounted for approximately 78% of GP appointments in Devon CCG during 2019. For 2021, the rate stands at approximately 61%.

The rate of Torbay households claiming **Universal Credit** has almost doubled since the start of the pandemic. As of November 2021, approximately 18% of Torbay households are in receipt of Universal Credit.

Rates of those claiming **Job Seekers Allowance** more than doubled in the immediate aftermath of the pandemic start to 8%. Rates had fallen back from Spring 2021 to approximately 4% by January 2022 but are still slightly above pre-pandemic levels of 3% to 4%.

Across the UK, almost 1 in 5 businesses are using or intend to use increased **homeworking** as a permanent business solution going forward. Amongst businesses in the 'Information & Communication' and 'Professional, scientific & technical' sectors, rates are substantially higher.

Torbay Food Alliance who came together in March 2020 have provided over half a million meals for people in Torbay.

The number of people in contact with **adult mental services** across Devon has risen from approximately 21,500 pre pandemic to 24,550 at November 2021.

Domestic Abuse is significantly under-reported to the Police. During the first 11 months of lockdown from April 2020 to February 2021, the number of contacts made with the National Domestic Abuse Helpline across the UK rose by 61% when compared to the 3 months before the first lockdown.



TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2022/23

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Foreword from the Chair of the Health and Wellbeing Board

I am pleased to present the 2022/23 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.

When we published our last JSNA, in 2020, we highlighted the widening inequalities gap in the ten years since the Marmot Report, *Fair Society, Healthy Lives*, was published. During the last two years of the COVID-19 pandemic, those inequalities have only widened further. Those most adversely affected by both the direct and indirect impacts of the pandemic are the most vulnerable in our communities, living in the areas of highest deprivation. People in poorer health were more likely to become seriously ill with COVID-19, those in temporary work were more affected by job insecurity through lockdown, and those living in crowded or poor quality accommodation were more likely to find it difficult to cope with disrupted schooling. The spotlight on COVID section towards the end of this document showcases some of the impacts: numbers of our population claiming universal credit have increased significantly; instances of domestic or sexual violence and abuse rose in all parts of the country during the national lockdowns; NHS waiting lists have burgeoned, and the number of people in contact with mental health services has increased substantially. The Torbay Food Alliance, and the Torbay Community Helpline, supported thousands of people with practical day to day help. This reflects both the acute needs of our population, and also the great community spirit and heart of our community organisations and our volunteers.

As we move, we hope, from the acute phase of the pandemic to living with endemic disease, we now face the enormous challenge of enabling all members of our communities to recover health and wellbeing. Clearly this is inextricably linked with recovering financially, having a stable job and a secure home, being socially connected and feeling truly part of a community. As a Council we are leading work to tackle the COVID deficit through our *Turning the Tide on Poverty* programme. This builds on the Marmot principles of healthy start in life; fair employment and good work for all; healthy standard of living; sustainable communities; and preventing ill-health. The chapters of the JSNA set out what we will need to tackle in each of these areas.

We have included an additional spotlight section this year on special education needs and disabilities. Children are our future, and we need to do all we can to improve their life chances and health outcomes. In Torbay we face particular challenges with high numbers of children looked after by the local authority, high levels of relative child poverty, and high numbers of children with special educational needs (18%, or 1 in 6 of our children). This is an especial area of focus for us.

Torbay's refreshed *Joint Health and Wellbeing Strategy* will also be published this year. This will set out some of the priorities for statutory and voluntary organisations across the Bay, where we pledge to work jointly to tackle our most pressing health and wellbeing problems. We can

only do this in partnership with our communities. We challenge ourselves, together, to take the steps that will make a real difference to people's lives.

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.

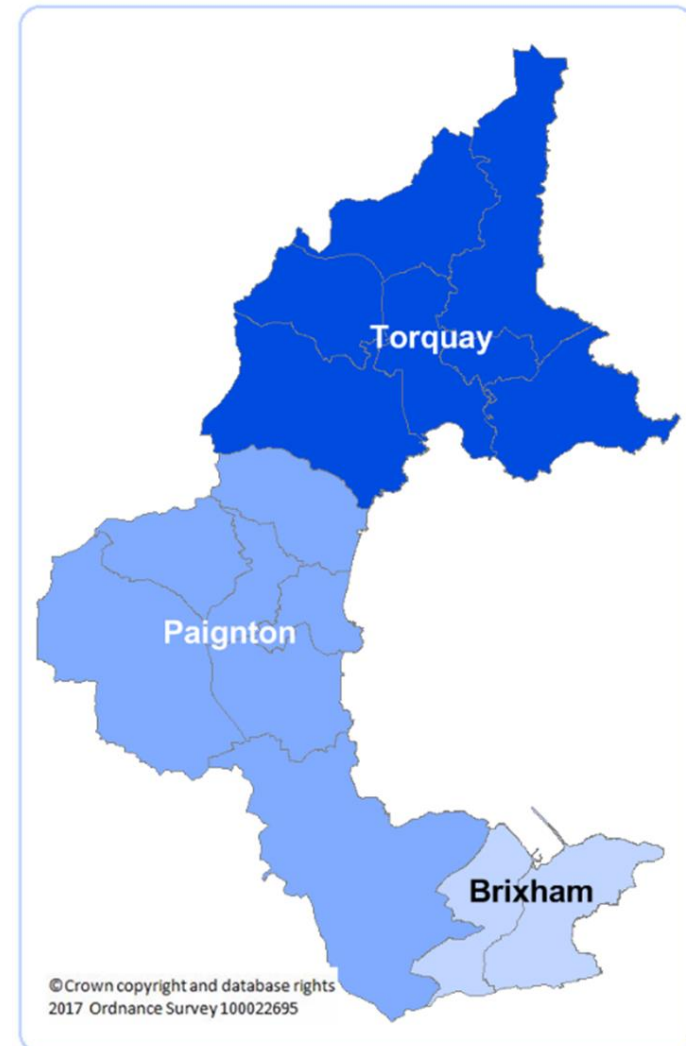
This document takes a lifecourse view of population characteristics and needs, presenting detailed analysis of needs and risks relating to health and wellbeing at different points of life: children and families, working age adults, and those aged 65 and over. Understanding the different risks and needs 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 136,218 (2020 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 'Cared for Children' in England, and the highest domestic violence rate in the South West.



Key Facts

Torbay is home to **136,218** people



The average age of a Torbay resident is **49**

Torbay is home to **43** state schools



The average price of a house is **£203,250**



27 out of 100 residents are 65 and over



19 out of 100 residents are children



There are **82** residential care and nursing homes



The average full-time salary is **£26,416** 

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



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



There were **1,074** births during 2020



Torbay has **10** GP Practice groups and **32** Pharmacies



Torbay contains over **80** 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 made **38,600** A&E attendances and **18,250** emergency admissions to hospital in 2020/21

JSNA Key Challenges

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

- The recovery from COVID-19. The social and economic effects of the pandemic have disproportionately affected those who live in the more deprived areas of our communities, they will also be particularly affected by the cost of living increases that have subsequently occurred.
- There is significant variation in health and wellbeing across the bay. In our most affluent areas residents can expect to live on average over eight years longer than those living in our more deprived communities.
- 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, unemployment rose significantly at the start of the pandemic and by the end of 2021 had not yet recovered to pre-pandemic levels. There has been a significant rise in the number of households claiming Universal Credit.
- The number of cared for children within the local authority remains amongst the highest in England.
- 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 2 out of 3 adults in Torbay are overweight or obese
 - Around 1 in 5 working-age 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:
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.

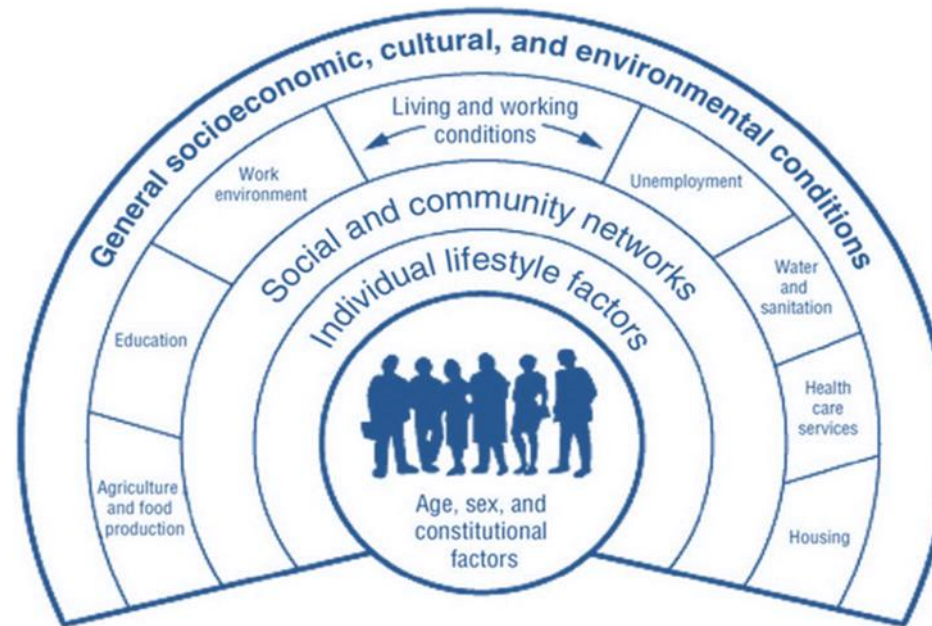
These include the following influences which are presented in Figure 2:

- **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



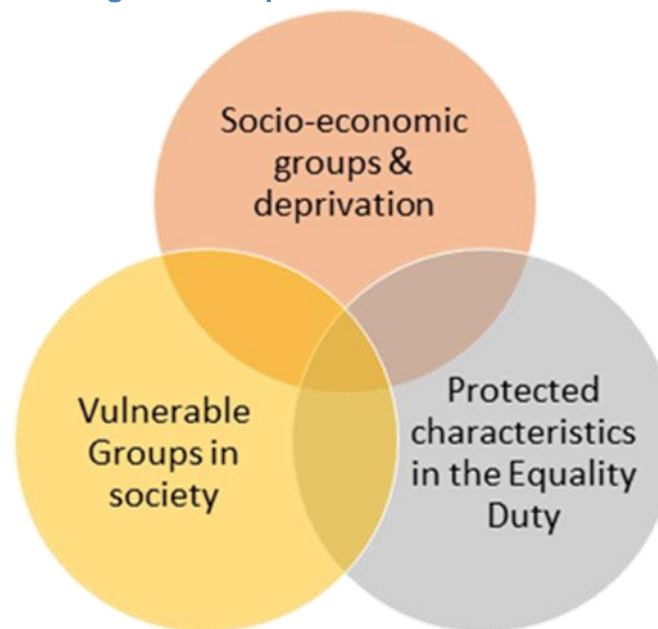
Source:G.Dahlgren, M Whitehead – Policies and strategies to promote social equity in health

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

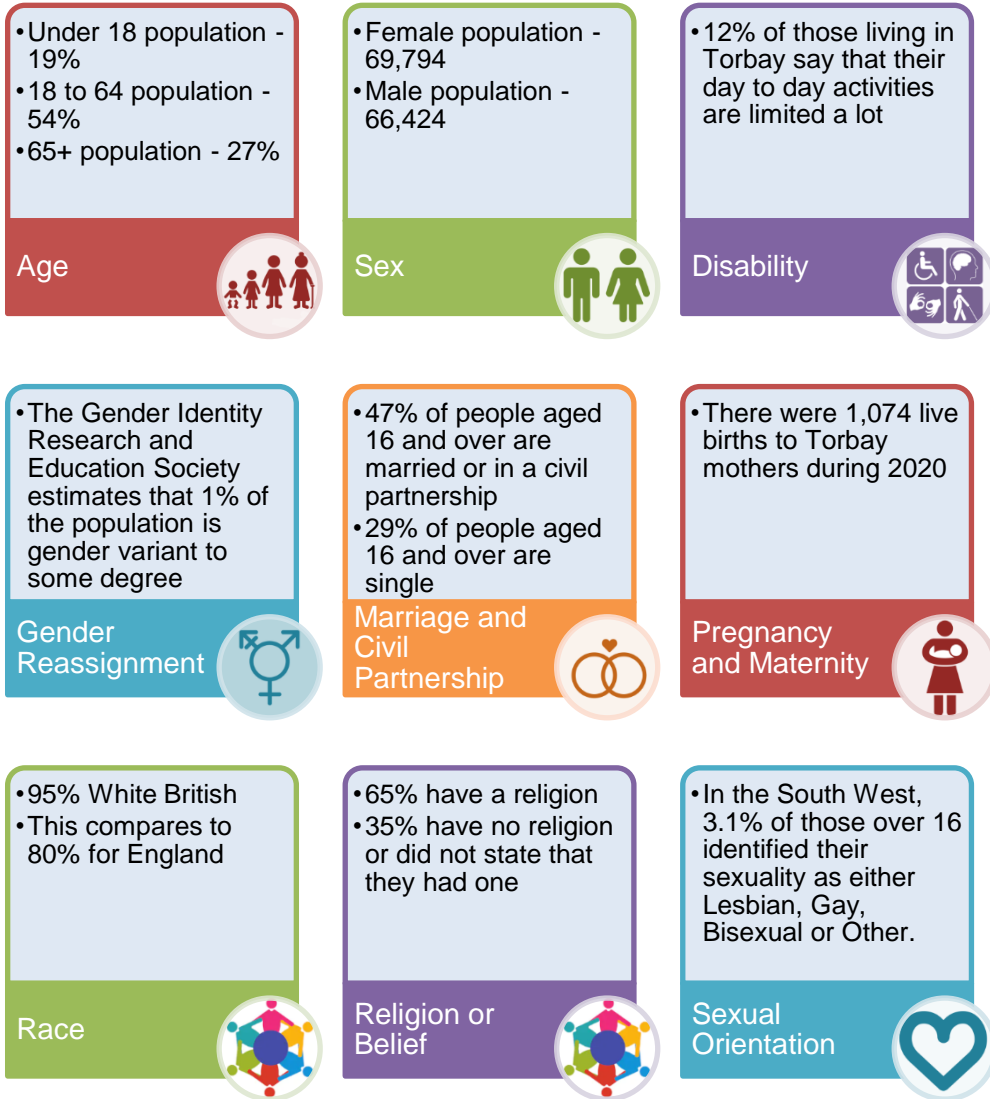
The Chartered Institute of Public Finance and Accountancy (CIPFA) has developed an approach to aid benchmarking and comparing similar local authorities. These are known as nearest neighbours. Torbay’s nearest neighbours are presented below. Within this report Torbay will be compared to a ‘comparator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

Local Authority	% of 2020 population living in 20% most deprived areas (IMD 2019)	Total Population (2020)	Aged 65 & over (2020)	% of population aged 65+
Blackpool	56.7%	138,381	28,433	20.5%
Bournemouth, Christchurch and Poole	11.6%	396,989	86,843	21.9%
Darlington	30.2%	107,402	22,131	20.6%
Dudley	28.1%	322,363	65,656	20.4%
East Riding of Yorkshire	7.8%	343,201	90,631	26.4%
Isle of Wight	13.8%	142,296	40,858	28.7%
North East Lincolnshire	36.6%	159,364	33,258	20.9%
North Tyneside	21.1%	208,871	42,649	20.4%
Northumberland	20.5%	323,820	81,368	25.1%
Redcar and Cleveland	36.0%	137,228	31,288	22.8%
Sefton	30.7%	275,899	65,463	23.7%
Southend-on-Sea	22.9%	182,773	35,661	19.5%
St. Helens	42.9%	181,095	37,320	20.6%
Stockport	17.4%	294,197	58,933	20.0%
Torbay	27.5%	136,218	37,143	27.3%
Wirral	35.8%	324,336	71,289	22.0%

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
136,218
people



The average age of
a Torbay resident
is
49 years

Torbay's population is
projected to increase to
153,100 by 2043

There were **1,074**
births during 2020



The average life
expectancy for
females is **82**
years, for males it
is **79** years



Healthy life
expectancy for
females is **63** years,
for males it is
62 years



Currently **27 out of 100**
Torbay residents are aged 65 and
over. By 2040 this is projected to rise
to **34 out of 100**



11 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 **10,470**
recorded crimes within
Torbay during 2020/21



There were **3,507**
recorded occurrences of
domestic abuse within
Torbay during 2020/21

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



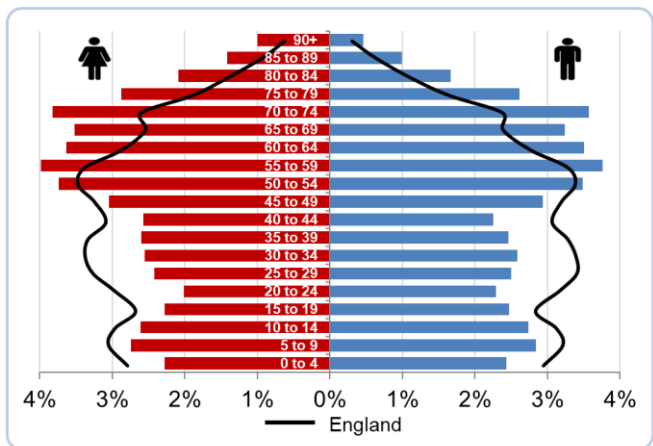
Torbay has significantly lower
levels of air pollution than the
England average.



POPULATION

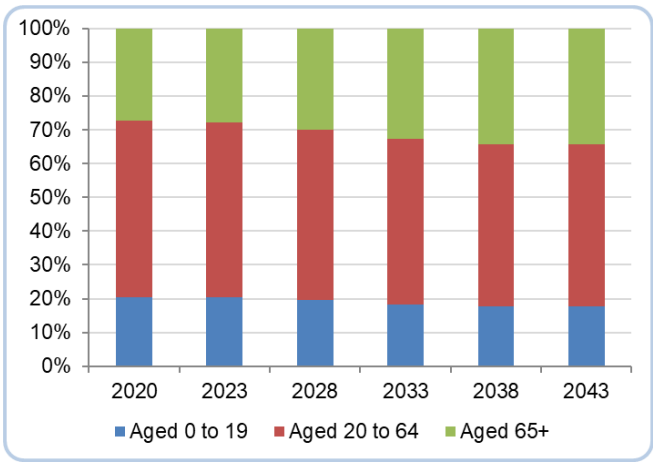
The population profile of an area can help to tell you many things about the potential needs of an area and in the case of population projections it provides a glimpse to future needs. For instance, a projected increase in the number of older people in a population will mean that a rise in demand for 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 (2020)
Source: NOMIS



Torbay has a resident population of 136,218 (ONS Mid-Year Estimate 2020), 51.3% of the population is female and has a significantly older demographic than England, the median age of residents in Torbay is 49 years (England – 40 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 136,218 in 2020 to 153,088 by 2043. The proportion of the population aged 0 to 19 is projected to fall from 20% to 18% by 2043. Those aged between 20 and 64 are projected to fall from 52% to 48% by 2043, the proportion of those aged 65 and over is expected to rise from 27% in 2020 to 34% by 2043 (Figure 6). The projected rate of fall amongst those aged under 65 is steeper than the projections for England as a whole.

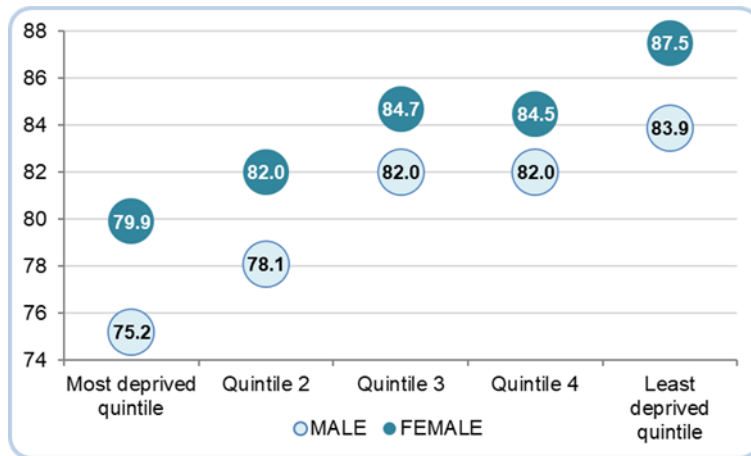
For more information, visit the Life expectancy, births and mortality pages at <http://www.southdevonandtorbay.info>

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 (2016 to 2020)

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 8 years. The difference between females in most and least deprived quintiles is 7.6 years, for males this gap is 8.7 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)

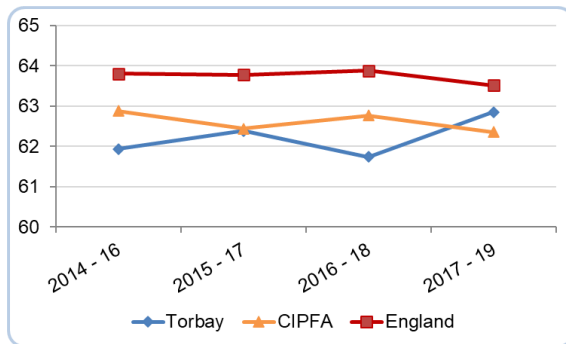
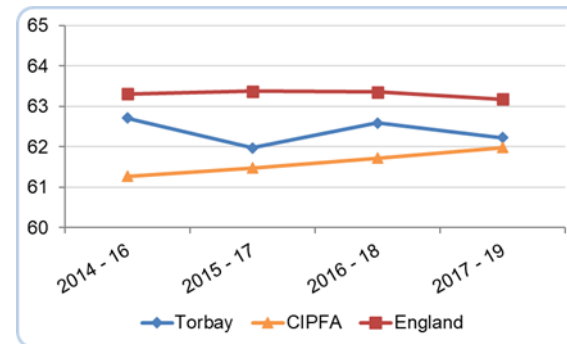


Figure 9
Male healthy life expectancy at birth

Source: Public Health Outcomes Framework (PHOF)

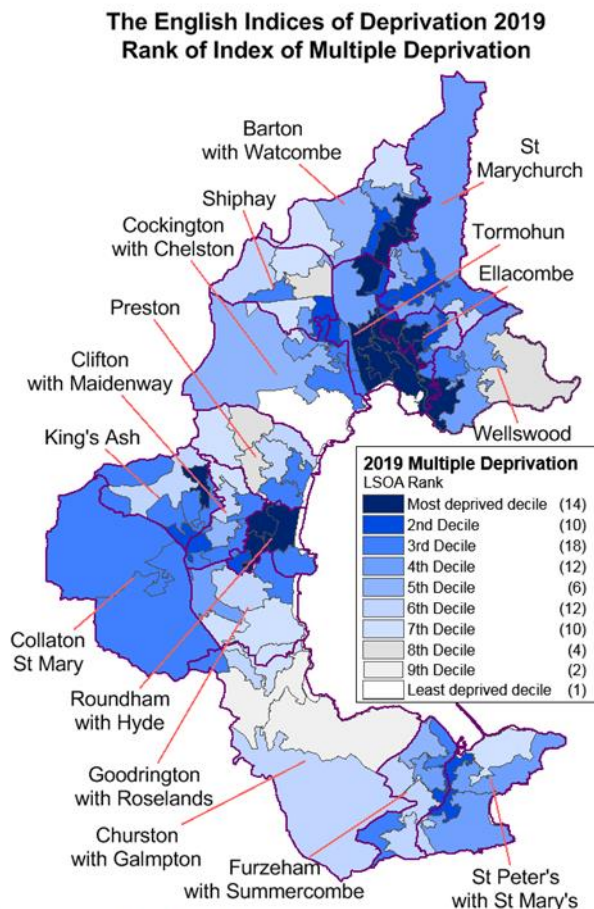


Females in Torbay would expect to live almost 4 years longer than their male counterparts but the numbers of years spent in good health is less than one year longer than males (Figures 8 and 9). This is not significantly different to national and CIPFA comparator rates.

[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)

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

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%)

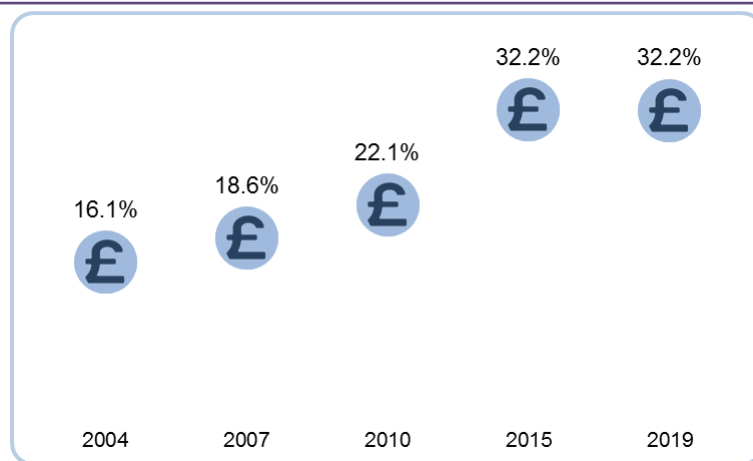
The 2019 IMD showed that 24 out of 89 LSOAs within Torbay had levels of deprivation that placed them in the 20% most deprived areas of England (Figure 10), this equates to 27% of the population. This is a small improvement on the previous incarnation of the IMD in 2015 when Torbay had 28 LSOAs in the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

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.

Figure 11
Percentage of Torbay population amongst the 20% most income deprived in England

Source: IMD 2019



The measures used in calculating income deprivation are listed below:-

- Income Support
- Income-based Jobseeker Allowance
- Income-based Employment and Support Allowance
- Pension Credit (Guarantee)
- Working Tax & Child Tax Credit families whose income is below 60% of the median (before housing costs)
- Asylum seekers in receipt of subsistence support, accommodation support, or both

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).

Figure 12
Proportion of children aged 0 to 15 living in 20% most income deprived areas affecting children in England

Source: IMD 2019

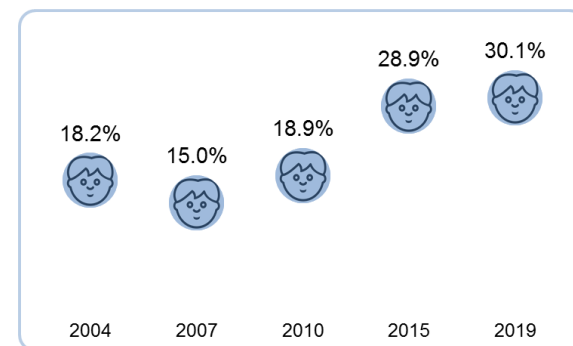
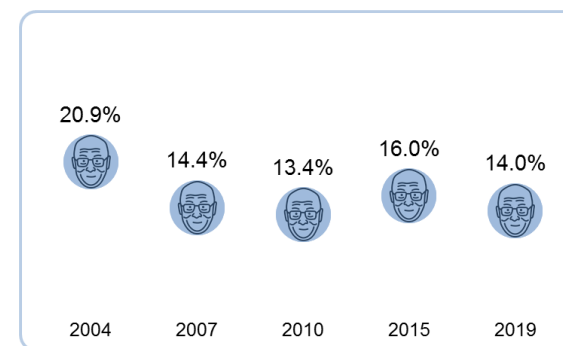


Figure 13
Proportion of older people aged 60+ living in 20% most income deprived areas affecting older people in England

Source: IMD 2019



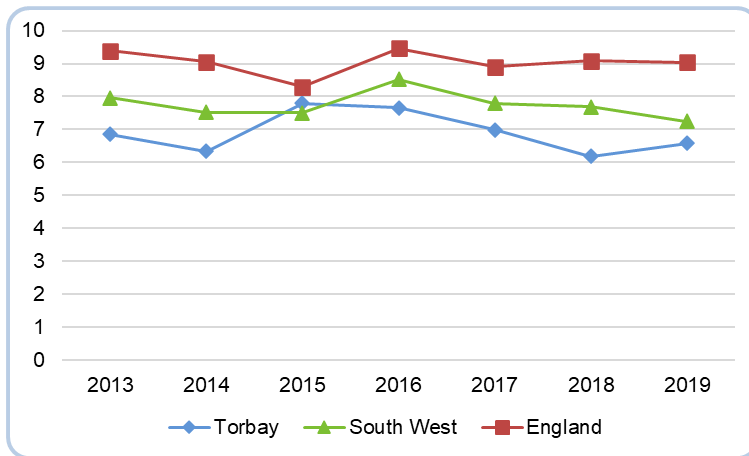
There are age specific indicators within the Income indicator that show the proportion of children living in income deprived families (Figure 12) and the proportion of those aged 60 and over who experience income deprivation (Figure 13).

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

ENVIRONMENT

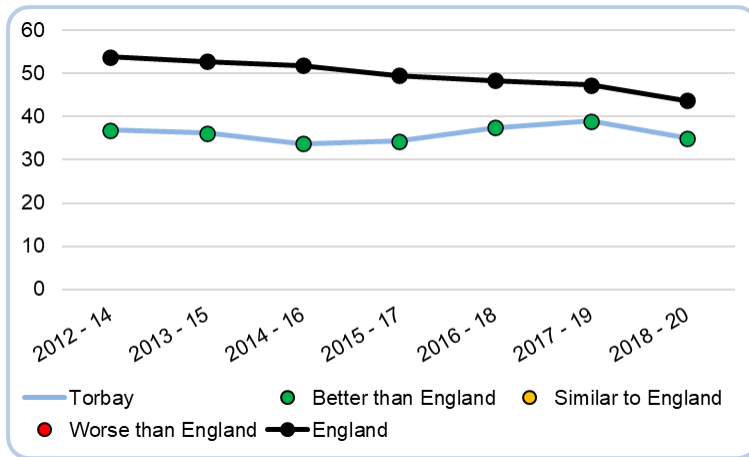
Poor air quality is a significant public health issue. There is clear evidence that high levels of fine particulate matter has a significant contributory role towards poor health in a community. Accidents involving road vehicles are significant causes of preventable deaths, particularly in younger age 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 2013 and 2019.

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

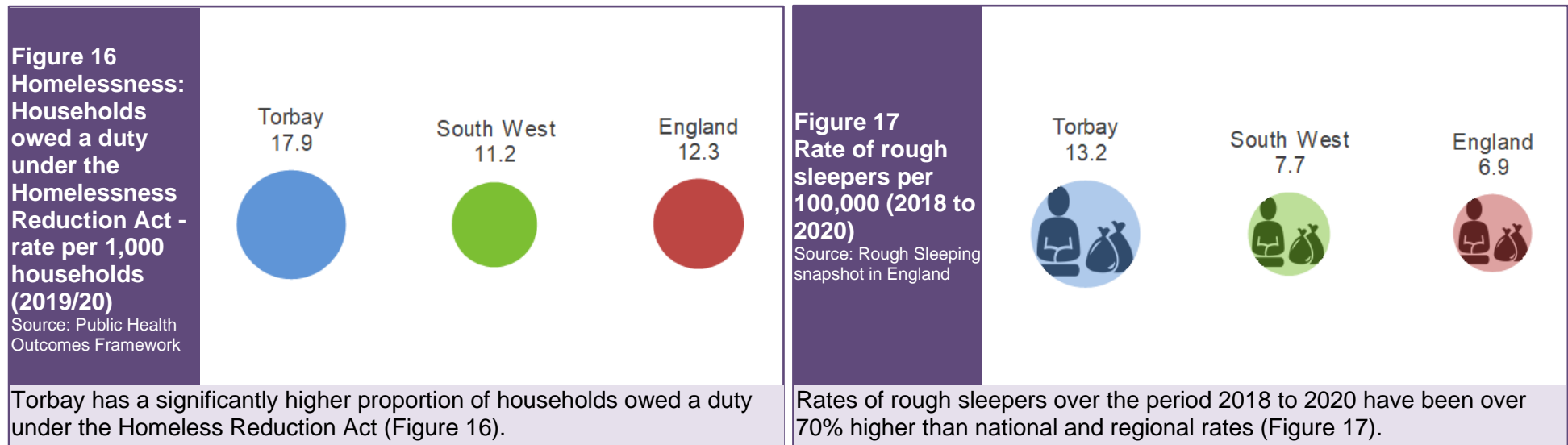
HOMELESSNESS

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 19 rough sleepers counted in Torbay in October 2020 compared to 16 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 2020/21, 860 Torbay residents were in treatment at specialist drug misuse services, this is part of a gradual upward trend over the last seven years. 400 Torbay residents were in treatment at specialist alcohol misuse services, numbers have been steady for the last six years. These figures comes from the National Drug Treatment Monitoring System.

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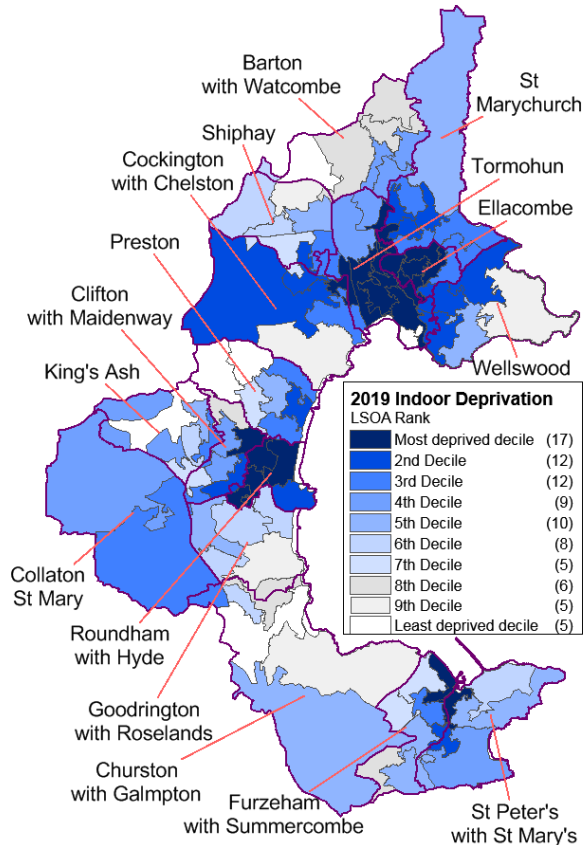


For more information, visit <https://www.torbay.gov.uk/housing/homeless/>

INDOOR DEPRIVATION & PRE-PAID ELECTRICITY METERS

Figure 18
Rank of Indoor Deprivation

The English Indices of Deprivation 2019
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 (2020)	Years	49	45	44	40	↑
Dependency Ratio (2020)	Ratio	75.2	64.9	63.8	57.6	↑
Life expectancy at birth - Female (2018 - 20)	Years	82.5	82.4	84.1	83.1	↓
Life expectancy at birth - Male (2018 - 20)	Years	78.6	78.7	80.3	79.4	↓
Healthy life expectancy - Female (2017 - 19)	Years	62.9	62.4	65.0	63.5	↑
Healthy life expectancy - Male (2017 - 19)	Years	62.2	62.0	65.2	63.2	↓
Birth rate (2020)	Rate per 1,000	54.6	55.2	52.3	55.3	↓
Mortality rate (All ages) (2018 - 20)	DSR per 100,000	982	1,024	901	973	↑
Premature mortality (Under 75s) (2018 - 20)	DSR per 100,000	376	365	297	337	↑
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 (2020/21)	Rate per 1,000	76.9	71.9	58.6	76.8	↓
ASB rates (2020/21)	Rate per 1,000	33.8	34.9	26.8	33.9	↑
Domestic abuse rates (2019/20)	Rate per 1,000	32.3	Unavailable	22.6	28.0	↓
Fuel Poverty (2019)	%	10.5%	13.5%	10.6%	13.4%	↑
Adult carers who have as much social contact as they would like (2018/19)	%	32.4%	34.7%	28.1%	32.5%	↓
Adult social care users who have as much social contact as they would like (2019/20)	%	50.8%	48.0%	46.4%	45.9%	↓
Smoking Prevalence (2019)	%	15.0%	13.7%	14.0%	13.9%	↓
Children in relative low income families (2019/20)	%	17.6%	19.5%	14.2%	19.1%	↑
Percentage of population living in most indoor deprived areas (2019)	%	32.9%	24.0%	30.8%	20.6%	↓
Housing Affordability - Lower quartile (2020)	Ratio	7.3	6.5	8.6	7.2	↓
NHS						
Alcohol Admissions (2020/21)	DSR per 100,000	614	583	492	477	↓
Planned admission rate (18/19 - 20/21)	DSR per 100,000	15,014	15,505	13,665	14,009	↓
Unplanned admission rate (18/19 - 20/21)	DSR per 100,000	13,150	12,194	10,301	10,848	↓
A&E attendances rate (18/19 - 20/21)	DSR per 100,000	35,392	Unavailable	30,700	35,288	↓

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
25,484 children



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



There were **37** pregnancies to
women aged under 18, **less
than half** the rate for 2011



17 out of 100 children
have Special Educational
Needs



There were **1,074**
births during 2020



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**



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

In Reception **26 out of 100**
children are overweight or obese.
By Year 6 this rises to **35 out
of 100**



28 out of 100 children
aged 5 have visually obvious
dental decay

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



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



As of 31 March 2021
Looked After Children - **320**
Children subject to Child Protection
Plans - **226**
Children in Need - **1,434**



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

51 alcohol specific
admissions for under 18s
during 2018/19 to 2020/21



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

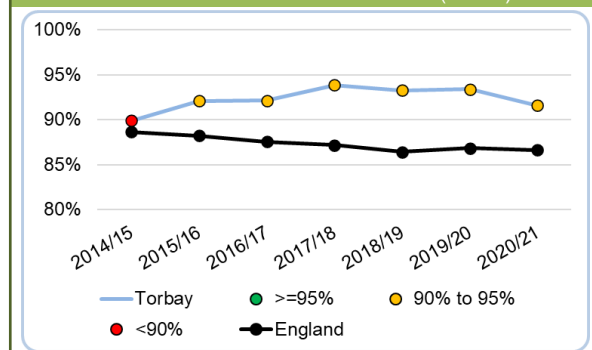


This section brings together information around Torbay's 0 to 24 year old population relating to fields such as Health, Education and Social Care. This aims to be an overview of key indicators that indicate the position and experiences of children and younger people in Torbay.

SCREENING AND IMMUNISATIONS

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

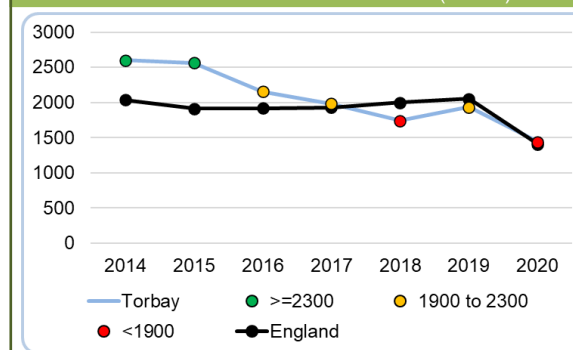
Source: Public Health Outcomes Framework (PHOF)



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 2020/21 rate of 91.6%, this is in line with the regional rate and significantly above the English rate for 2018/19 of 86.6% (Figure 19).

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

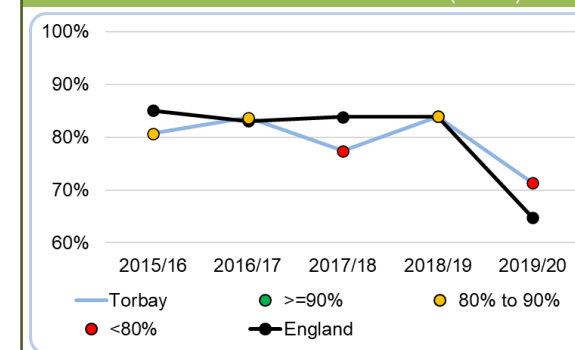
Source: Public Health Outcomes Framework (PHOF)



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 2020 the COVID pandemic had led to significant falls in testing. (Figure 20).

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

Source: Public Health Outcomes Framework (PHOF)

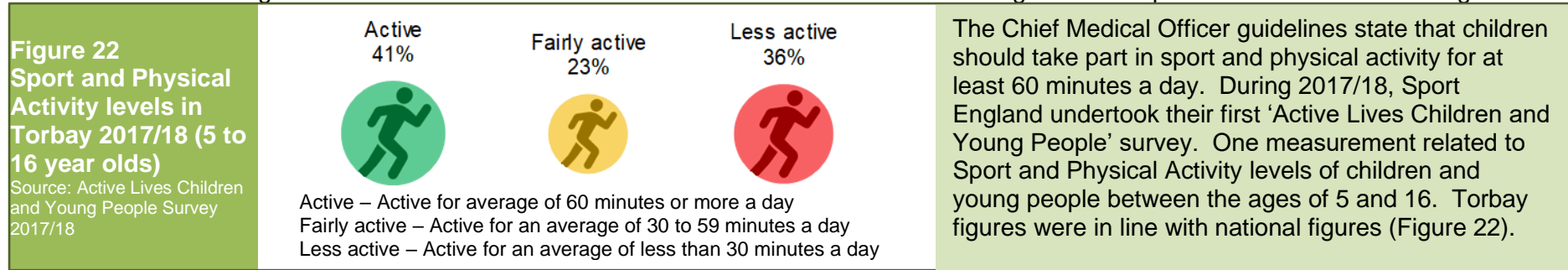


The **HPV** immunisation programme was introduced to protect against the main causes of cervical cancer. The first dose is usually offered in Year 8 (aged 12-13) and the second dose in Year 9 (aged 13-14). The target for this vaccination rate is 90%. Torbay is rated as red with a 2019/20 rate of 71.4%, this is significantly above the regional rate and the English rate for 2019/20 of 64.7% (Figure 21). This rate fell due to schools being locked down at the end of 2019/20.

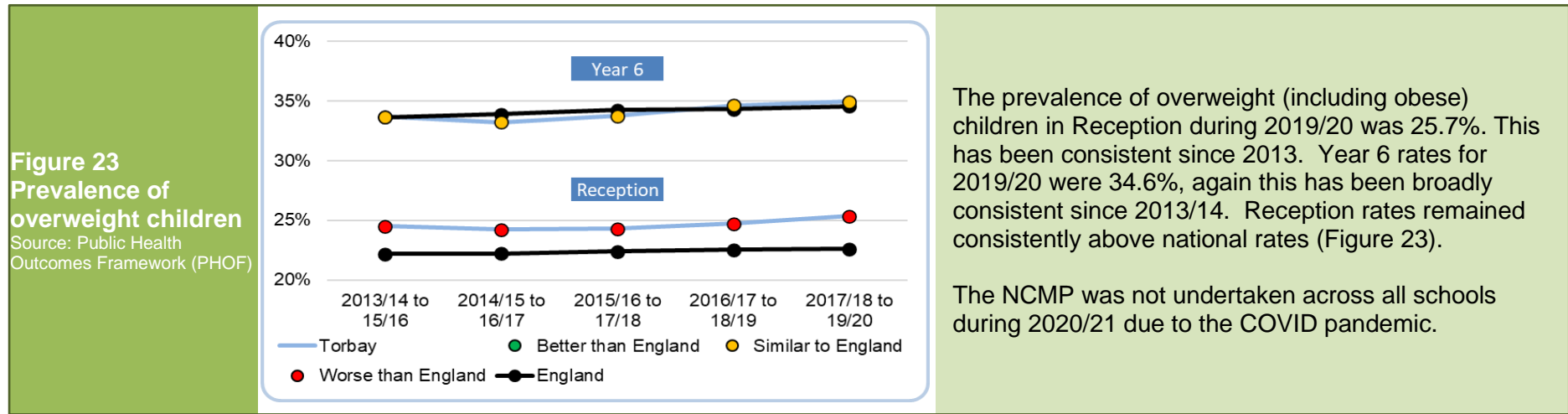
For more information, visit the Health Needs Assessment pages at <http://www.southdevonandtorbay.info>

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.



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.

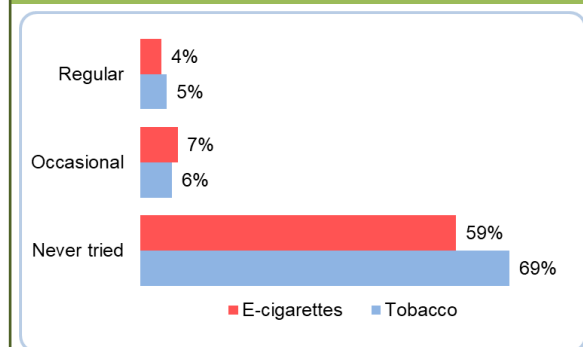


[For more information, visit the NCMP and Child Obesity Profile at fingertips.phe.org.uk](https://fingertips.phe.org.uk)

TOBACCO AND ALCOHOL

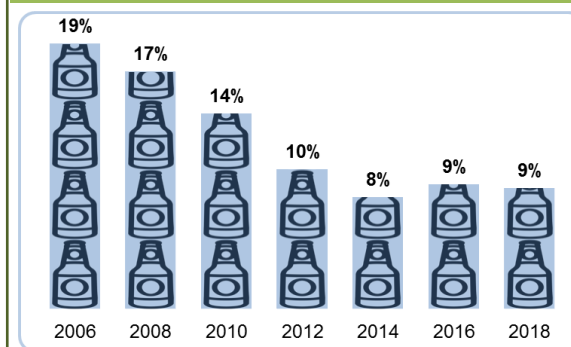
The Tobacco Control Plan <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england> stresses the importance of reducing the number of young people who take up smoking. One of the national ambitions was to reduce rates of 15 year old regular smokers to 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)



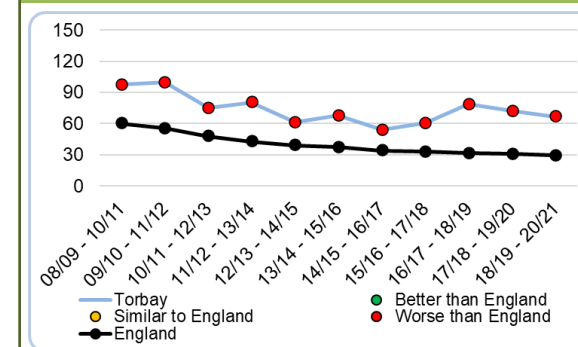
The SDD survey for 2018 shows the proportion of **15 year olds** who are regular smokers stands at 5%, this is down from 14% in 2008. In the 2018 survey, 84% of **11 to 15** year olds have never smoked (2008 – 68%). The survey also looks at E-cigarettes, the number of 15 year olds who have never tried 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). As of January 2022, there had been no update of this data, this is likely to be due to prioritisations of data work in relation to COVID within the NHS.

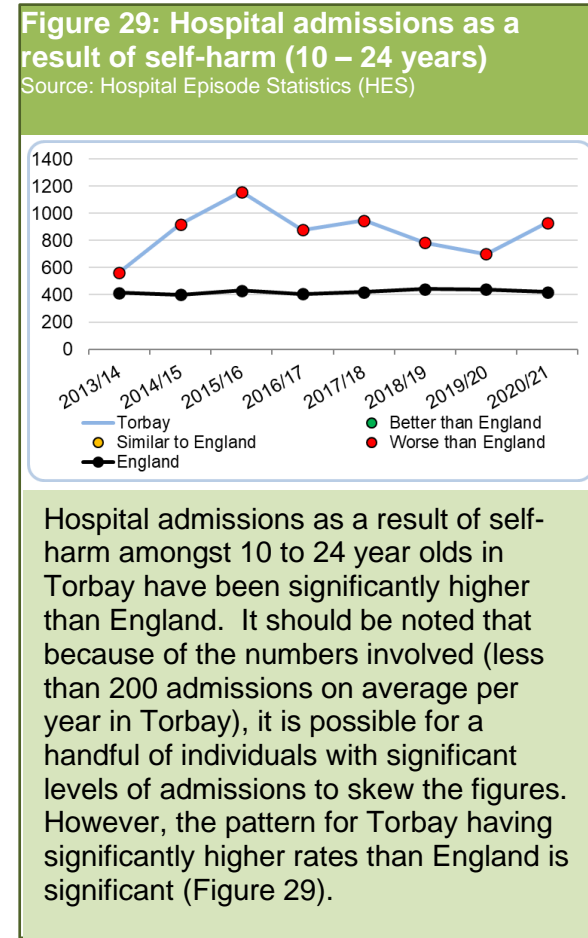
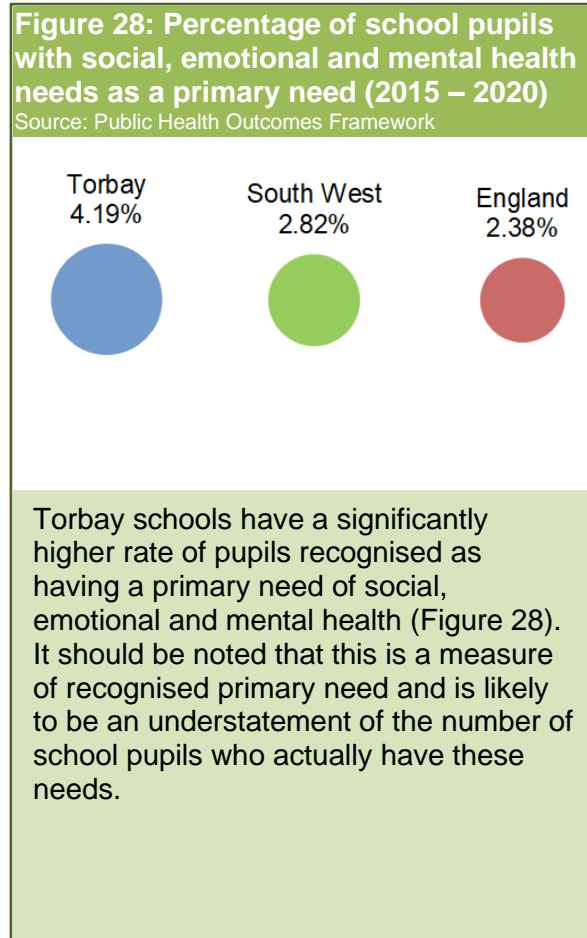
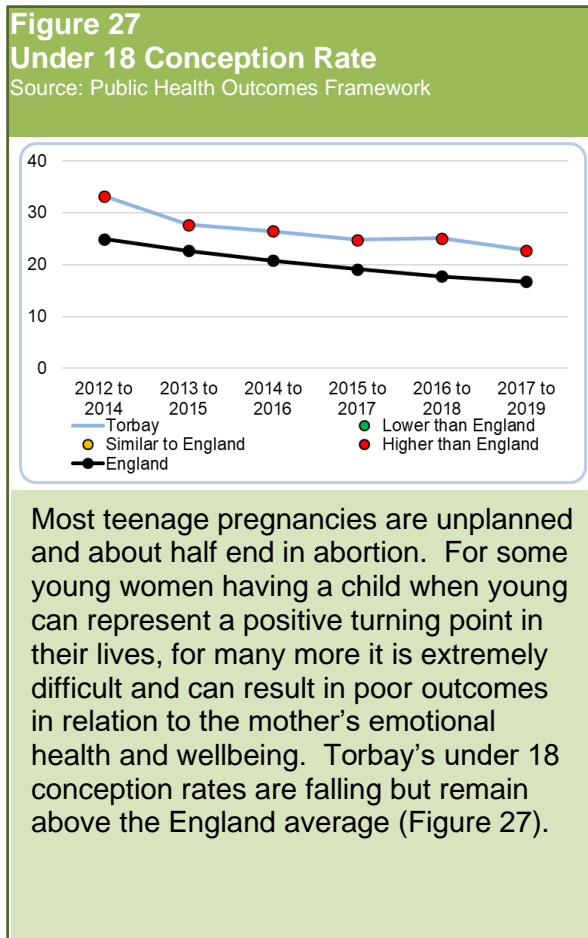
Figure 26: Rate of admission episodes for alcohol specific conditions per 100,000 – Under 18s
Source: Public Health Outcomes Framework



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.

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)*).

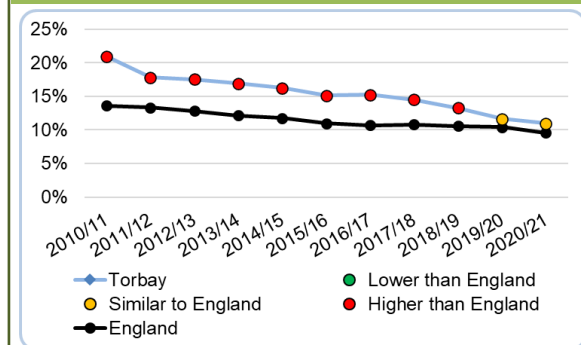


CHILD AND MATERNAL HEALTH

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

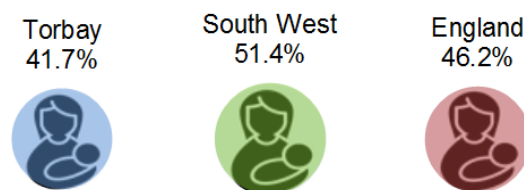
Source: Public Health Outcomes Framework



Torbay has consistently had significantly higher smoking at time of delivery rates than England during the last decade, but the gap has closed and rates are now broadly in line with England (Figure 30).

Figure 31
Breastfeeding prevalence at 6-8 weeks after birth (2018/19)

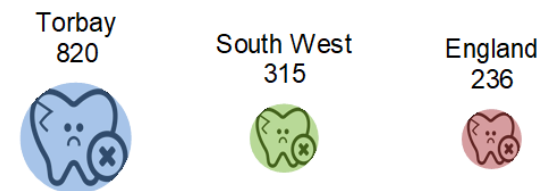
Source: Public Health Outcomes Framework



Within Torbay in 2018/19, the percentage of babies who first feed is known to be breastmilk is approximately 73%, this is above the national rate of 67.4%. 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). Data for Torbay has not been considered suitably robust for 2019/20 and 2020/21.

Figure 32: Hospital admissions for dental caries per 100,000 population – 0 to 17 years (2018/19 to 2020/21)

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). The consistently high rates of hospital admissions for dental caries could indicate an issue with some children not accessing high street dental services or being unable to access them quickly when emergencies arise. 37% of children had seen an NHS dentist in the 12 months to 30 June 2021, this is higher than the England average of 33% and the South West average of 35%.

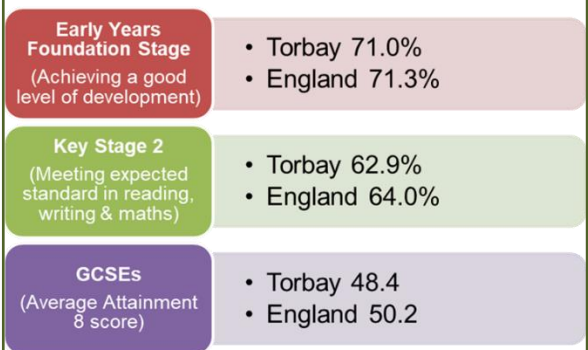
28% of 5 year olds in Torbay have visually obvious tooth decay, this is higher than national and regional averages according to the 2018/19 oral health survey.

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

EDUCATION

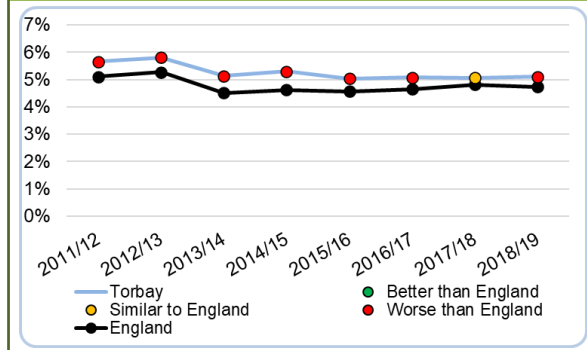
Education is a key determinant of a child’s future life, a good education increases the likelihood of higher earnings, better housing and material resources. These are related to better health outcomes.

Figure 33
EYFS (16/17 to 18/19), Key Stage 2 (17/18 to 19/20) and GCSEs (19/20)
Source: Public Health Outcomes Framework



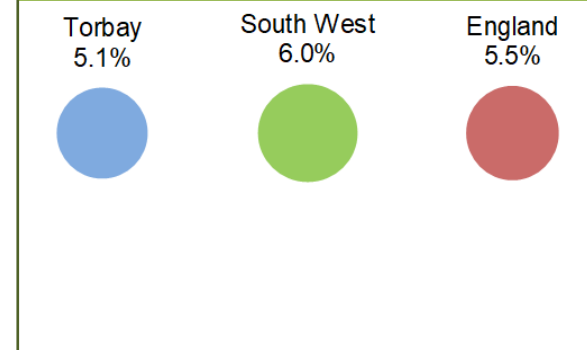
The percentage of children achieving a good level of development at the end of reception is similar in Torbay to regional and national levels. This is also the case with Key Stage 2 pupils meeting the expected standard in reading, writing and maths. In relation to Average Attainment 8 scores based on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

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). Absence data was not produced during 2019/20 because of the Covid pandemic. 2020/21 data is due in 2022 but rates could be affected by Covid absence rates.

Figure 35
16 and 17 year olds not in education, employment or training – 2020/21
Source: Public Health Outcomes Framework



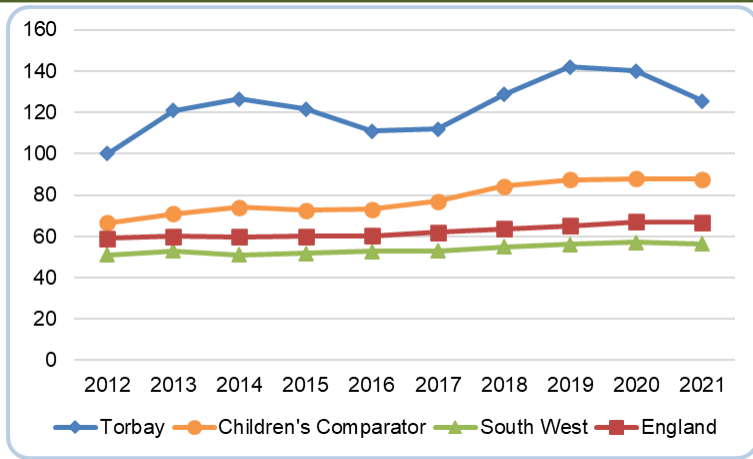
Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood. It is required that all young people remain in education or training until the end of the academic year in which they turn 17. 150 (5.1%) of 16 to 17 year olds were classified as NEET in Torbay for 2020/21, this is in line with regional and national figures (Figure 35).

[For more information, visit www.gov.uk/government/organisations/department-for-education/about/statistics](http://www.gov.uk/government/organisations/department-for-education/about/statistics)

SOCIAL CARE

Social Services come into contact with the most vulnerable children in our society. The most serious cases are ‘Cared for 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.

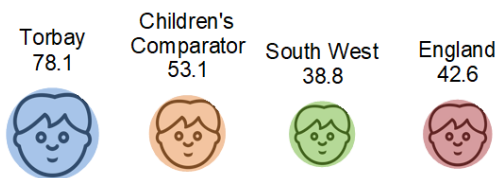
Figure 36
Rate of children in care per 10,000 children at 31 March (0 to 17 years)
Source: Department for Education – Statistics: looked after children



The Children’s Comparator group relates to 10 local authorities with similar characteristics to Torbay. Torbay’s rate is significantly higher than the comparators shown.

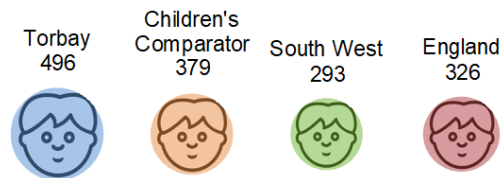
Rates of Children in Care within Torbay have increased by approximately 26% when comparing 2012 to 2021. This compares to 31% for the Children’s social care comparator group of 10 local authorities with similar characteristics to Torbay, 10% for the South West and 13% for England (Figure 36).

Figure 37: Rate of children on child protection plans per 10,000 children at 31 March (2019 to 2021)
Source: Department for Education – Statistics: children in need and child protection



Over the last three years, on 31 March, Torbay has had a statistically higher rate than its children’s social care comparator group, South West region and England (Figure 37).

Figure 38: Rate of children in need per 10,000 children at 31 March (2019 to 2021)
Source: Department for Education – Statistics: children in need and child protection



Over the last three years, on 31 March, Torbay has had a statistically higher rate of Children in Need than its children’s social care comparator group, South West region and England (Figure 38).

[For more information, visit www.gov.uk/government/collections/statistics-looked-after-children](http://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 (2020)	Rate per 1,000	54.6	53.5	52.3	55.3	⬇️
Infant mortality (2018 - 20)	Rate per 1,000	3.4	3.7	3.2	3.9	⬆️
BABIES						
Smoking at time of delivery (2020/21)	%	11.0%	12.8%	10.3%	9.6%	⬇️
Baby's first feed breastmilk (2018/19)	%	73.3%	66.7%	75.3%	67.3%	⬆️
Breastfeeding prevalence (2018/19)	%	41.7%	38.3%	51.4%	46.2%	⬆️
YOUNGER CHILDREN						
MMR vaccination rates (2020/21)	%	91.6%	91.9%	91.2%	86.6%	⬆️
5 year olds with one or more decayed, missing or filled teeth (2018/19)	%	28.2%	23.8%	20.4%	23.4%	⬇️
EYFS - Good level of development (2018/19)	%	70.8%	71.3%	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) (2019/20)	%	25.7%	24.6%	22.7%	23.0%	⬆️
Classified as overweight or obese (Year 6) (2019/20)	%	34.6%	34.9%	31.8%	35.2%	⬇️
KS 2 pupils meeting expected standard in reading, writing & maths (2019/20)	%	66.0%	63.6%	63.9%	65.3%	⬆️
OLDER CHILDREN						
Alcohol admissions to hospital (2018/19 - 20/21)	Rate per 100,000	66.7	38.1	46.1	29.3	⬇️
Teenage Conceptions (2017 - 2019)	Rate per 1,000	22.7	20.1	13.7	16.7	⬇️
Chlamydia detection rates (2020)	Rate per 100,000	1442.8	1487.1	1256.3	1408.4	⬇️
Average Attainment 8 score (GCSEs) (2019/20)	Score	48.4	48.9	50.4	50.2	⬆️
Not in employment, education or training (2020/21)	%	5.1%	5.7%	6.0%	5.5%	⬇️
ALL CHILDREN						
Hospital admissions for unintentional & deliberate injuries (2018/19 - 2020/21)	Rate per 100,000	109.2	107.5	110.3	95.2	⬇️
Children with Special Educational Needs (2020/21)	%	17.2%	16.9%	16.9%	15.8%	⬆️
Children in low income families (2019/20)	%	17.6%	19.4%	14.2%	19.1%	⬆️
Looked After Children (2021)	Rate per 10,000	125.6	87.6	56.3	66.9	⬇️
Children in Need (2021)	Rate per 10,000	563	377	275	321	⬆️
Children with Child Protection Plans (2021)	Rate per 10,000	89	57	37	42	⬆️
Pupil Absence (2018/19)	%	5.1%	4.9%	4.9%	4.7%	⬆️

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 **73,591** people aged 18 to 64



19 out of 100

working age people are smokers



61 suicides of Torbay residents during 2018 to 2020



14 out of 100 adults suffering from depression



The average full-time salary is **£26,416**



11 out of 100

households experience fuel poverty



The average price of a house in Torbay is more than **7** times average full-time earnings



The typical rent for a 2 bedroom property is **38%** of a full-time wage

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67 out of 100 adults are overweight or obese



8 out of 100 adults have been diagnosed with Diabetes

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



69 out of 100 adults define themselves as physically active



There were **10,470** recorded crimes and **4,600** recorded anti-social behaviour incidents during 2020/21



There were **3,507** recorded occurrences of domestic abuse during 2020/21



There were **19,999** A&E attendances for Torbay residents aged 20 to 64



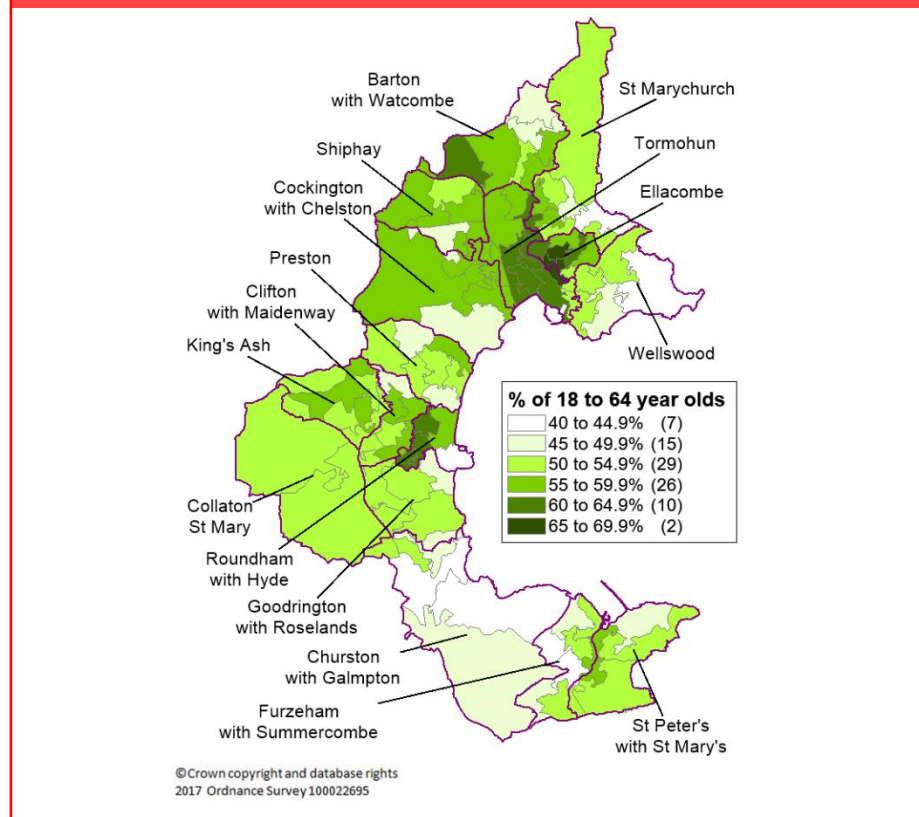
There were **7,856** emergency admissions to hospital for Torbay residents aged 20 to 64

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

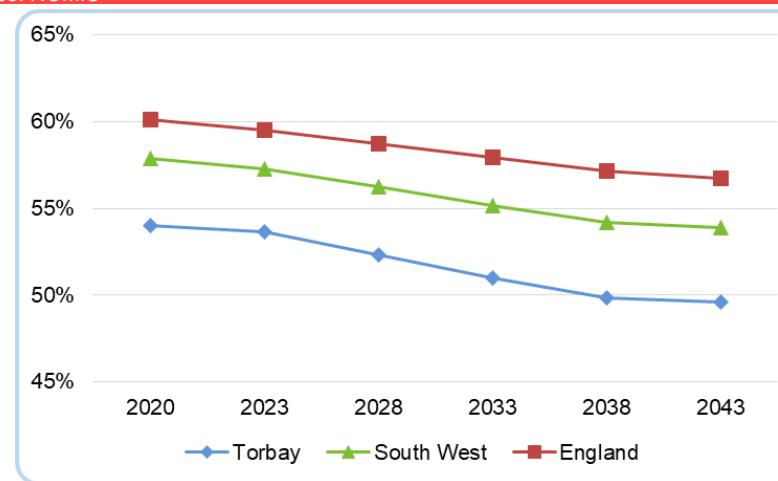
Source: ONS Mid-year population estimate (2020)



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 (2020) and projected population (2023 to 2043)

Source: NOMIS



18 to 64 year olds currently make up 54% of the Torbay population, this is lower than England (60%) and the South West (58%) (Figure 40). Current projections are for this proportion to fall by 2043 to 50% for Torbay (England – 57%, South West – 54%). 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>

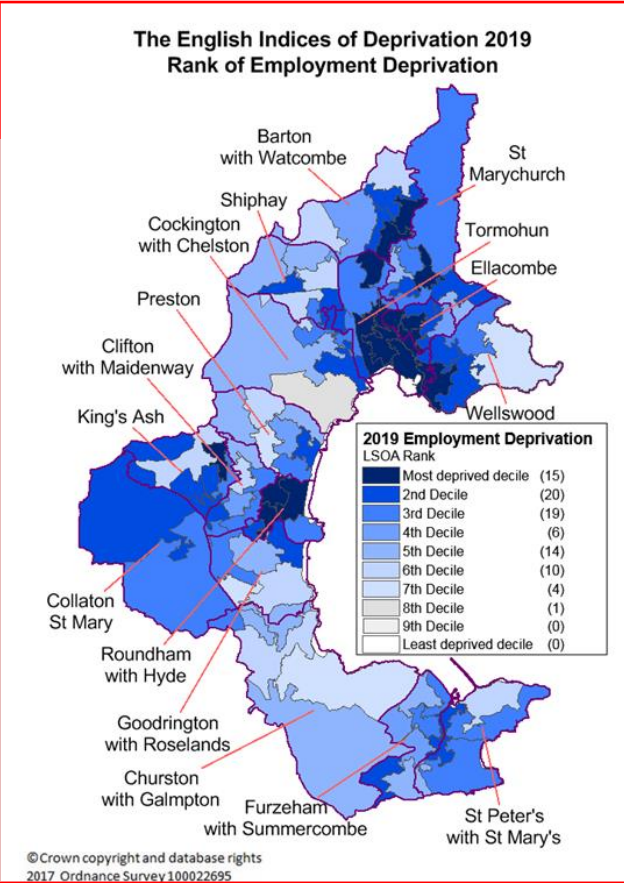
EMPLOYMENT AND INCOME

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)

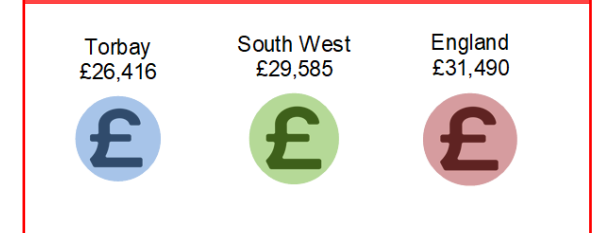
Employment deprivation measures the proportion of the working age population involuntarily excluded from the labour market. This can be due to unemployment, sickness, disability or caring responsibilities.

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 (2021)
Source: NOMIS



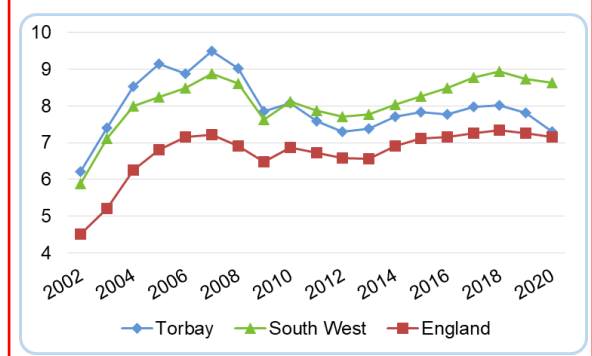
Torbay has consistently had lower average salaries than the national and regional average. The results of the 2021 annual survey of hours and earnings showed that median full-time annual salaries in England were 19.2% higher than those in Torbay, the South West average was 12% higher (Figure 42).

According to the Annual Population Survey (2017 to 2020), approximately 30% of the working-age population (16 to 64) had a degree level or above qualification. This compares to 40% for England and the South West.

HOUSING

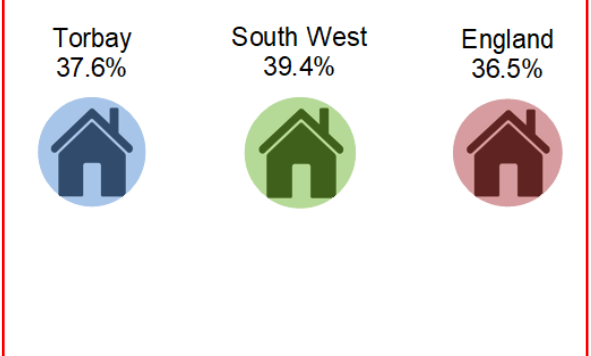
The affordability and quality of housing is one of the most significant issues across the country. The 2019 IMD showed that 29 out of 89 Torbay LSOAs were classified as being in the 20% most deprived areas for Indoor deprivation in England, this equated to 32.9% of the population. This is a reduction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



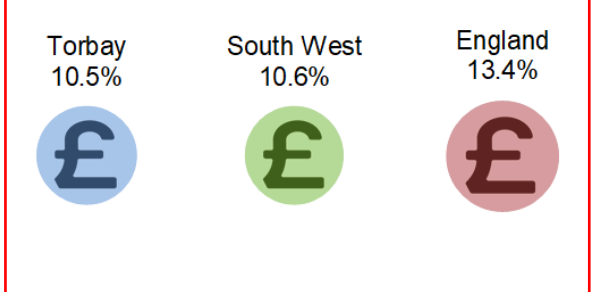
Housing affordability data for 2020 shows the lower quartile house price in Torbay is over 7 times the lower quartile earnings. This is a lower ratio than the South West (8.63) but in line with England (7.15). Torbay's ratio peaked in 2007 at 9.49, there is a degree of volatility in the data as salary is based on a sample, we wait to see if Torbay's affordability ratio increases in the coming years (Figure 43).

Figure 44
Percentage of salary needed for 2 bed rent (based on lower quartile full-time earnings & rent) - 2020/21
Source: Valuation Office Agency



Lower quartile rents for a 2 bedroom property in Torbay are broadly in line with the national average. Rents are lower in Torbay but that is offset by lower salaries (Figure 44).

Figure 45
Estimated percentage of households in fuel poverty (2019)
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 and they are living in a property with a fuel poverty efficiency rating of Band D or below. It should be noted that these figures relate to modelled estimates.

Torbay has a lower percentage than England for 2019 using the low income, low efficiency methodology. Rates are broadly in line with the South West (Figure 45).

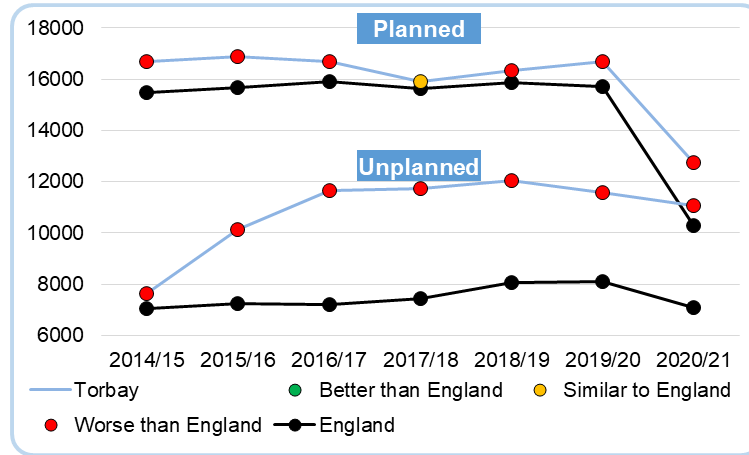
For more information, visit the Housing Strategy pages at www.torbay.gov.uk/housing-strategy

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)

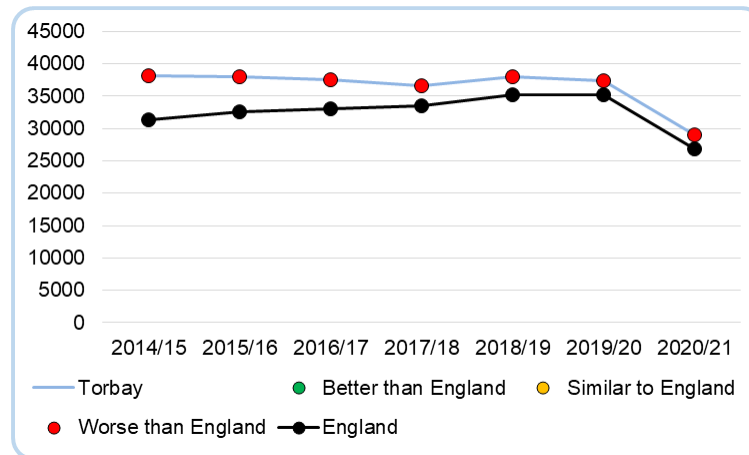
Source: Hospital Episode Statistics



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 remained relatively steady until 2020/21 when they were significantly affected by the Covid pandemic. 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 2014/15 to 2019/20. The rise in unplanned admissions is not reflected in emergency attendances. The gap between Torbay and England has narrowed (Figure 47). Attendances fell significantly during 2020/21 because of the Covid pandemic.

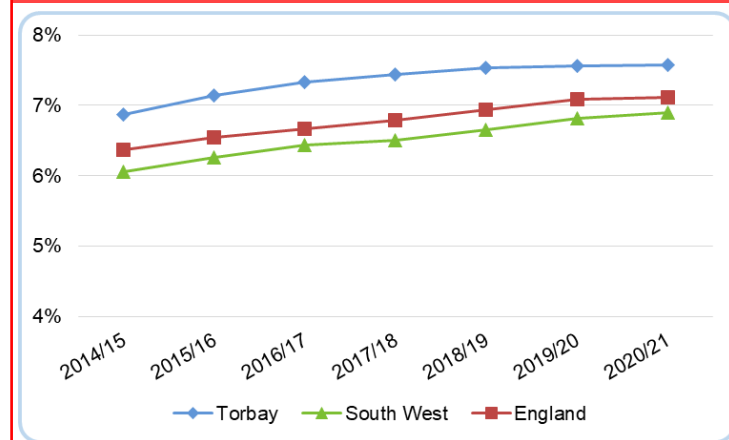
For GP Practice Profiles, visit the National General Practice Profiles at fingertips.phe.org.uk

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+)

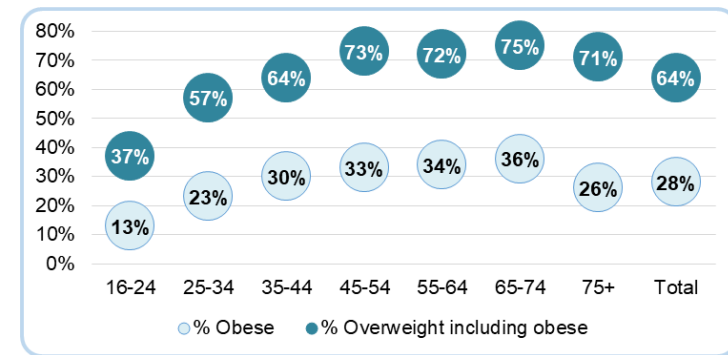
Source: Public Health Outcomes Framework



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 2019, 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 2019/20 QOF obesity rate for those aged 18 and over is 10.8% (England 10.5%). The Health Survey for England (2019) which measures its participants, recorded 28% 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).

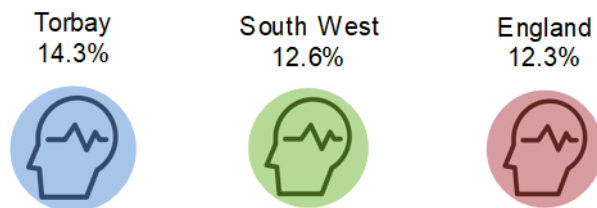
For more information, visit <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england>

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 2020/21 are 12.3%, 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.

Figure 50
Depression – Recorded Prevalence (aged 18+)

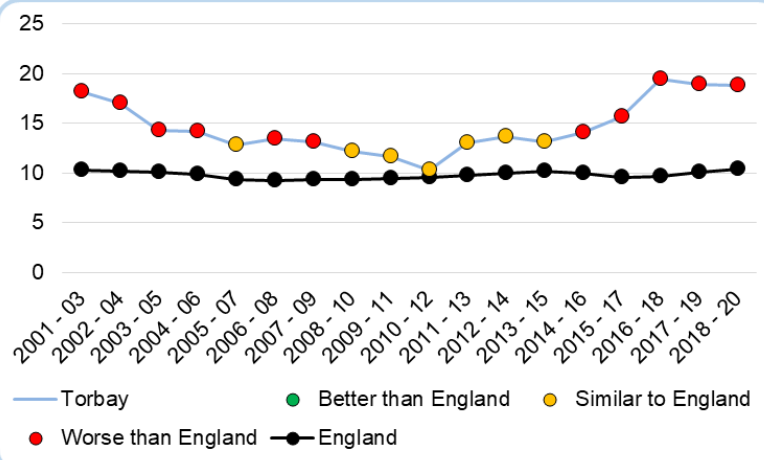
Source: Public Health Outcomes Framework



1 in 7 (14.3%) adult patients on Torbay GP registers are diagnosed with depression (Figure 50). This rate is slightly higher than the national and regional rates of approximately 1 in 8 patients. Although recognition and recording of depression is increasing there is still a significant likelihood that these figures are underestimates of the true prevalence.

Figure 51
Suicide rate per 100,000 population (Age standardised rate)

Source: Public Health Outcomes Framework

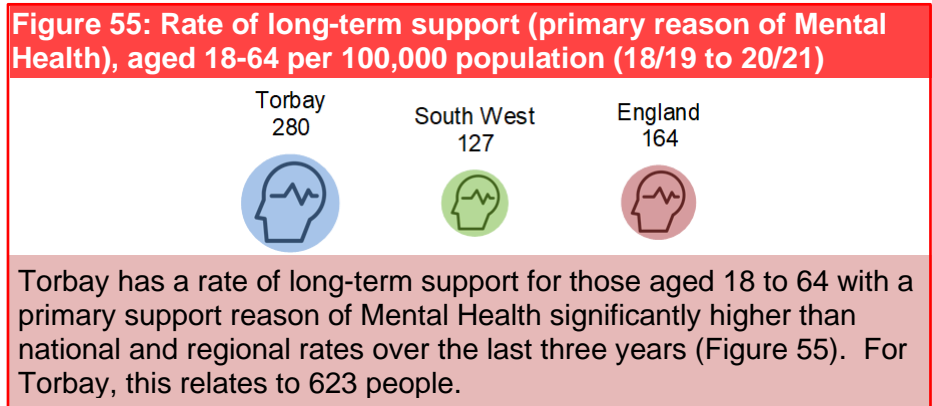
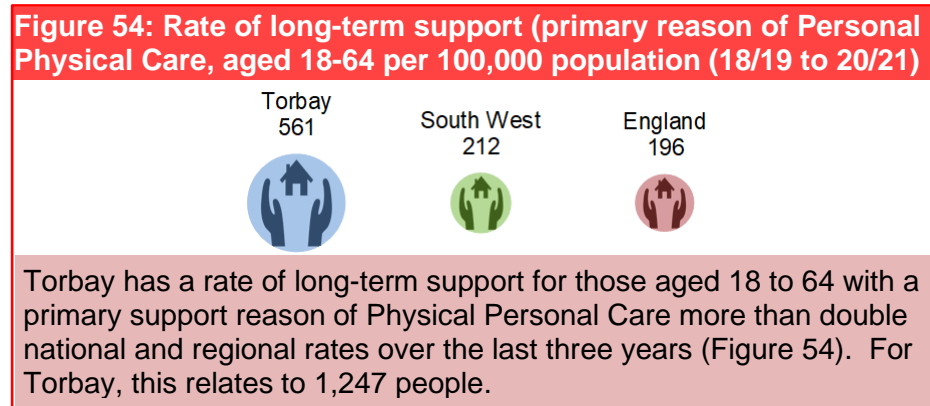
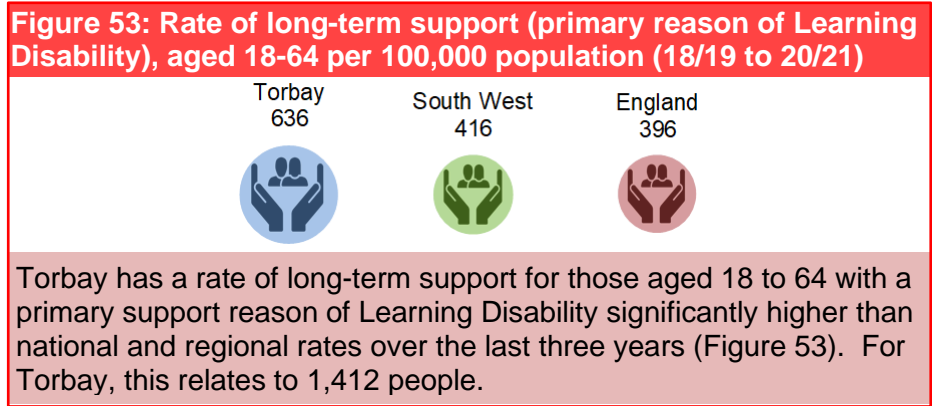
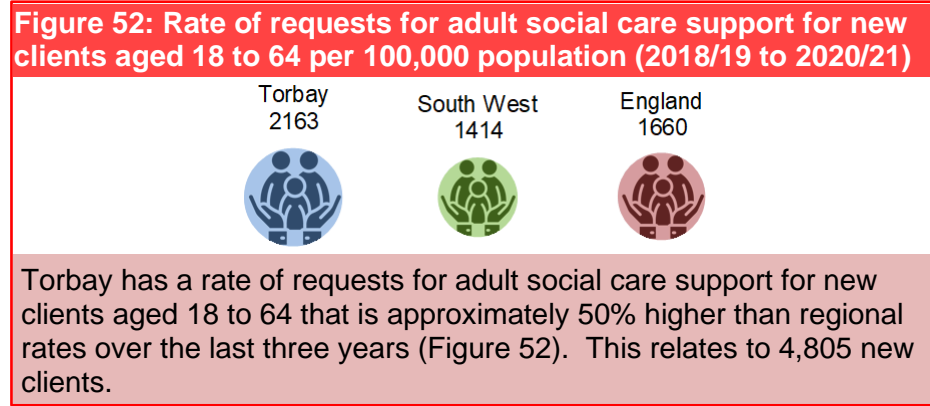


Suicides are not common occurrences and there will be an inherent volatility to the data at Torbay level, but there is an upward trend in the number of suicides recorded. For the last five last periods, Torbay's suicide rate has been significantly higher than England (Figure 51) and since the period 2016-18 has been the largest of any upper-tier local authority in England. The total number of suicides for Torbay residents for the period 2018-20 was 61.

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)

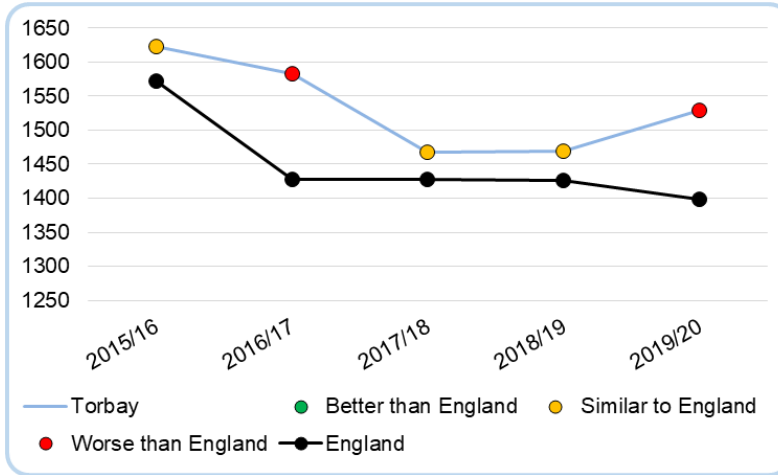
[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](https://torbayandsouthdevon.nhs.uk/services/adult-social-care)

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

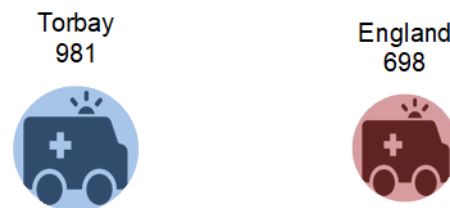


The rate of smoking attributable hospital admissions for Torbay has consistently been above England except for 2 of the last 5 years. The general trend is downwards (Figure 56).

The 2019 Annual Population Survey showed a smoking prevalence amongst 18 to 64 year olds within Torbay of 19%, 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 - 2016/17 to 2020/21 (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 2020/21, 401 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 45.1%, this was significantly higher than the national rate of 35.3%.

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			RAG Rating compared to England
			Torbay	South West	England	
WIDER DETERMINANTS						
Smoking Prevalence (2019)	%	18.9%	16.4%	17.1%	15.9%	↓
Depression Prevalence (2020/21)	%	14.3%	14.4%	12.6%	12.3%	↑
Crime - Violent offences (2020/21)	Rate per 1,000	32.7	31.5	23.4	29.5	↓
Crime - Sexual offences (2020/21)	Rate per 1,000	2.5	2.3	2.1	2.3	↓
Suicide rate (2018 - 20)	DSR per 100,000	18.8	12.0	11.6	10.4	↓
Unemployment (2020)	%	5.0%	4.7%	3.9%	4.7%	↑
Those with no qualifications (2018 - 20)	%	7.5%	8.0%	5.2%	7.1%	↑
Housing affordability (2020)	Ratio	7.3	6.5	8.6	7.2	↓
Rental affordability (2020/21)	%	37.6%	29.9%	39.4%	36.5%	↑
Fuel Poverty (2019)	%	10.5%	13.5%	10.6%	13.4%	↑
Domestic Abuse rates (2019/20)	Rate per 1,000	32.3	Unavailable	22.6	28.0	↓
SOCIAL CARE						
Requests for ASC support for new clients (2018/19 - 2020/21)	Rate per 100,000	2163	2447	1414	1660	↓
Long-term support for Learning Disabilities (2018/19 - 2020/21)	Rate per 100,000	636	495	416	396	↑
Long-term support for Physical Personal Care (2018/19 - 2020/21)	Rate per 100,000	561	224	212	196	↑
Long-term support for Mental Health (2018/19 - 2020/21)	Rate per 100,000	280	191	127	164	↑
Long-term support through admission to residential & nursing homes (2018/19 - 2020/21)	Rate per 100,000	20.3	19.1	13.9	13.9	↓
HEALTH						
Preventable mortality (2016 - 18)	DSR per 100,000	215	200	167	181	↑
Obesity Prevalence (2019/20)	%	10.8%	12.3%	10.2%	10.5%	↑
Diabetes Prevalence (2020/21)	%	7.6%	7.6%	6.9%	7.1%	↑
Hypertension Prevalence (2020/21)	%	17.8%	16.5%	14.8%	13.9%	↑
Alcohol related admissions (2020/21)	DSR per 100,000	870	834	693	646	↓
Smoking attributable admissions (2019/20)	DSR per 100,000	1529	1586	1300	1398	↑
Emergency admissions for ACS conditions (2018/19 to 2020/21)	DSR per 100,000	607	593	422	477	↓

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 **37,143** people aged 65 and over



The proportion of those aged 65 and over is predicted to increase from the current level of 27 out of 100 to **34 out of 100** in 2043

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



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

32 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



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

1,529 people aged 65 and over registered by GP with dementia



There were **11,578** A&E Attendances made by those aged 65 and over



There were **8,878** emergency hospital admissions made by those aged 65 and over



Those aged 65 and over had **756** emergency hospital admissions for falls

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



155 local authority funded permanent admissions to residential and nursing care homes for those aged 65+ during 2020/21



1,434 of those aged 65 and over received funded long-term support for Physical Personal Care during 2020/21



3,904 requests for adult social care support for new clients aged 65 and over during 2020/21

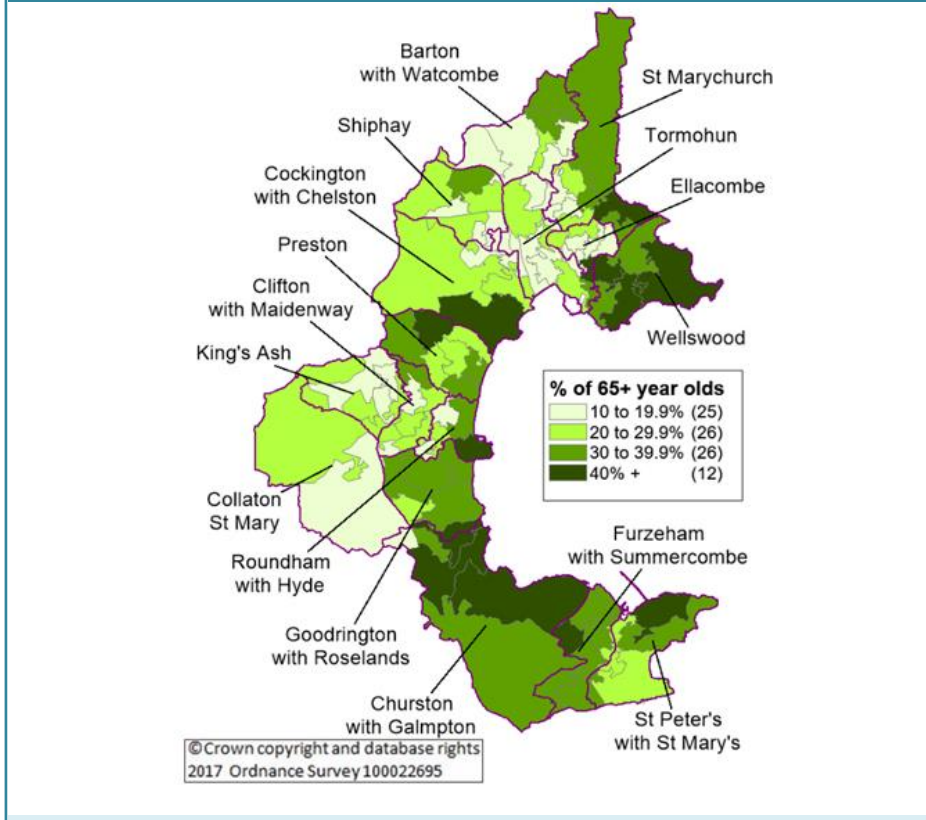


This section relates to Torbay's population which is aged 65 and over. This aims to be an overview of key indicators that indicate the position and experiences of older people in Torbay.

AGED 65 AND OVER DEMOGRAPHICS

Figure 58
Proportion of those aged 65 and over

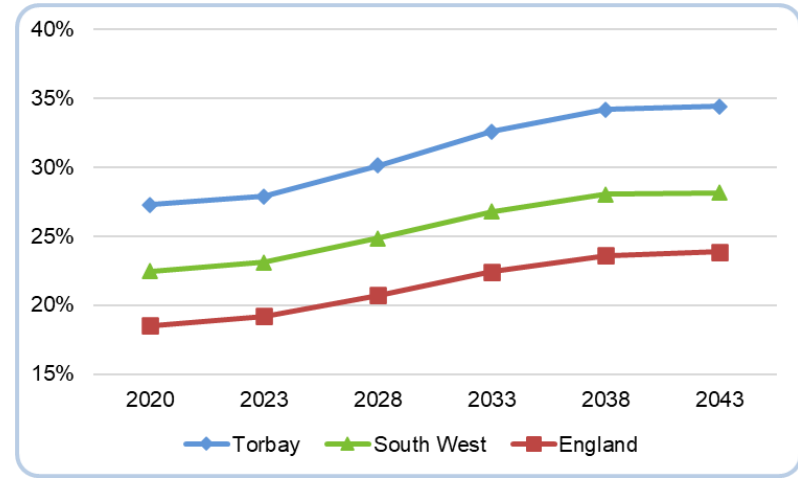
Source: ONS Mid-year population estimate (2020)



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 (2020) and projected population (2023 to 2043)

Source: NOMIS



Those aged 65 and over currently make up 27% of the Torbay population, this is higher than England (19%) and the South West (22%) (Figure 59). Current projections are for this proportion to rise by 2043 to 34% for Torbay (England – 24%, South West – 28%). 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 2020, Torbay's 65 and over population is approximately half the size of the 18-64 year old population. By 2043, Torbay's 65 and over population is projected to be 70% of the 18-64 year old population.

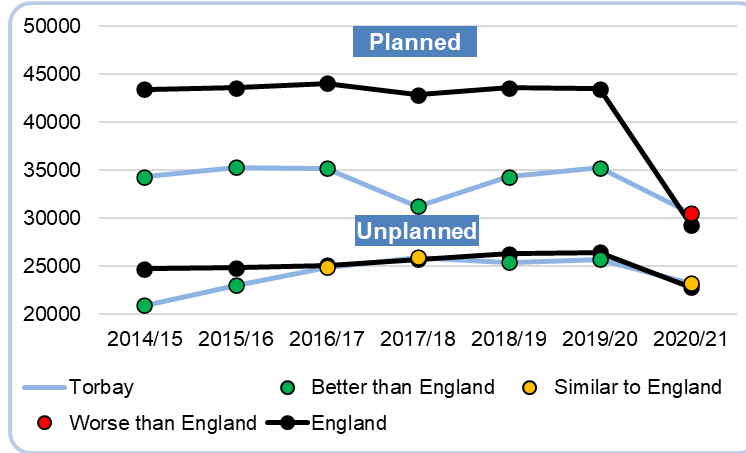
For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

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)

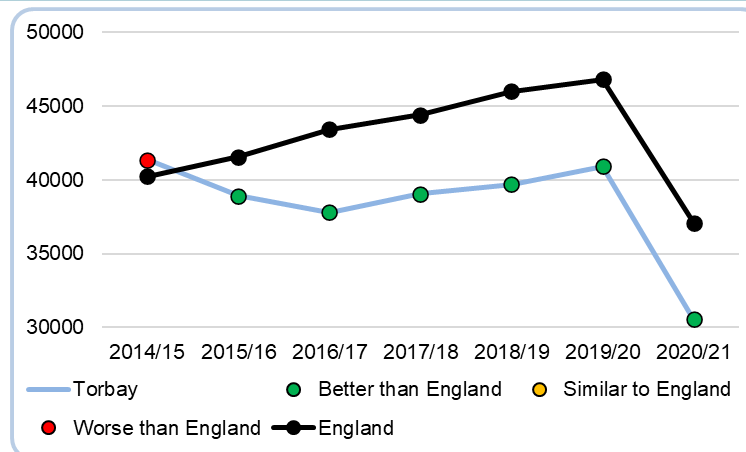
Source: Hospital Episode Statistics



For planned admissions, Torbay has consistently been significantly lower than the national average until 2020/21 when numbers have been affected by the Covid pandemic. From 2014/15 onwards, unplanned admissions have increased in comparison with England, this levelled off from 2016/17 onwards (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)

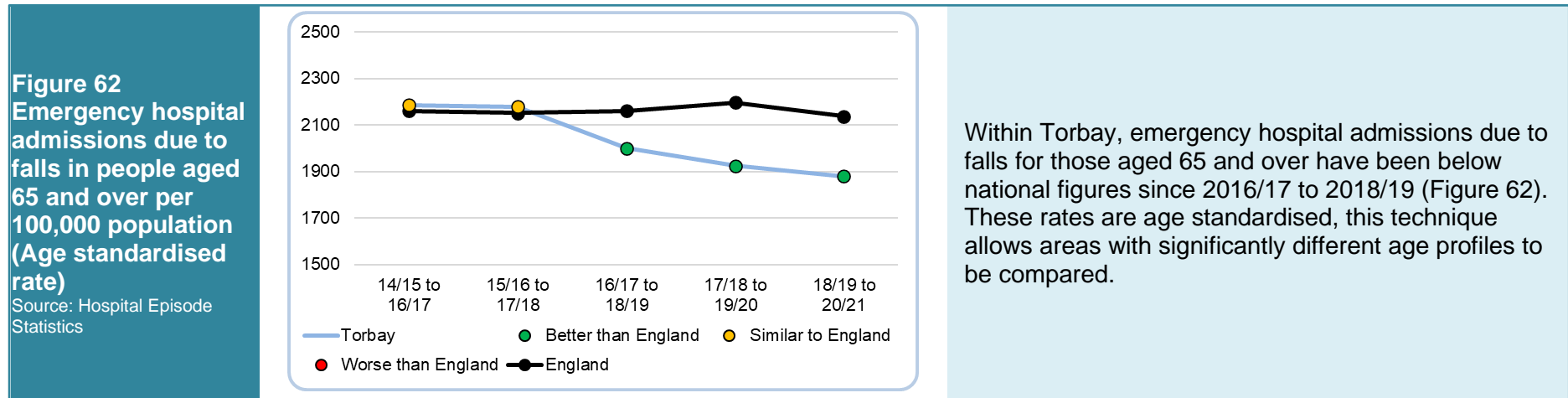
Source: Hospital Episode Statistics



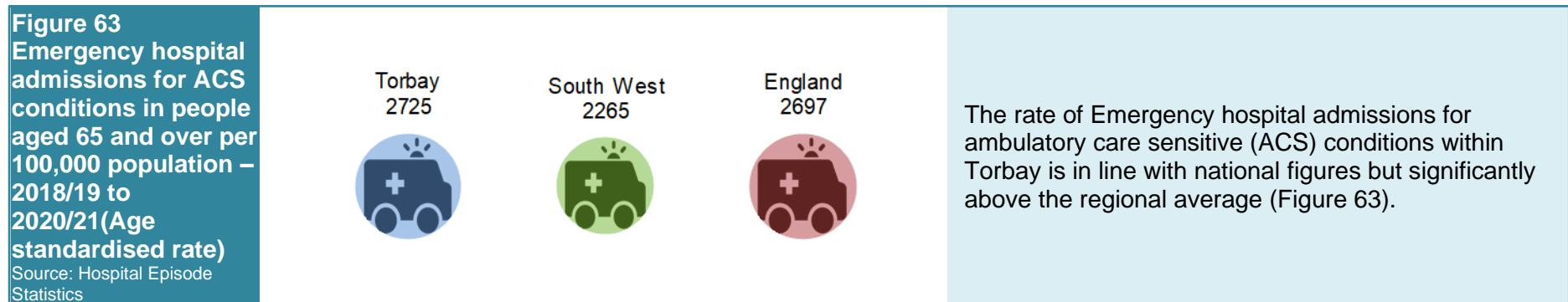
Accident & Emergency admission rates (age standardised) for those aged 65 and over in Torbay have been significantly better than England since 2015/16. Overall, the rate has not increased in Torbay between 2014/15 and 2019/20, this is in marked contrast to the national picture which has seen significant rise in the same period (Figure 61). As with many measures, 2020/21 has seen significant falls due to the Covid pandemic.

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.



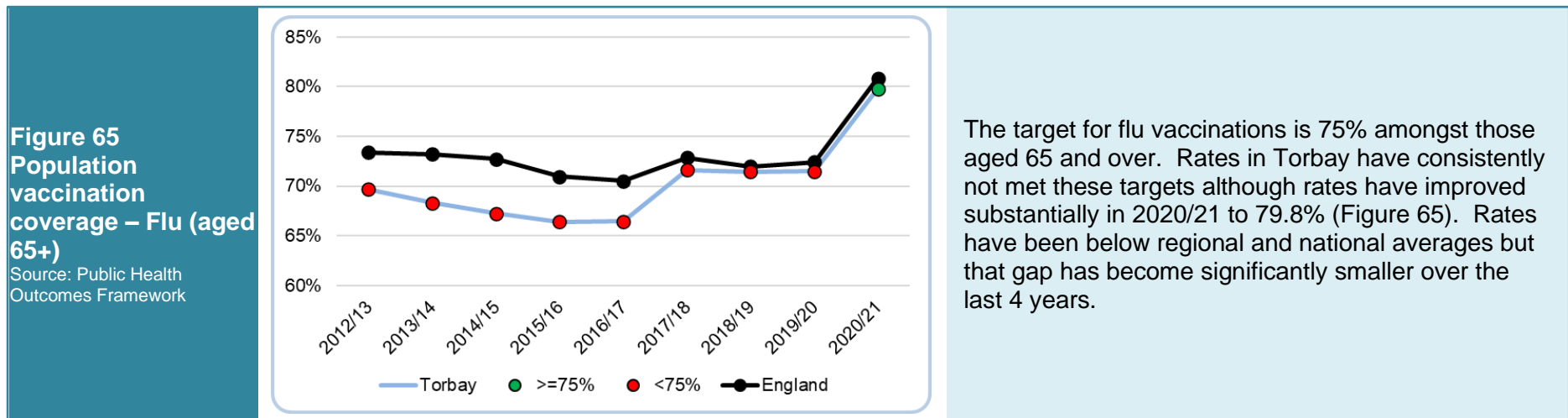
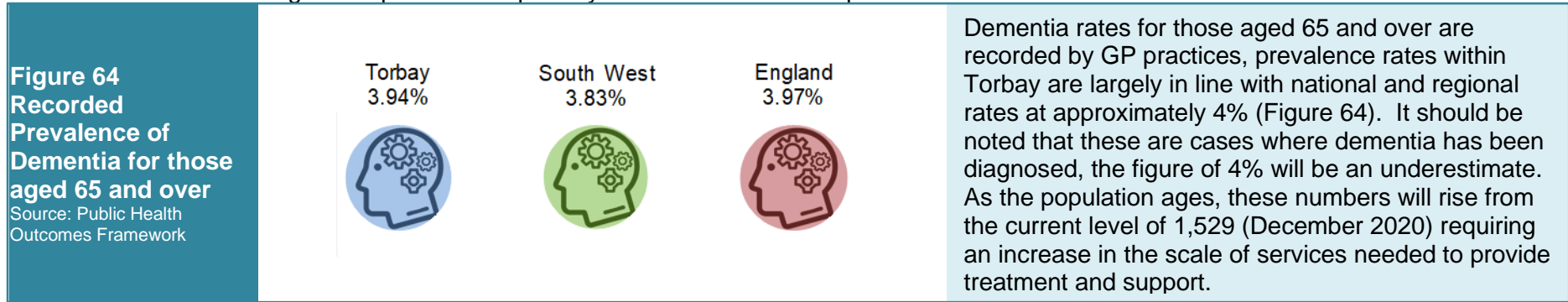
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For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

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.

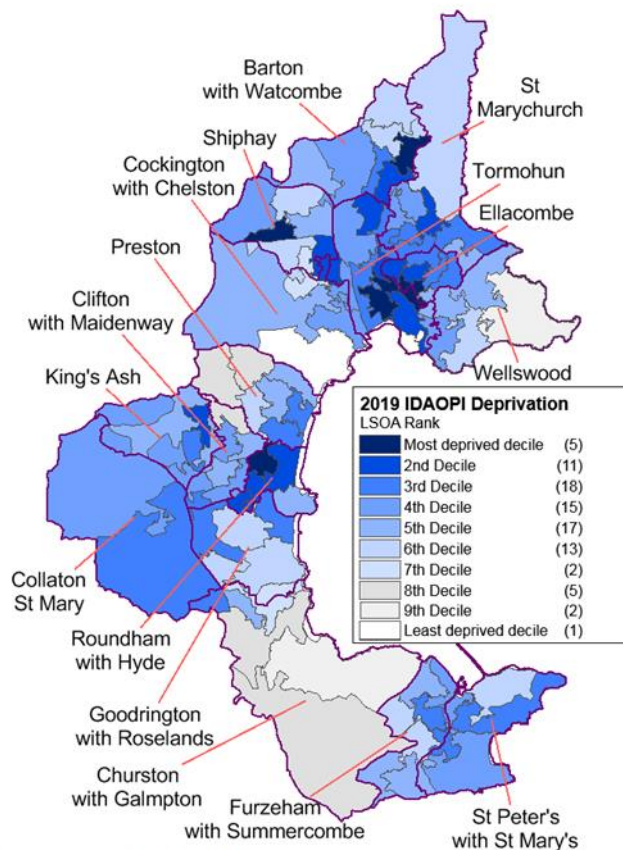


For GP Practice Profiles, visit the National General Practice Profiles at fingertips.phe.org.uk

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



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2017 Ordnance Survey 100022695

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).

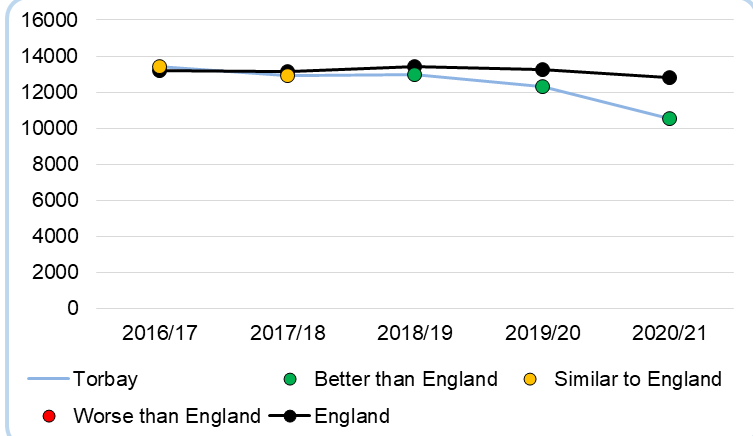
For more information, visit the Deprivation pages at <http://www.southdevonandtorbay.info>

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

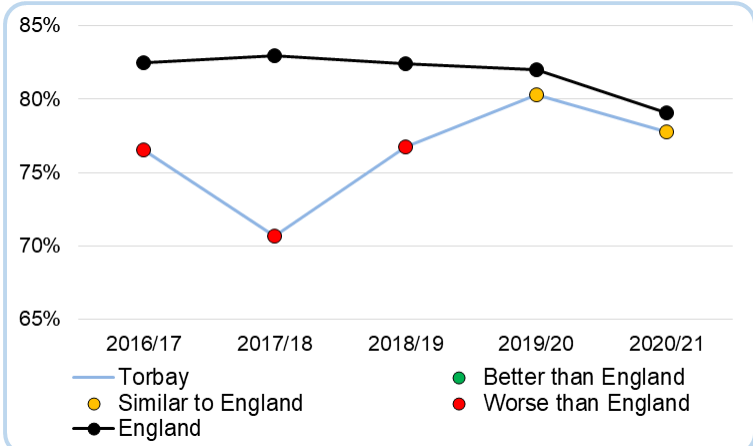
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



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 2020/21, there were 3,904 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 two years, Torbay’s rate of older people (65 and over) still at home 91 days after discharge from hospital into reablement and rehabilitation has drawn closer to England (Figure 68). For 2020/21, of the 180 older people offered rehabilitation following discharge from a hospital, 140 remained at home 91 days later (77.8%). The numbers involved were significantly smaller during 2020/21 than previous years.

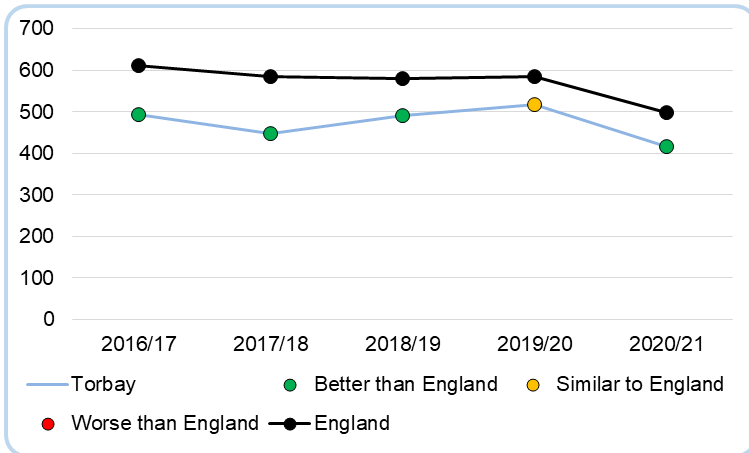
[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](https://torbayandsouthdevon.nhs.uk/services/adult-social-care)

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

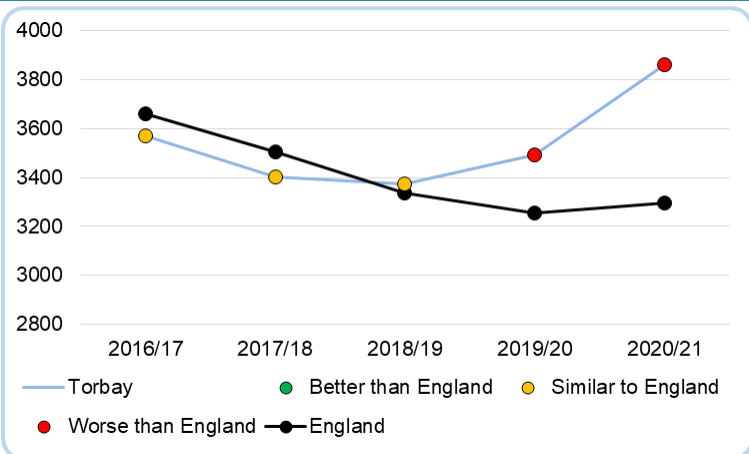
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Outcomes Framework (England)



For four of the last five 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 have been broadly in line with the regional average. For 2020/21, 155 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 two years, Torbay’s rate of long-term support for those with a primary support reason of Physical Personal Care has been significantly higher than England (Figure 70) and the regional average. For 2020/21, there were 1,434 cases with a primary support reason of Physical Personal Care for those aged 65 and over.

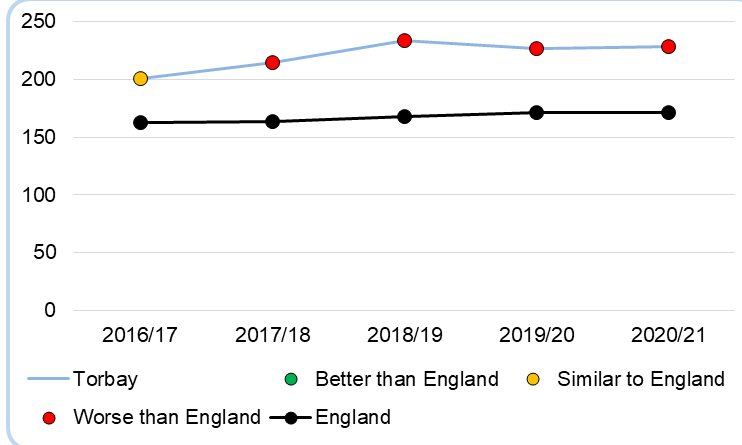
[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](https://torbayandsouthdevon.nhs.uk/services/adult-social-care)

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

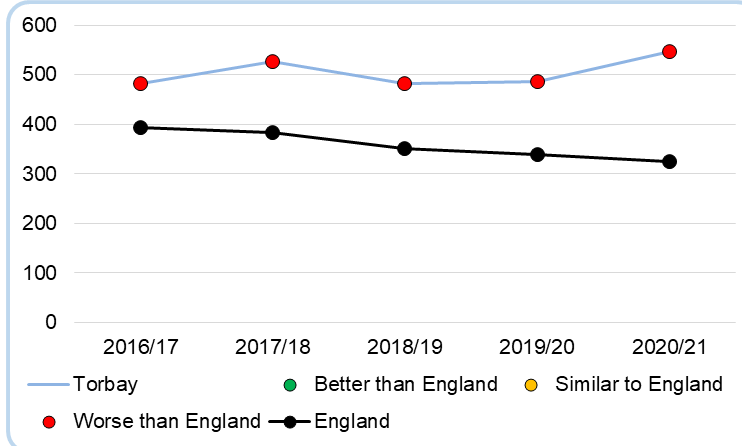
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last four 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 2020/21, there were 85 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 five 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 approximately double the regional average. For 2020/21, there were 203 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](https://torbayandsouthdevon.nhs.uk/services/adult-social-care)

Ageing well summary profile (Sources in Appendix)

Indicator	Measure	CIPFA comparator			England	RAG Rating compared to England
		Torbay	group	South West		
DEMOGRAPHY						
Dependency ratio (2020)	Ratio	75.2	64.9	63.8	57.6	↑
Life expectancy at age 65 - Female (2018 - 20)	Years	21.5	20.8	21.9	21.1	↑
Life expectancy at age 65 - Male (2018 - 20)	Years	19.2	18.4	19.4	18.7	↓
Excess Winter Deaths - Female (Aug 2017 - Jul 2020)	%	23.5%	22.9%	22.6%	22.6%	↑
Excess Winter Deaths - Male (Aug 2017 - Jul 2020)	%	15.0%	18.7%	17.6%	19.1%	↓
FINANCE						
Pension Credit claimants (2018/19 - 2020/21)	%	15.1%	13.5%	10.3%	12.7%	↓
SOCIAL CARE						
Long-term support for Learning Disabilities (2018/19 - 2020/21)	Rate per 100,000	230	169	148	170	↑
Long-term support for Mental Health (2018/19 - 2020/21)	Rate per 100,000	505	470	255	339	↑
Long-term support for Physical Personal Care (2018/19 - 2020/21)	Rate per 100,000	3577	3273	2762	3296	↑
Requests for ASC support for new clients (2018/19 - 2020/21)	Rate per 100,000	11910	15091	11531	13137	↓
Long-term support for Social Isolation/Other (2018/19 - 2020/21)	Rate per 100,000	29	68	74	95	↓
Still at home 91 days after discharge from hospital into reablement/rehabilitation service (2018/19 - 2020/21)	%	78.4%	81.6%	80.9%	81.2%	↑
Permanent admissions to nursing or residential care (2018/19 - 2020/21)	Rate per 100,000	474	676	495	554	↓
HEALTH						
Prevalence of Dementia (2020)	%	3.9%	4.0%	3.8%	4.0%	↓
Prevalence of Strokes (2020/21)	%	2.8%	2.3%	2.2%	1.8%	↑
Flu vaccination coverage (2020/21)	%	79.8%	81.8%	82.8%	80.9%	↑
Admissions due to falls (18/19 to 20/21)	DSR per 100,000	1879	2261	2041	2138	↓
A&E attendances (18/19 to 20/21)	DSR per 100,000	36990	Unknown	36163	43257	↓
Emergency admissions for ACS conditions (18/19 to 20/21)	DSR per 100,000	2725	3007	2265	2697	↓
Elective admissions (18/19 to 20/21)	DSR per 100,000	33312	39399	39068	38692	↓
Non-Elective admissions (18/19 to 20/21)	DSR per 100,000	24758	26001	22328	25162	↓
Delayed Transfers of Care (2017/18 to 2019/20)	Rate per 100,000	8.8	9.1	13.8	11.1	↑

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)

SPECIAL EDUCATIONAL NEEDS

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

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

Source: <https://www.gov.uk/children-with-special-educational-needs>

Support and different types of special educational needs

Children assessed as having Special Educational Needs usually receive one of the following levels of support:

1. SEN Support – support plans which must be provided by mainstream state schools
2. Education, Health and Care (EHC) Plan – this is for when SEN support is not enough for your child

There are 12 different types of special educational need:

Autistic Spectrum Disorder	Profound & Multiple Learning Difficulty
Hearing Impairment	Severe Learning Difficulty
Moderate Learning Difficulty	Social, Emotional & Mental Health
Multi-Sensory Impairment	Specific Learning Difficulty
Other Difficulty/Disability	Speech, Language and Communication Needs
Physical Disability	Visual Impairment

Unless stated otherwise the data contained within the section relates to Torbay resident pupils who attend Torbay schools

Overview – Torbay resident children at Torbay schools



3,320 Torbay resident school pupils are identified as having Special Educational Needs (SEN). This is equivalent to over 1 in 6 children (18%)



31% of pupils eligible for Free School Meals are identified as having Special Educational Needs



65% of those with Special Educational Needs are male, 35% are female.



26% of pupils are eligible for Free School Meals but they make up 45% of those identified as having Special Educational Needs



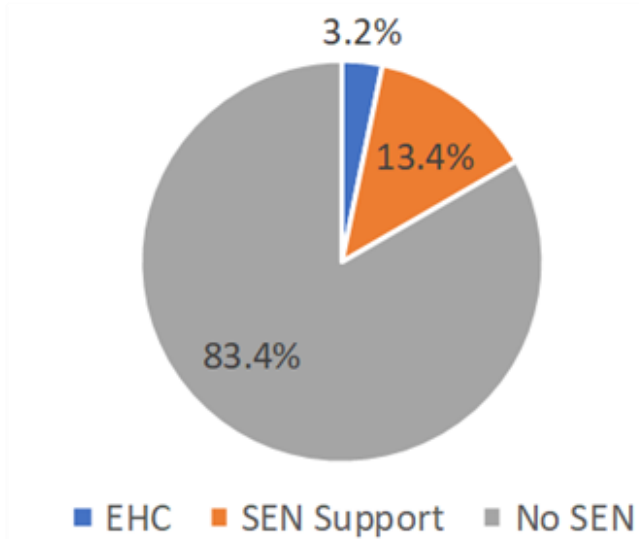
Rates of Special Education Needs with Torbay in 2020/21 are consistent with previous 2 years

Most common SEN Primary needs at Torbay schools (Torbay resident pupils)

Primary School	Secondary School	Special School
Speech, Language and Communication Needs - 590	Social, Emotional & Mental Health - 314	Moderate Learning Difficulty - 112
Social, Emotional & Mental Health - 366	Specific Learning Difficulty - 224	Autistic Spectrum Disorder - 105
Specific Learning Difficulty - 252	Speech, Language and Communication Needs - 128	Social, Emotional & Mental Health - 79

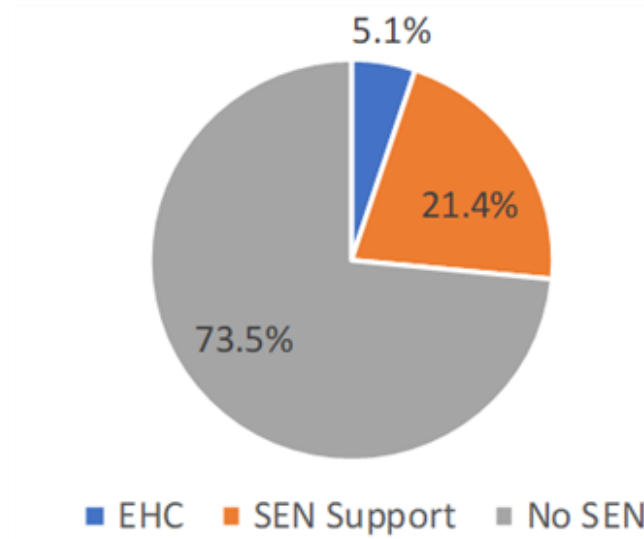
Torbay Primary Schools (2020/21)

Torbay Primary School Pupils (20/21)



- Torbay’s EHC Plan rate of 3.2% is above the South West average of 2.7% and England average of 2.3%
- Torbay’s SEN Support rate of 13.4% is broadly in line with South West (13.6%) and England (12.9%)

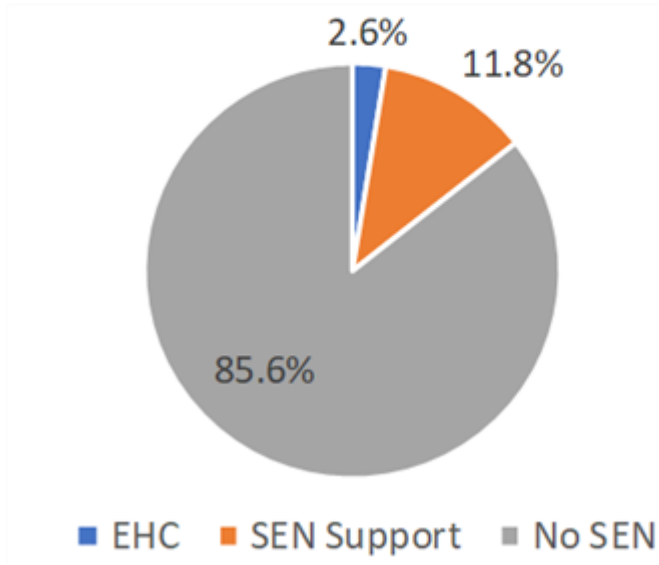
Torbay Primary School Pupils eligible for Free School Meals (20/21)



- Torbay’s EHC Plan rate of 5.1% is below the South West average of 5.7% but above the England average of 4.1%
- Torbay’s SEN Support rate of 21.4% is lower than the South West (24.8%) and broadly in line with England (21.9%)

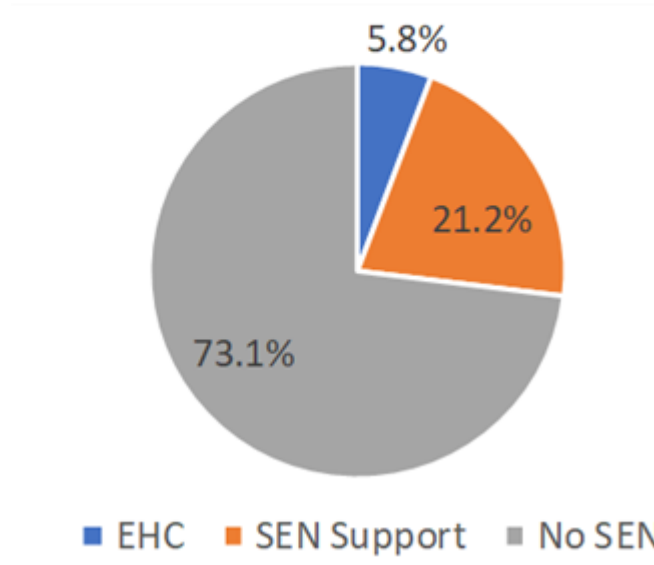
Torbay Secondary Schools (2020/21)

Torbay Secondary School Pupils
(20/21)



- Torbay’s EHC Plan rate of 2.6% is in line with the South West average of 2.6% and above the England average of 2.2%
- Torbay’s SEN Support rate of 11.8% is below the South West (12.7%) and in line with England (11.7%)

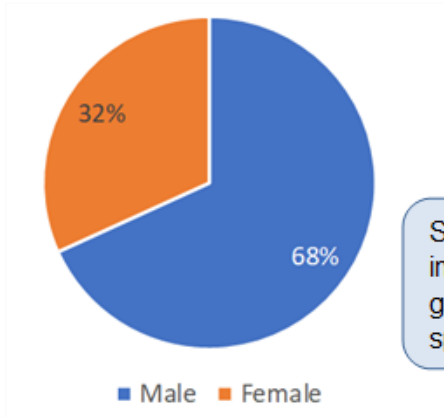
Torbay Secondary School Pupils
eligible for Free School Meals (20/21)



- Torbay’s EHC Plan rate of 5.8% is in line with the South West average of 6.0% but above the England average of 4.2%
- Torbay’s SEN Support rate of 21.2% is lower than the South West (23.4%) but above England (19.7%)

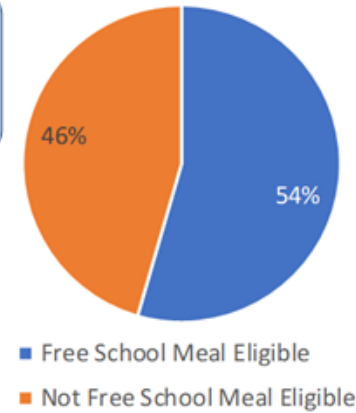
Torbay Special Schools (2020/21)

Torbay Special School Pupils by sex (20/21)



Similar male/female split in special schools as the general population SEN split.

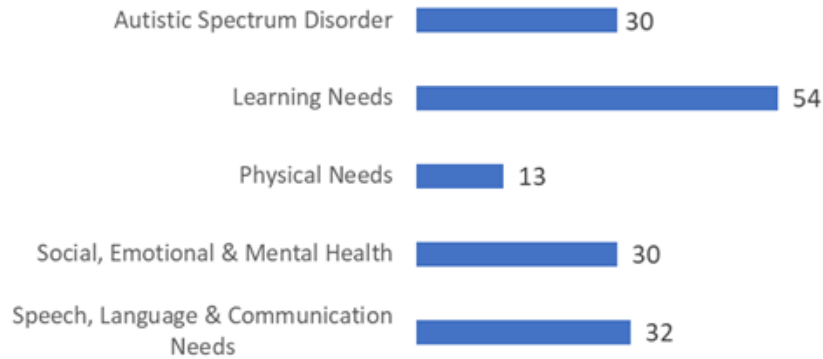
Torbay Special School Pupils eligible for Free School Meals (20/21)



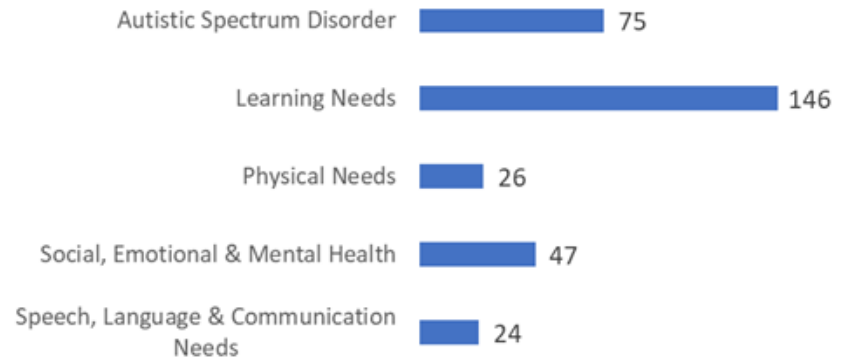
The majority of Torbay resident special school pupils are eligible for Free School Meals.

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EHC Plan - Special schools (Primary age) 20/21



EHC Plan - Special schools (Secondary age) 20/21



Learning Needs contains Moderate, Profound & Multiple, Severe and Specific Learning Difficulties
Physical Needs contains Hearing Impairment, Multi-Sensory Impairment, Physical Disability and Visual Impairment

Ethnicity (2018/19 to 2020/21) - Torbay

- For the years 2019-2021, the proportion of Torbay resident pupils recorded as White British was 88%, this makes it difficult to gather data around individual ethnicities that are not White British which is why a 3 year period has been used.
- Those children recorded as Traveller of Irish Heritage, Black African and Black Caribbean had significantly higher rates of Special Educational Needs when compared to Torbay resident pupils as a whole. However, the number of pupils involved is very low and may involve the same pupil being counted in each of the 3 years.

Ethnicity (2020/21) – South West

Highest rates of Special Education Needs by ethnicity group (Average Rate 16.6%)

- Gypsy Roma – 32.9%
- Traveller of Irish Heritage – 30.3%
- Black Caribbean – 23.7%

Lowest rates of Special Education Needs by ethnicity group (Average Rate 16.6%)

- Chinese – 7.3%
- Indian – 7.9%
- Any other Asian background – 10.9%

2 most common Primary Needs identified within South West (20/21):-

Social, Emotional & Mental Health – Children with a Black Caribbean ethnicity are more than twice as likely to be classified as having this recorded as their primary need than the general population. There is no other SEN classification in which this group are twice the general population rate.

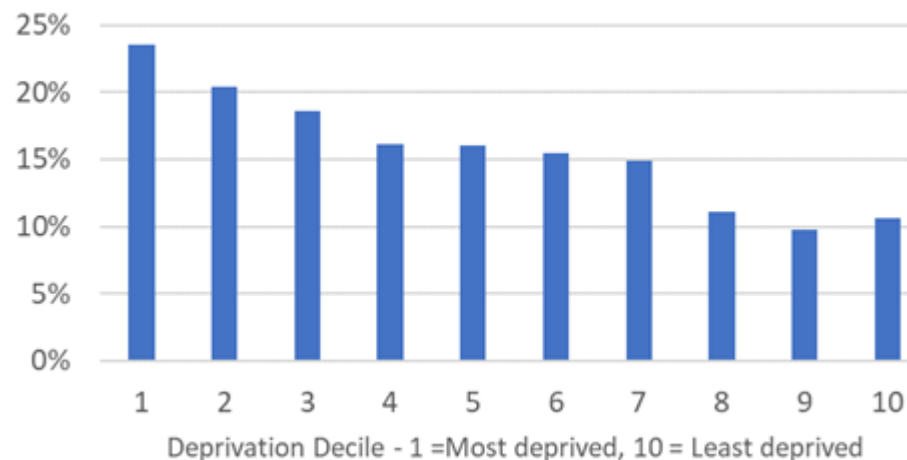
Speech, Language and Communication Needs – Gypsy Roma children are close to twice as likely to be classified as having this recorded as their primary need than the general population.

Deprivation (2020/21) - Torbay

There is a consistent relationship within Torbay between a higher prevalence of pupils with special educational needs and living in a more deprived area.

The deprivation relationship is most pronounced among those pupils with Social, Emotional & Mental Needs and Speech, Language and Communication Needs.

Torbay SEN pupils by deprivation decile 20/21



Pupil Referral Units (2018/19 to 2020/21) - Torbay

For the 3 years 2018/19 to 2020/21 (will be duplication with same pupil possibly recorded in each of the 3 years)

- 158 pupils
- Of those, 5 have EHCP Plans and 96 have SEN Support
- 3 out of 4 who are recorded as having SEN have a primary need of Social, Emotional & Mental Health

Torbay level data sourced internally from Education Department. South West and England information from <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

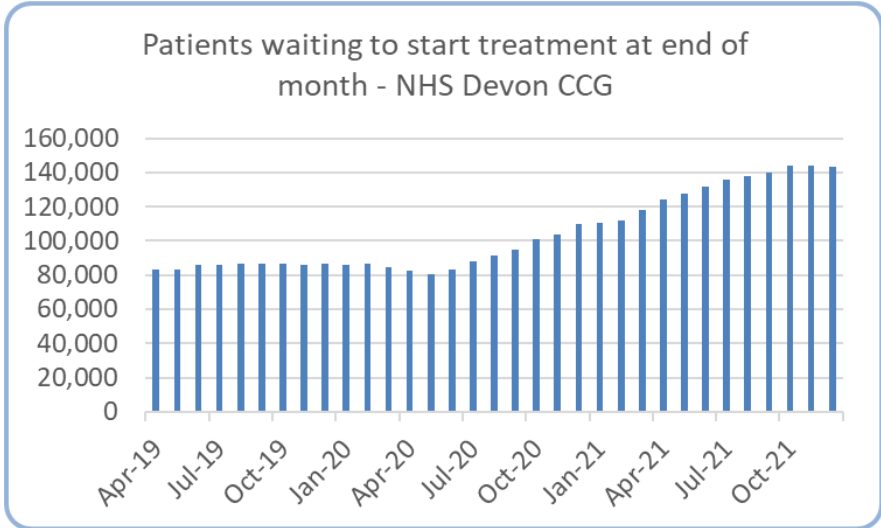
[For more information, visit www.gov.uk/children-with-special-educational-needs](https://www.gov.uk/children-with-special-educational-needs)

COVID

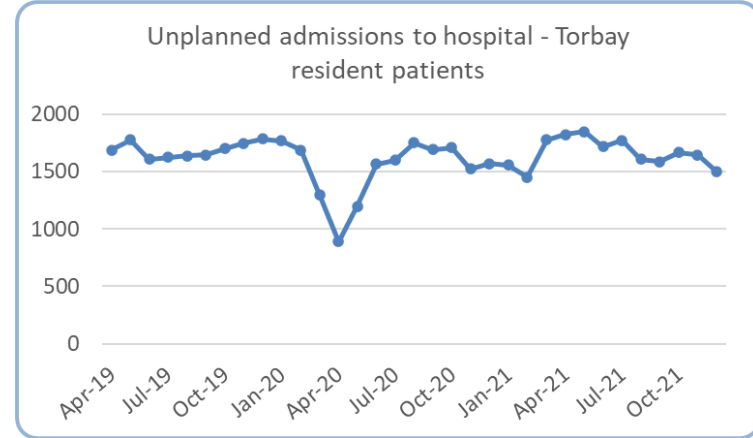
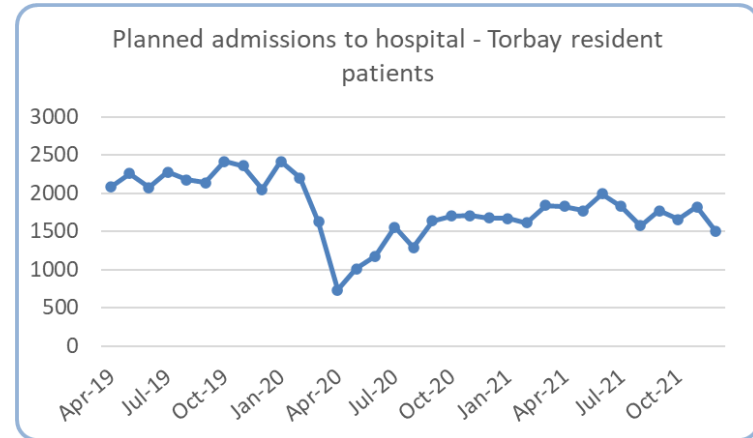
The COVID-19 pandemic was first identified in late 2019 in Wuhan, China. The virus is known to have reached the UK by January 2020. To help combat the virus a number of public health measures were taken to attempt to mitigate its impact, including lockdowns when the majority of normal economic activity was stopped in order to curtail deaths from the virus and to prevent health services being completely overwhelmed. The following pages outline a few of the economic, health and social impacts of the pandemic.

Numbers of patients waiting to start treatment throughout Devon have risen significantly since the first lockdown in March 2020. As of December 2021, approximately 143,000 patients are waiting, this is a rise of more than 70% since April 2019. Both planned and unplanned admissions for Torbay residents saw significant falls after the first lockdown. Planned admissions have yet to return to pre-pandemic levels.

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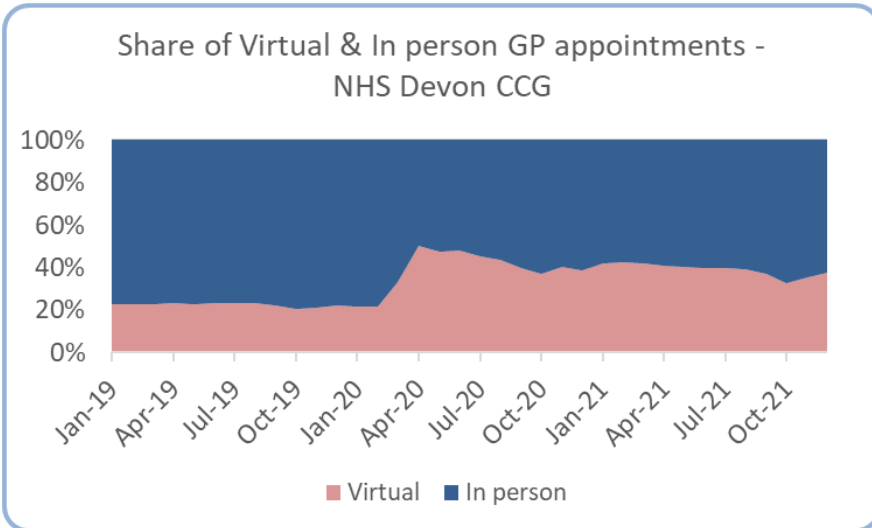


Source: NHS England Referral to Treatment Waiting Times



Source: Hospital Episode Statistics

COVID



Source: NHS Digital – Appointments in General Practice

GP Appointments

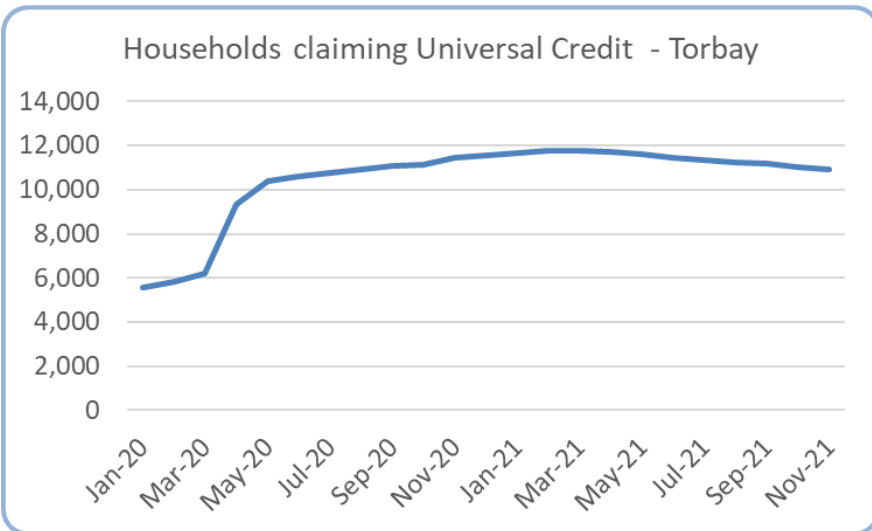
Throughout 2019, in person appointments accounted for approximately 78% of GP appointments in Devon. For 2021, the rate stands at approximately 61%.

Universal Credit

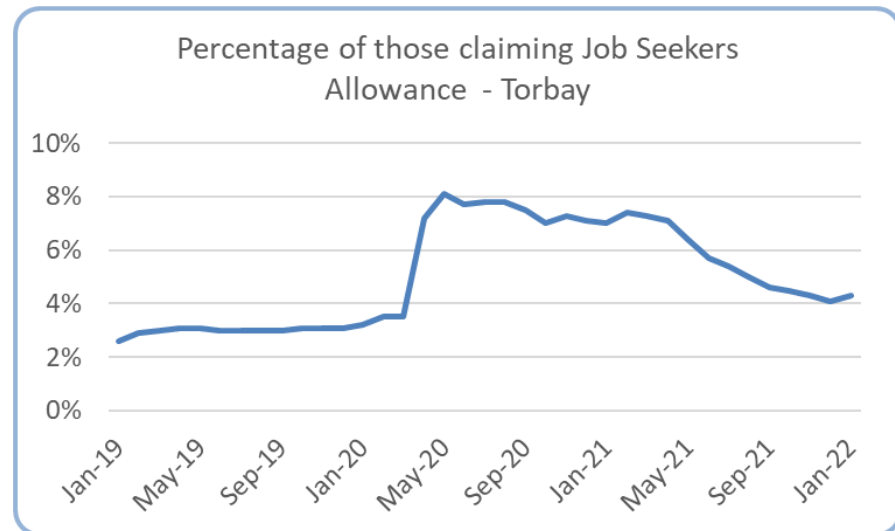
Rates have risen since pre-pandemic times and as of November 2021, approximately 18% of households are in receipt of Universal Credit.

Job Seekers Allowance

After a substantial rise after the first lockdown, rates started to fall in the Spring of 2021. Rates are not yet down to pre-pandemic levels.



Source: NOMIS



Source: Stat-Xplore

COVID

Working from Home

Nationally, almost 1 in 5 businesses are using or intend to use increased homeworking as a permanent business model going forward. Amongst businesses in the ‘Information & Communication’ and ‘Professional, scientific and technical’ rates are substantially higher.

Source: ONS – Business Insights and Impact on the UK economy

Domestic Abuse

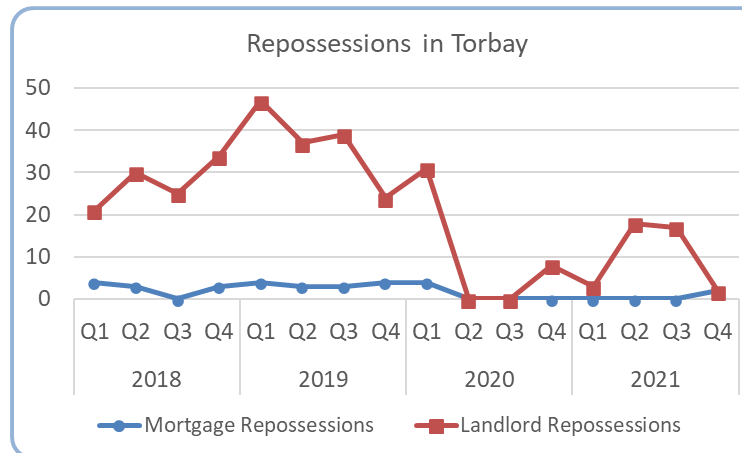
Domestic Abuse is significantly under-reported to the Police. During the first 11 months of lockdown from April 2020 to February 2021, the number of contacts made with the National Domestic Abuse Helpline across the UK rose by 61% when compared to the 3 months before the first lockdown.

Source: National Domestic Abuse Helpline Service Review 2020/21

Food Poverty

Torbay Food Alliance is a partnership of 10 local community and voluntary organisations who came together in March 2020. As of February 2022, they have provided over half a million meals for people in Torbay.

Source: Torbay Food Alliance



Source: www.gov.uk Mortgage and landlord possession statistics

Repossessions

Repossessions were prevented during Q2 & Q3 of 2020. As of Q4 2021, there has not been a return to the level of repossessions pre-pandemic.

Mental Health

The number of people in contact with adult mental services in the Devon CCG area has risen from approximately 21,500 pre pandemic to 24,550 at November 2021.

Source: Mental Health Services Monthly Statistics

RELATIVE DEPRIVATION ACROSS THE BAY

Churston with Galmpton

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

Average Age – 58

**Life expectancy at birth for Females – 85
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 – 23%

% of pupils eligible for Deprivation Pupil Premium – 16%

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population - 6

Recorded Crime Rate per 1,000 population - 29

Rate of A&E attendances per 100,000 population – 32,387

Rate of unplanned admissions to hospital per 100,000 population – 10,432

Median House Price – £324,250

Roundham with Hyde

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

Average Age - 51

**Life expectancy at birth for Females – 81
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 – 35%

% of pupils eligible for Deprivation Pupil Premium – 35%

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population – 33

Recorded Crime Rate per 1,000 population - 176

Rate of A&E attendances per 100,000 population – 43,098

Rate of unplanned admissions to hospital per 100,000 population – 16,000

Median House Price – £155,500

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.

76 out of 100 women eligible for breast cancer screening had a test in the past 3 years. This is above the English average, the difference relates to 2021.



Under 75 mortality from breast cancer for the six year period 2015 – 2020 is **25% lower** than the period 2005 - 2010

65 out of 100 people who were invited to bowel cancer screening had a test in the past 3 years. This is slightly higher than the English average



619 people under 75 died from cancer in the 3 year period 2018 to 2020. Of these **341** were male and **278** were female.

74 out of 100 women eligible for cervical screening had a test in the past 5 years. This is slightly higher than the English average



83 people were newly diagnosed with oral cancer in the 3 year period 2016 to 2018



270 people died from lung cancer in the 3 year period 2017 to 2019. Of these **156** were male and **114** were female.



402 people were newly diagnosed with lung cancer in the 3 year period 2016 to 2018

264 people under 75 died from cancers considered preventable in the 3 year period 2018 to 2020. Of these **164** were male and **100** were female.



[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 5)

Torbay population: ONS Mid-year population estimates (2020).
Average Age: ONS Mid-year population estimates (2020).
Residents 65 and over: ONS Mid-year population estimates (2020).
Residents who are children: ONS Mid-year population estimates (2020).
State Schools: www.compare-school-performance.service.gov.uk (2022).
Residential and Care Homes: Torbay Adult Social Care (2022).
Average House Price: Median House Price by local authority, Year ended September 2020.
Average Full-time Salary: Median Full-time salary, Annual Survey of hours and earnings – residents (2021).
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 (2020).
Deprivation: Index of Multiple Deprivation (2019).
No of GP Practices: Healthwatch Torbay (2022).
No of Pharmacies: PHE Shape Tool (2022).
A&E Attendances: Hospital Episode Statistics (2020/21).
Emergency admissions: Hospital Episode Statistics (Provisional) (2020/21).

Protected Characteristics (Page 13)

Age: ONS Mid-year population estimates (2020).
Sex: ONS Mid-year population estimates (2020).
Disability: Census (2011).
Gender Reassignment: Gender Identity Research and Education Society (2011).
Marriage and Civil Partnership: Census (2011).
Pregnancy and Maternity: Live Births, NOMIS (2020).
Race: Census (2011).
Religion or Belief: Census (2011).
Sexual Orientation: ONS (2019).

Population Overview infographic (Page 15)

Torbay population: ONS Mid-year population estimates (2020).
Average Age: ONS Mid-year population estimates (2020).
Average Life expectancy: Public Health Outcomes Framework (PHOF) Indicator – Life expectancy at birth (2018-20).
Healthy Life expectancy: PHOF Indicator – Healthy life expectancy at birth (2017-19).
2043 population: ONS population projections (2018).
Births: Live Births, NOMIS (2020).
65 and over resident population: ONS Mid-year population estimates (2020), ONS population projections (2018).
Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty, low income, low efficiency methodology (2019).
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 (2020/21).
Housing Affordability: Ratio of median house price to median full-time salary. House prices: ONS-Land Registry (Sep 20). **Salaries:** ONS- Annual Survey of Hours and Earnings (2021).
Pollution: PHOF Indicator-Air pollution fine particulate matter.

Population Overview profile (Page 23)

Average Age: Median age, ONS Mid-year population estimates (2020).
Dependency Ratio: Ratio of those aged under 15 & over 64 divided by number of 15 to 64 year olds, ONS Mid-year population estimates (2020).
Life expectancy at birth: Public Health Outcomes Framework (PHOF) Indicator – Life expectancy at birth (2018-20).
Healthy life expectancy: PHOF Indicator – Healthy life expectancy at birth (2017-19).
Birth rate: NOMIS - Live Births (2020), ONS Mid-year population estimates for female population aged 15 to 44 (per 1,000) (2020).
Mortality rate: NOMIS – Mortality statistics – All ages & causes (2018-20), ONS Mid-year population estimates (Age standardised Rate per 100,000) (2018-20).
Premature mortality: NOMIS – Mortality statistics – Under 75 & all causes (2018-20), ONS Mid-year population estimates (Age standardised Rate for under 75s per 100,000) (2018-20).
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 (2020/21). England & South West – ONS Police force area data tables (2020/21). CIPFA – Home Office Police recorded crime by Community Safety Partnership (2020/21). Population – ONS Mid-year population estimates. Rate per 1,000 population (2020).
ASB Rate: Torbay – Torbay Community Safety Partnership (2020/21). England & South West – ONS Police force area data tables. (2020/21) CIPFA – data.police.uk (2020/21). Population – ONS Mid-year population estimates. Rate per 1,000 population (2020).
Domestic abuse rates: Torbay – Torbay Community Safety Partnership (2019/20). England & South West – PHOF Indicator - Domestic abuse-related incidents & crimes current method (2019/20). Population - ONS Mid-year population estimates for 16+. Rate per 1,000 population 16+ (2020).
Fuel poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty, low income, low efficiency methodology (2019).
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+) (2018/19).
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+) (2019/20).
Smoking Prevalence: PHOF Indicator – % Smoking Prevalence in adults (18+) – current smokers (APS) (2019).
Children in relative low income families: PHOF Indicator - % of Children in relative low income families (under 16s) (2019/20).
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 (Sep 20). Salaries: ONS- Annual Survey of Hours and Earnings 2021).
Alcohol Admissions: Age standardised alcohol attributable admissions (per 100,000) – Hospital Episode Statistics (HES) (2020/21), Population – ONS Mid-year population estimates (2020).
Planned admission rate: Age standardised elective admissions (per 100,000) – Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).
Unplanned admission rate: Age standardised non-elective admissions rate (per 100,000) - Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).
A&E attendances rate: Age standardised A&E attendance rate (per 100,000) - Hospital Episode Statistics (HES) (2018/19 – 2020/21), Population – ONS Mid-year population estimates (2018 – 20).

Starting and developing well profile infographic (Page 25)

Child population: ONS Mid-year population estimates (2020).
Births: Live Births, NOMIS (2020).
Smoking at time of delivery: % of mothers known to be smokers at time of birth. PHOF Indicator – Smoking status at time of delivery (2020/21).
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) (2018/19).
Under 18 pregnancies: Conceptions in women aged under 18 per 1,000 females aged 15 to 17. PHOF Indicator – Under 18s conception rate/1000 (2019).
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 (2020/21).

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 (2020/21).

Overweight children: PHOF Indicator – Reception: Prevalence of overweight (including obesity). PHOF Indicator – Year 6: Prevalence of overweight (including obesity) (2019/20).

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 relative low income families. PHOF Indicator – Children in relative low income families (under 16s) (2019/20).

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 (All 2021).

Self-harm admissions: Hospital Episode Statistics (18/19 to 20/21)

Alcohol specific admissions for under 18s: Hospital Episode Statistics (18/19 to 20/21)

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) – 2020/21.

Starting and developing well profile (Page 33)

Birth rate: NOMIS - Live Births, ONS (2020). Mid-year population estimates for female population aged 15 to 44 (per 1,000) (2020).

Infant mortality: Infant deaths under 1 year of age per 1,000 live births. PHOF Indicator – Infant mortality rate (2018 – 20).

Smoking at time of delivery: % of mothers known to be smokers at time of birth. PHOF Indicator – Smoking status at time of delivery (2020/21).

Baby's first feed breastmilk: % of babies whose first feed is breastmilk PHOF Indicator – Baby's first feed breastmilk (2018/19).

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) (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) (2020/21).

5 year olds with one or more decayed, missing or filled teeth: PHOF Indicator – Children with one or more decayed, missing or filled teeth (2018/19).

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 (2018/19).

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 (2018/19).

Classified as overweight or obese (Reception): PHOF Indicator – Reception: Prevalence of overweight (including obesity) (2019/20).

Classified as overweight or obese (Year 6): PHOF Indicator – Year 6: Prevalence of overweight (including obesity) (2019/20).

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 (2019/20).

Alcohol admissions to hospital: Admission episodes for alcohol-specific conditions (per 100,000) – Under 18s – Hospital Episode Statistics (HES) (2018/19 to 20/21).

Teenage Conceptions: Conceptions in women aged under 18 per 1,000 females aged 15 to 17. PHOF Indicator – Under 18s conception rate/1000 (2017 – 2019).

Chlamydia detection rates: PHOF Indicator – Chlamydia detection rate/100,000 aged 15-24 (2020).

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 (2019/20).

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 (2020/21).

Hospital admissions for unintentional & deliberate injuries: Hospital admissions caused by unintentional & deliberate injuries in children aged 0 to 17 years – Hospital Episode Statistics (HES) (2018/19 – 20/21).

Children with Special Educational Needs: % of state-funded pupils with special educational needs, based on where pupil attends school – Department for Education (2020/21).

Children in low income families: % of under 16s in low income families. PHOF Indicator – Children in relative low income families (under 16s) (2019/20).

Looked After Children: Children looked after at 31 March per 10,000 children, by local authority – Department for Education (2021).

Children in Need: Children in need at 31 March per 10,000 children, by local authority – Department for Education (2021).

Children with Child Protection Plans: Children subject to a child protection plan at 31 March, by local authority – Department for Education (2021).

Pupil Absence: % of half days missed by pupils due to overall absence (including authorised and unauthorised absence). PHOF Indicator – Pupil Absence (2018/19).

Living and working well profile infographic (Page 35)

Torbay working age population: ONS Mid-year population estimates (2020).
Working age smokers: PHOF Indicator – Smoking Prevalence in adults (18-64) current smokers (APS) (2019).
Suicides: PHOF Indicator – Suicide Rate (2018 - 20)
Depression Prevalence: PHOF Indicator – Depression: Recorded prevalence (18+) (2020/21).
Salaries: ONS- Annual Survey of Hours and Earnings Median Salary (2021).
Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty (low income, low energy efficiency methodology) (2019).
Housing Affordability: Ratio of lower quartile house price to lower quartile full-time salary. House prices: ONS-Land Registry (2020).
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) (2020/21).
Overweight or obese adults: PHOF Indicator – Percentage of adults (aged 18+) classified as overweight or obese (2019/20).
Diabetes Prevalence: PHOF Indicator – Diabetes: QOF prevalence (17+) (2020/21).
5 portions of fruit or vegetables: PHOF Indicator – Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (2019/20)
Physically active adults: PHOF Indicator – Percentage of physically active adults (2019/20)
Crimes/Anti-social behaviour: Torbay Community Safety Partnership (2020/21)
Domestic Abuse: Torbay Community Safety Partnership (2020/21)
A&E Attendances: Hospital Episode Statistics (2020/21)
Emergency Admissions: Hospital Episode Statistics (2020/21)

Living and working well profile (Page 44)

Smoking Prevalence: PHOF Indicator – Smoking Prevalence in adults (18-64) current smokers (APS) (2019).
Depression Prevalence: PHOF Indicator – Depression: Recorded prevalence (18+) (2020/21).
Crime – Violent offences: PHOF Indicator – Violent Crime – violence offences per 1,000 population (All ages) (2020/21).
Crime – Sexual offences: PHOF Indicator – Violent Crime – sexual offences per 1,000 population (All ages) (2020/21).
Suicide Rate: PHOF Indicator – Suicide Rate (Persons) per 100,000 population (Age Standardised), Aged 10+ (2018 – 20).
Unemployment: PHOF Indicator – Unemployment (model-based), Aged 16+ (2020).
Those with no qualifications: % of those with no qualifications aged 16 to 64 – Annual Population Survey (2018 – 20).
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 (2020).
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) (2020/21).
Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty (low income, low energy efficiency methodology) (2019).
Domestic Abuse rates: Torbay – Torbay Community Safety Partnership (2019/20). England & South West – PHOF Indicator - Domestic abuse-related incidents & crimes current method (2019/20). Population - ONS Mid-year population estimates for 16+ (2018). 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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
Preventable mortality: PHOF Indicator – Mortality rate from causes considered preventable (per 100,000, Age Standardised) (2016 – 2018).
Obesity Prevalence: PHOF Indicator – Obesity: QOF prevalence (18+) (2019/20).
Diabetes Prevalence: PHOF Indicator – Diabetes: QOF prevalence (17+) (2020/21).
Hypertension Prevalence: PHOF Indicator – Hypertension: QOF prevalence (all ages) (2020/21).

Alcohol related admissions: Age standardised admissions for alcohol-related conditions (Narrow) (per 100,000) aged 20 to 64 – Hospital Episode Statistics (HES) (2020/21), Population – ONS Mid-year population estimates (2020).
Smoking attributable admissions: PHOF Indicator – Smoking attributable hospital admissions (Aged 35+, per 100,000, Age Standardised) (2019/20).
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) (2018/19), Population – ONS Mid-year population estimates (2018 – 20).

Ageing well infographic (Page 46)

Torbay 65+ population: ONS Mid-year population estimates (2020).
2043 population: ONS population projections (2018).
Life expectancy: PHOF Indicator – Life expectancy at 65 (2018-20).
Social care users social contact: Adult Social Care Outcomes Framework Indicator – Social isolation: percentage of adult social care users who have as much social contact as they would like (2020/21).
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) (2018/19 - 20/21).
Prevalence of Dementia: PHOF Indicator – Dementia recorded prevalence (aged 65 years and over) (2020).
A&E Attendances: Hospital Episode Statistics (2020/21)
Emergency Admissions: Hospital Episode Statistics (2020/21)
Emergency hospital admissions for falls: Hospital Episode Statistics (2020/21)
Flu vaccination coverage: PHOF Indicator – Population vaccination coverage – Flu (aged 65+) (2020/21).
Funded admissions to residential and nursing homes: Torbay and South Devon NHS Foundation Trust (2020/21)
Requests for adult social care support for new clients: Torbay and South Devon NHS Foundation Trust (2020/21)
Long-term support for Physical Personal Care: Torbay and South Devon NHS Foundation Trust (2020/21)

Ageing well profile (Page 55)

Dependency ratio: Ratio of those under 15 and those over 64 divided by those aged between 15 and 64. ONS Mid-year population estimates (2020).
Life expectancy at age 65: PHOF Indicator – Life expectancy at 65 (2018 – 20).
Excess Winter Deaths: PHOF Indicator – Excess winter deaths index (2017 – 20).
Pension Credit claimants: Pension Credit Claimants as a percentage of the 65+ population. Stat Xplore (Department for Work & Pensions) (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
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 (2018/19 – 20/21).
Prevalence of Dementia: PHOF Indicator – Dementia recorded prevalence (aged 65 years and over) (2020).
Prevalence of Strokes: PHOF Indicator – Stroke: QOF prevalence (all ages) (2020/21).
Flu vaccination coverage: PHOF Indicator – Population vaccination coverage – Flu (aged 65+) (2020/21).

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) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).

A&E Attendances: Age standardised rate (per 100,000) of A&E Attendances for those aged 65 and over. Attendances – Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).

Emergency admissions for ACS conditions: Age standardised emergency admissions for Ambulatory Care Sensitive conditions (per 100,000) aged 65+ – Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).

Elective admissions: Age standardised rate (per 100,000) of planned admissions for those aged 65 and over – Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).

Non-Elective admissions: Age standardised rate (per 100,000) of unplanned admissions for those aged 65 and over – Hospital Episode Statistics (HES) (2018/19 – 20/21), Population – ONS Mid-year population estimates (2018 – 20).

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 (2017/18 – 19/20).

Most and Least deprived wards (Page 66)

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

Average Age: Median age, ONS Mid-year population estimates (2020).

Life expectancy at birth: Deaths – PCMD, Population - ONS Mid-year population estimates. (2016 – 20).

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 (2014/15 – 19/20).

% of pupils eligible for Deprivation Pupil Premium: Torbay Education Department (2016/17 to 19/20).

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population: Torbay Community Safety Partnership (2018/19 - 20/21).

Recorded Crime Rate per 1,000 population: Torbay Community Safety Partnership (2018/19 - 20/21).

Rate of A&E attendances per 100,000 population: Hospital Episode Statistics (2017/18 - 19/20).

Rate of unplanned admissions to hospital per 100,000 population: Hospital Episode Statistics (2018/19 - 20/21).

Median House Price: ONS Median House price paid by ward, Year ended June 2021.

Written and compiled by the Torbay Knowledge and Intelligence Team

For further information, please contact the Torbay Knowledge and Intelligence team at Statistics@torbay.gov.uk

**Title: Devon & Cornwall Health Protection
Committee Annual Report 2021/22**

Wards Affected: All

To: Health and Wellbeing Board

On: 17 March 2022

**Contact: Julia Chisnell, Consultant in
Public Health**

Telephone: 07584 175711

Email: Julia.Chisnell@torbay.gov.uk

1. Purpose

To present the annual assurance report of the Devon and Cornwall Health Protection Committee 2021/22 for information.

2. Recommendation

Members are asked to note the annual assurance report.

3. Supporting Information

Background to the report

Devon, Plymouth, Torbay and Cornwall Local Authority Public Health teams are partners in the Devon and Cornwall Health Protection Committee which provides assurance that health protection functions are being effectively discharged across the Peninsula.

The Committee prepares an annual assurance report for the constituent Health and Wellbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.

The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

The report sets out for each of these domains:

- Assurance arrangements

- Performance and activity during 2020/21
- Actions taken against health protection priorities identified for 2020/21
- Priorities for the current year.

The health protection agenda in 2020/21 was dominated by the COVID-19 pandemic. This report therefore focuses on the response to the pandemic, the impact on wider health protection activity, and work to recover screening and immunisation coverage for our population.

There is a delay between the reporting period and the preparation of the report due to the timetable for publication of annual screening and immunisation performance. Because of this time lag, this year's report contains some information in relation to activities undertaken during 2021/22, to provide a more timely picture of progress.

The format of the report also differs from previous years, with the highlighting of local challenges, innovation and good practice in relation to the pandemic response.

Key points from the report for Torbay

Management of COVID-19 outbreaks

The report includes numbers of outbreak by setting type dealt with by UKHSA. Numbers for education settings are comparatively low for Torbay because the Torbay Council Public Health and Education teams dealt with education outbreaks locally in partnership with Torbay early years providers and schools. Workplace settings were also managed locally. Care settings were managed in collaboration with UKHSA but with local teams taking a far more proactive and supportive role than previously. Rates of non-COVID infectious diseases reported to UKHSA were low during the pandemic.

Local areas of innovation and good practice

COVID-19 testing was coordinated peninsula wide, with Public Health teams managing targeted community testing and outbreak testing at local level. Strong partnership working enabled all areas to support and supplement the national testing programme with local arrangements to speed and increase access during outbreaks in higher risk settings.

COVID-19 and flu vaccination were coordinated under a Devonwide seasonal vaccination programme with local targeting of areas of low uptake and groups with a lack of 'vaccine confidence'.

The new Devonwide Infection Management System was central to the COVID-19 response, working locally as part of a Torbay multi-agency team supporting care homes throughout the pandemic. An especial innovation was the development of 'virtual infection prevention and control walkrounds' where the team walked round a care home via iPad, advising on cleaning, PPE, isolation and cohorting.

The Torbay care homes support team also worked with homes and other partners including Healthwatch, to promote innovative ways for friends and families to keep in touch during lockdown and outbreaks.

Local Outbreak Engagement Boards in all areas helped local authorities to keep in touch with key stakeholders, with Torbay also setting up a 'Torbay Community COVID Champions network' which was valuable in shaping communications, and sharing key messages with communities.

Screening & Immunisation programmes

All programmes were affected by the pandemic, but all have made strenuous efforts to recover and all are due to be back on track by July 2022 if they have not already achieved this. Coverage figures are reported annually almost a year in arrears so will not fully reflect the recovery.

Lower uptake for Torbay compared with neighbouring authorities, or national standard or averages, is reported for:

- Shingles vaccination (the programme has been age-extended to enable more people to take up the offer)
- Flu vaccination in 65+
- Cervical screening (although gradually improving year on year)
- Childhood vaccination uptake remains overall fairly good but MMR (measles mumps and rubella) uptake remains a national and local priority in order to maintain safe levels
- School age vaccinations were significantly affected by COVID-19 but the commissioner and provider of the service have comprehensive plans in place to recover by the Summer of this year.

Healthcare associated infections

This section covers infections which are acquired through contact with health services and also frequently difficult to treat: MRSA, MSSA, C.difficile and E.coli. Reducing the incidence of E.coli is a priority for Devon where case rates are particularly high. This work is part of the Anti-Microbial Resistance programme seeking to prevent and tackle those infections which are resistance to anti-virals, antibiotics, or antifungal treatments. Restarting this programme is a key priority for Devon and also Torbay as we move on from the acute phase of the pandemic and need to maintain the important learning around infection prevention and control. Handwashing and ventilation are messages for the long term, not just for COVID.

Health Protection Committee Priority areas

Peninsula wide priorities for action in 2020/21 have been:

- 1 COVID-19 response including vaccination and targeting areas of inequality
- 2 Recovery of screening and immunisation delivery, coverage and uptake

- 3 Strengthening infection prevention and control throughout the community
- 4 Reducing healthcare associated infections and tackling antimicrobial resistance across
- 5 Developing health protection pathways for migrant and homeless communities
- 6 Maintaining a focus on the climate emergency.

Progress against these will be included in the next annual assurance report.

4. Relationship to Joint Strategic Needs Assessment

The health protection agenda is aligned to areas of inequality identified in the JSNA. All areas of action are designed to protect and support individuals and settings at greatest need or risk.

5. Relationship to Joint Health and Wellbeing Strategy

Health protection is inextricably linked to wider health and wellbeing. Actions to prevent and respond to infectious disease are a key part of delivering improvements in healthy life expectancy.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

Following the pandemic, it is clear that health protection needs to be fully integrated into place based working at community level to help address the causes and determinants of ill health.

Appendices

A copy of the assurance report

**Torbay Young Carers Under 25
Strategy & Action Plan
2022 – 2025**

Torbay Strategy For Young Carers Under 25

2022 – 2025

“Thank you... you have transformed us as a family and helped us to realise what we can achieve by letting the right people in.”

Parent of Young Carer following assessment and family intervention

“I really never thought we would be where we are now 7 years ago when I was introduced to the Young Adult Carers team. They allowed me to have an education, a life outside caring, and now, my own family.”

“I would not have stayed in education without the support I received”.

“Another thing that I found really helpful from the Young Adult Carers service was the ability to have my voice heard. I was a guest speaker at many places such as local social clubs, fundraiser evenings and even got to speak to the governing board at the hospital. It allowed me to tell my story to important people in the community and raise awareness of our role and how the community can support us.”

“A big part of that was speaking to the hospital board about how Young Carers are treated when bringing someone along to an appointment as I was often shunned and spoken down to, they just thought I was mum's child and didn't realise I actually had all of her medical information and handled her day to day medicine and care. After that meeting at the hospital, I found I was treated differently. People had been trained to look out for Young Carers.”

A Torbay Young Adult Carer

“It's really hard for me to get excited about anything in my life, but I get really excited about this project. It's kind of pure – everything in my life always seems to come with worries and anxieties, but this project comes with no worries at all AND its something that is just for me and makes me have times for myself. So much of what I do is about other people.”

Young Carer participant in art project with a focus on transition to adulthood

The vision of this Strategy is to enable Torbay's Young Carers and Young Adult Carers to be protected from inappropriate caring, and to be able to have access to any additional support they may need to ensure they are safe, healthy, aspiring and achieving. We will achieve this through effective partnership working and the delivery of timely and high-quality services.

This refreshed strategy will provide a flexible and effective mechanism that confirms our common intent to find the most effective ways of supporting Young Carers under 25 and their families. The Action Plan at the end of the document sets out the goals, expectations and responsibilities for the next three years.

Introduction

Torbay's Strategy for Young Carers under 25 years old refreshes and builds on our previous Strategy for Young Carers Under 25 (2012-15). It represents the continued commitment by Torbay Council, Torbay and South Devon NHS Foundation Trust, and Torbay Youth Trust, together with their partner agencies (see Action Plan), to continue to deliver joined-up support services for this important group of young people and their families. It also sits firmly under - and links robustly into - the over-arching Torbay Carers Strategy 2021-24.

In producing this inter-agency strategy, there is a recognition that we need to continue to take a whole family approach to supporting Young Carers under 25 to achieve their outcomes, and that for the strategy to be effective we should design it around those outcomes and not around organisational boundaries.

Who is a Young Carer under 25?

It is someone aged under 25 who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Older Young Carers (16 – 25) are known as 'Young Adult Carers' and they may have different support needs to younger Carers.

Young Carers and Young Adult Carers tell us that they may be helping to care for a physically disabled parent or sibling, or a parent experiencing mental ill health, alcohol or drug misuse. While research has found that caring can be very rewarding; there is a strong body of evidence about the negative impact of caring on health outcomes, social connectivity, educational engagement and employment

opportunities for Young Carers.¹ Often the caring role has a significant impact on their lives, resulting in difficulties at school, emotional difficulties or social isolation.

Frequently young people in caring roles do not feel that they are able to access the same opportunities as their peers because they are concentrating on their caring roles.

The Legislative Context

The Children and Families Act (2014) required local authorities to take reasonable steps to identify Young Carers in their area, provide assessments for Young Carers under the age of 18, and identify whether caring responsibilities are appropriate.

The Care Act (2014) introduced new obligations to Young Carers in transition to adulthood, including the requirement on adult services to provide transition planning for Young Carers who are likely to need support after becoming 18 years old.

The National Context

The Children's Society estimates that there are around 800,000 Young Carers under 18 caring for an adult in the UK, and of those aged 11-15 27% miss or have difficulties at school due to their caring responsibilities.²

It is estimated that there are more than 314,000 Young Adult Carers aged 16-24 in England and Wales, with over one in ten Young Adult Carers providing 50 or more hours of unpaid care a week.³

With the added complications of COVID-19, Young Carers and Young Adult Carers have missed out on even more education, work and social opportunities than before and urgent support is needed if they are not to be left behind their peers.

Nationally there has been increasing recognition of Young Carers and the need to mitigate the impact of their caring role. For example, in 2019 the NHS Long-term plan noted Young Carers feel invisible and often in distress, with up to 40% reporting mental health problems arising from their experience of caring. Young Carers should not feel they are struggling to cope on their own. The NHS will be rolling out 'top tips' for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services.

¹ [The lives of young carers in England: Qualitative report to DfE | www.basw.co.uk](http://www.basw.co.uk)

² [Supporting Young Carers | The Children's Society \(childrenssociety.org.uk\)](http://childrenssociety.org.uk)

³ [Young Adult Carers - Learning and Work Institute](#)

The revised guide 'Working Together to Safeguard Children' (2018) has strengthened the emphasis on early identification, assessment and intervention, and has reinforced the need for agencies to work together effectively to support families with Young Carers, developing a whole-family approach.

In addition, 'Shaping our future, Improving Assessment and Support for Young Carers' Transition into Adulthood' (2018) DHSC reinforces the importance of strong partnership working to support the transition of young carers into adulthood within the national and local context.

The Torbay Context

In 2019, the organisations belonging to the Integrated Care System signed up to a Commitment to Carers (C2C) with seven principles based on the NHSE's Commitment to Carers and the Triangle of Care.

1. Identifying Carers and supporting them
2. Effective Support for Carers
3. Enabling Carers to make informed choices re their caring role
4. Staff awareness
5. Information-sharing
6. Respecting Carers as expert partners in care
7. Supporting Carers whose roles are changing or who are more vulnerable

Each of the principles includes more details about identifying, supporting and involving Carers including Young Carers. In Torbay, the following organisations have signed up to the Commitment to Carers:

- Torbay and South Devon NHS Foundation Trust
- Torbay Council
- Torbay Youth Trust
- Devon Partnership Trust
- Rowcroft Hospice
- Compass House Medical Centres

The Torbay Young Carers' Health Needs Assessment of 2016⁴ estimated that there were around 1,170 Young Carers under 25 in Torbay in 2011. This equated to approximately 35 Young Carers per 1,000 young persons aged less than 25 years – significantly higher than the England average of what. There were more female (55%) than male Young Carers; with the majority (66%) aged between 16 and 24

⁴ HNA drew on information drawn from the Census of 2011 and from claims of Carers allowance aged 18 to 24 years of age (2011)

years and of White British ethnicity. Compared to England, over half of the wards of Torbay had significantly more young unpaid Carers, who also provided more intensive levels of support. Similar to national findings, the majority of Torbay's young unpaid Carers self-reported their health status as good or very good; however there was a higher proportion reporting fair, bad or very bad health status. Whilst we have not yet received the data from the 2021 Census, we know that there are more young people than ever in caring roles now, particularly as we navigate through the significant changes that have occurred over the past two years of the Covid pandemic.

Torbay has long-established and well-developed support in place for Carers under 25. Now part of Torbay Youth Trust, the Young Carers Service works with Carers up to age 18, and the Young Adult Carers Service, which sits within Torbay and South Devon NHS Foundation Trust, has been running services to Carers aged 16-25 since 2009. These two services work closely together, including focusing particularly on the transition phase (14-18), with the service overlap between 16 and 18 ensuring transition between services happens at the most suitable time for the young person.

In February 2021, the Directors of Torbay Children's Services, Torbay Adult's Services and The Youth Trust committed to the refreshed Memorandum of Understanding 'No Wrong Doors: working together to support Young Carers and their families', an important document which emphasises the benefits of a joined-up approach. But beyond this, our approach reaches into the heart of good partnership working across a variety of agencies and organisations to ensure that the voice of Young Carers under 25 can really be heard, and that the outcomes they identify, whether individually or more generally, can be the focus of the work.

There are good reasons for looking at Young Carers throughout childhood into young adulthood:

- The development needs of children and young people do not fit neatly with the boundaries between Children and Adult services. Evidence from the experience of Young Carers and Torbay Young Adult Carers service has highlighted that the needs of most Young Carers over 16 were closer to those of adults than young children (e.g. issues of employment, higher education, personal relationships)
- Many disabled and vulnerable parents are known to Adult services, which has a duty to support them in their parenting role. This support should have a significant impact on reducing inappropriate caring by Young Carers.
- Planning for the transition of young people into adulthood requires effective joint working and a shared commitment to seamless services.

Torbay's Vision for Young Carers under 25 – 2022-2025

The priorities for Young Carers are no different from those we hold for all young people in Torbay, and the 4 priorities within the Children and Young Peoples' Plan (CYPP) 2018-23⁵ are key aspirations we hold for Young Carers alongside our targets for them as a unique group. The priorities of the CYPP are:

Priority 1: Children get the best start in life

Priority 2: The impact on children and families from domestic abuse, alcohol/substance misuse and all forms of child exploitation is reduced

Priority 3: Education outcomes for all children and young people are improved

Priority 4: Young people are healthy, make positive choices and influence their own future.

In Torbay the needs of Young Carers under 25 are recognised in the over-arching Torbay Carers Strategy 2021-4.

Continuing our Work with Young Carers Under 25 Across Torbay

Young Carers being supported in Torbay range from 5 years to 25 years, and provide varying levels of care. Torbay Young Carers Service and the Young Adult Carers Service are working with over 700 young people, providing a range of support according to the level of caring role and need.

A broad range of services for Young Carers under 25 is delivered in Torbay:

- A drop-in and appointment-based service within most secondary schools and South Devon College.
- Young Carers assessments offered to children and young people with an identified caring role in line with statutory requirements.
- Targeted young Carer assessment, advice and support in referring primary schools.
- South Devon College have a specific Learning Support Lead who works to identify and support Young Carers and Young Adult Carers at the College.
- Fortnightly drop-ins for 16-25 year olds (which can be quickly moved on-line during Covid whenever required).
- Supporting transition for those young people moving from primary to secondary school, from secondary school to college, into employment, and as they reach 25 or if their caring role comes to an end.

⁵ [Children and Young People's Plan - Torbay Council](#)

- Individual support for those Young Carers under 25 with higher intensity of need or risk.
- Advocacy and involvement workers in child protection, Child in Need and Common Assessment Framework forums and plans.
- Events and activities for Young Adult Carers and Young Carers and their families

Strategic Priorities 2022 – 25 for Young Carers under 25

The overall aims of this strategy are that young people with caring responsibilities will be identified as early as possible through sound understanding and awareness in all services that support children or their parents. This will enable them to achieve the best outcomes possible, thereby reaching their potential, while their special roles within their families are acknowledged, rewarded and supported. We will continue to work with a whole family approach to reducing inappropriate levels of care by young people and will ensure Young Carers' voices and those of their families shape our services, and provide regular review and audit of those services.

In addition to the consultation for the overarching Carers Strategy, we established a consultation process to develop the priorities specific to Young Carers under 25:

- Consultation with Young Carers / Young Adult Carers Operational Steering Group (Feb - April 21), including face to face and on-line meetings. This led to the Young Adult Carer Operational Steering Group developing a questionnaire to be completed by Young Carers under 25.⁶
- Linking with staff in partner agencies, to review the needs of Young Carers, and identify gaps in service (Feb – October 21).

Our four priority areas for action are:

- 1. Identification of Young Carers Under 25 at the First Opportunity**
- 2. Information, Advice and Support Services available to Young Carers Under 25**
- 3. Young Carers Under 25 Assessments Proportionate to Need, including Whole Family Approach**
- 4. Involvement of Young Carers Under 25 in service delivery, evaluation and commissioning.**

The Action Plan attached to this strategy sets out the steps within each priority area that we will take, what outcomes will be achieved, the timescales and the accountable agencies.

⁶ Available on request

Torbay Young Carers Under 25 (YC<25)

Strategy Action Plan 2022 – 2025

1. Identification of Young Carers Under 25 at the First Opportunity				
	Priority	Target/Service Standard	Timescale	Responsible
1.1	Young Carers Under 25 Awareness - programme of on-line and bespoke training with Young Carers under 25 helping to deliver, which improves early identification of Carers including Young Carers (YCs)	Develop and maintain rolling program to <ul style="list-style-type: none"> - GP practices - Hospitals - Schools/College/Universities - Adult & Children’s Social Care Teams - Drug and Alcohol Services - Devon Partnership Trust - CAMHS - Imagine This partners - Other agencies within the Bay 	3-year cycle	Torbay Carers Service & Youth Trust’s Young Carers Service (TYCS)
1.2	Young Carers Under 25 Carer Awareness to improve early identification of Carers including Young Carers	Develop suite of on-line training for different situations – <ul style="list-style-type: none"> - First brief video – basic awareness - On-line quiz to enable self-identification - Young Carers under 25 stories onto video - ‘Seven-minute briefing’ training tool Develop posters and other campaign materials for communal areas eg GP practices, youth clubs, sports halls Lessons/ Presentations at schools/colleges about being YC. Creative use of social media.	December 22	Torbay Carers Service & Youth Trust (Young Carers Services) Torbay Carers Service/ Youth Trust / S Devon College

		Involvement of Young Carers, and use of video, art works and podcasts created by young people to raise awareness. Distribution of regular newsletter to professionals as well as families to keep Young Carers in mind.		Young Carers Service
1.3	Improve public identification of Young Carers Under 25	Regular campaigns to raise awareness of Young Carers Under 25 across Torbay (linking in with Torbay Carers Strategy 21-24 action Plan)	Carers Week Carers Rights Day Young Carers Day	Carers Services Carers Services Youth Trust
1.4	Improve identification of Young Carers Under 25	Link into national Carers events to promote identification of Young Carers Under 25 by Commitment to Carers (C2C) organisations (as per wider Carers Strategy)	Carers Week Carers Rights Day Young Carers Day	C2C organisations
1.5	Improve identification of Young Carers Under 25 in Educational Settings including Torbay Children educated in Devon	Update current contacts and establish link worker within every school / educational setting in Torbay (to include PRU, MTS, SEN provision). Develop links with schools outside the Torbay boundary attended by Torbay children. Sign off working agreement with DYC for Young Carers from Devon at school in Torbay / Torbay YCs at school in Devon Undertake annual schools survey to ID young Carers, and use findings to inform services	List by Mar 2022 Update termly March 2022 Annual	TYCS / Schools and educational settings. TYCS Corridors Project / Devon Young Carers
1.6	South Devon College to continue to identify Young Carers Under 25	Through Learning Support Lead, Young Carers Service, and Young Adult Carer Service. Set and achieve target for each year.	2022 - 2023 - 2024 -	SDCollege/YAC Service/YC Service
1.7	GP Practices to continue to improve identification of Young Carers Under 25	To increase numbers of Young Carers under 25 and specifically under 18 identified and logged as carers on EMIS System within Practice (in line with Quality Markers and Torbay Carers Strategy 21-24 action Plan).	2022 - 2023 - 2024 -	YCS/YAC Service/GP Surgeries

		Set and achieve targets (119 Under 18s as of Nov 2021) Build relationships between Young Carers Service and GP surgeries to improve identification of Young Carers.		Young Carers Service
1.8	Improve identification of Young Carers under 25 from Ethnic Minority backgrounds	Involvement in 'Mind the Gap' Project. Increase links with community organisations Consideration of language – ensuring both written and verbal information is accessible to all.	Ongoing Ongoing April 25	YC Service/YAC Service and partners
1.9	Other Agencies to continue to improve identification of Young Carers Under 25 as per Devon-wide Commitment to Carers	Increase numbers of Young Carers under 25 identified and referred to YAC/YC Service. Set and achieve targets Devon Partnership Trust Child and Adolescent Mental Health Service (CAMHS) Community Mental Health Teams Adult Social Care Children's Services Enhance relationships and named links with teams working with children and families across Torbay (including 0 – 19 services, Children's Disability Team, Children's Learning Disability Team, CAMHS, Children's Social Care, Early Help Team, Imagine This partners) Build relationships with adult teams such eg. Adult social care; Adult Mental Health; Substance Misuse services; Carers Support Workers in GP Surgeries / hospital.	2022 - 2023 - 2024 -	YC Service, YAC Service and Partners

2. Information, Advice and Support Services available to Young Carers Under 25

	Priority	Target/Service Standard	Timescale	Responsible
2.1	Enable Young Carers under 25 to easily find information about	With Young Carers under 25, co-produce range of information in range of formats.	Distribute leaflet by	Young Carers Services/YAC Services

	relevant support, by maintaining a range of information, in a variety of formats, and available at a range of places.	Ensure information around support for Young Carers under 25 is clear and easy to find. Clear links to other information/support services available for young people under 25. Continue to provide advice and information via website and social media, including links and awareness of wider support agencies.	March 2022 March 22 and ongoing	
2.2	Maintain Young Adult Carers and Young Carers information, advice and support services.	Range of drop ins and booked appointments available to identified Young Carers under 25 across Torbay (schools, college, other). YC Service to continue to provide range of activities, groups and support open to all Young Carers regardless of caring level (as well as additional support appropriate to those with higher level needs). Include evaluating impact of these. Use range of communication methods (including online), depending on individual family preference / situation Link regularly with partners in schools and wider agencies who are working with Young Carers / their families. Ensure aware of YC activities so they can support YCs' attendance. (Professionals mailing list to be established as per 1.2) Creation of lanyards for Young Carers to include age appropriate information, advice, links and QR codes to access website (alongside young Leaders group) Development of welcome packs for YCs joining service Development of support tailored to specific groups of carers e.g Parental Mental Illness, Substance Misuse, MS; Siblings with ADD, ADHD, neurodiversity.	Ongoing Ongoing Ongoing March 2024 March 2024 March 2024	YC and YAC Services YC Services YCS YCS YCS
2.3	Ensure GP practices meet requirements of GP Quality Markers (as per Torbay Carers	Work with GP-based Carer Support Workers to ensure Practices are Young-Carer friendly.	March 2024 March 2024	Carers Services/ YCS/ GP CSWS

	Strategy 21-24)	Ensure Young Carers / YACS know what GP practices offer. Pilot within 2 Surgeries – work with surgery teams and Young Carers who are registered with these surgeries.		
2.4	Improve opportunities and support to Young Carers under 25 in employment or wishing to seek employment	Support Young Carers under 25 into employment including Set and achieve target for NEET Carers. Enhance links with partners who support Carers into work Brixham YES, Eat that Frog, JobCentre, CareersSouthWest	2022 2023 2024	Carers Services, Youth Trust, Careers South West and partners
2.5	South Devon College to maintain information, advice and support services for Young Carers under 25	Continue support from South Devon College Learning Support Lead (Young Adult Carers), Young Adult Carer Services and Youth Trust.	Ongoing	South Devon College, Young Carers and YAC Service
2.6	Support Young Carers Under 25 to engage in age-appropriate activities provided by wider community	Increase numbers of Young Carers joining opportunities provided by Torbay Youth Trust and partners. (Measure via feedback from YCs and data where available.) Work with partners re barriers to Young Carers Under 25 joining wider events e.g. transport needs and costs.	2022 2023 2024 Ongoing	YC Service, YAC Service and Partners
2.7	Skills based training to be available to Young Carers	Cookery, First Aid, budgeting, safe caring practices, stress-busting, mindfulness etc to be built into ongoing programmes, some specifically targeted at transition age.	2022 2023 2024	YC Service, YAC Service and Partners
2.8	Ensure support of Young Carers' Under 25 mental health needs	Target support re Young Carers emotional well-being (Mindful Mammals, My/Self Project, DNA-v model, self-expression through art, drama and music) Ongoing training for staff and volunteers to include Youth Mental Health First Aid (+ other relevant training to ensure good practice in supporting YCs' emotional needs). Maintain list of resources / support incl. referral processes	Dec 22 March 25 Ongoing	YC Service, YAC Service and Partners

3.Young Carers Under 25 Assessments Proportionate to Need, including Whole Family Approach

	Priority	Target/Service Standard	Timescale	Responsible
3.1	Ensure response to YCs under 25 is appropriate to level of need, person- centred, and outcome focused. Preventative approach with early access to support and information.	Referral process, assessment process, information and advice etc are clear and accessible to all. Seek feedback from Young Carers under 25 who use the YAC or YC service. Young Carers assessments offered to children and young people with an identified caring role in line with statutory requirements, to monitor and report against agreed assessment numbers offered and within agreed timescales	March 2022 Monitor quarterly	Young Carers Services/ Young Adult Carers Services Young Carers Services/ Young Adult Carers Services /Childrens Services
3.2	Maintain offer of activities and events through YC / YAC Services and also signposting.	Regular activities and events across the year to support Young Carers under 25, including using charitable funds. Also signposting to other organisations.	Ongoing	Carers Services/ Youth Trust/ other organisations.
3.3	Ensure Whole Family Approach (WFA) is embedded, addressing the needs of Young Carers Under 25 (as per Torbay Carers Strategy 21-24)	Include WFA in induction and awareness training with <ul style="list-style-type: none"> - Adult Social Care (ASC) teams - zone / specialist - Children's Services - Devon Partnership Trust Meet targets of referrals to YC and YAC Services by <ul style="list-style-type: none"> - Adult Social Care - Mental Health (MH) - Substance Misuse (SM) Services Measure referrals from YC services into ASC.	2023 2022 2023 2024	Adult Services / Children's Services / DPT Youth Trust Children's Services ASC / MH / SM Steering Group Youth Trust
3.4	Whole Family Approach - linking Young Carers Service with Adult Social Care	Develop robust communication pathways, including data sharing agreements, for YC Service to Adult Social Care so that a YC Needs Assessment triggers reassessment of need for adult being cared for.	July 2022	Young Carers Services / Adult Social Care

3.5	Whole-family Approach – Signposting	Measure number of families needing additional support referred to other organisations eg Early Help	Ongoing.	YC Service/YAC Service and others.
3.6	Whole-family Approach – Activities	Run six activities per year which support ongoing relationships with families and peer support for parents.	2022 2023 2024	YC Service/YAC Service and others.
3.7	Safeguarding Young Carers Under 25 - provide quality-assured services that effectively assess risk and direct support to the appropriate level and area of need	Ensure staff supported and trained around agency Safeguarding processes. Immediate safeguarding supervision/case discussion regarding any safeguarding concerns and support with referrals to Children’s Services. Inclusion in MASH/Strategy meeting enquiries and feedback for Torbay families/Young People via generic email. Regular safeguarding supervision with opportunity to discuss individual cases alongside wider emerging/ identified themes, updates from partner agencies / MACE. Clear links to Safeguarding Policies to be established on YAC Service information.	Ongoing Ongoing Quarterly Ongoing 2022	YAC Service, YC Service YAC Service, YC Service Safeguarding Nurse Practitioner YAC / YC Service Safeguarding Nurse Practitioner, TSDFT Safeguarding Children Team YAC Service
3.8	Safeguarding - ensure that young people who use the Young Carers under 25 services are clear about involvement around safeguarding..	Service staff to ensure clear information around safeguarding processes available to young person at point of contact. Also to include parents/parent guardian as appropriate	Ongoing	YC / YAC Service Staff
3.9	Transitions - ensure Young Carers Under 25 are supported through transitions.	Review processes to ensure smooth transitions from: Primary School to Secondary School/ College; School/ College to further education/Employment; YC Service to YAC Service Young Adult Carers Services to Carers Support for over 25 Set and achieve targets for numbers of Young Carers of transition age (16 – 18) to be identified at S Devon College with YAC service	December ‘23 2022 2023	YC / YAC Service/ SDevon College/ Universities/ Careers South West SDevon College, YAC service, YC service

		<p>with YC service</p> <p>Link with partners around support for Young Carers Under 25 transitioning through their services eg. CAMHS to DPT, Children's Social Services to Adult Social Care Services (including Transitions Team).</p> <p>Maintain transition events and staff link drop-ins between YC and YAC Services for year 11 cohort and year 13 cohort.</p> <p>Develop Transitional assessment tool for 14+ YCs.</p> <p>Measure numbers of statutory transition assessments for Young Carers aged 14+</p>	<p>2024</p> <p>Ongoing</p> <p>Ongoing</p> <p>March 22 2022 2023 2024</p>	<p>CAMHS/DPT /Adult Social Care Transitions Team</p> <p>Young Carers/Young Adult Carers Services</p> <p>YC / YAC Service</p> <p>YC / YAC Service</p>
3.10	Life and learning Transitions – to ensure Young Carers under 25 are supported around life learning skills	<p>Continue skills-based training/ support around key areas eg finances/ cooking on a budget/ car maintenance/ understanding medication/ understanding GP practices.</p> <p>Identify with Young Carers under 25 (individually and via Operation Groups) key life learning transition outcomes they wish to achieve, and work with them to ensure signposting, support and training is available</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>YAC and YC Services with partner agencies.</p>

4. Involvement of Young Carers Under 25 in service delivery, evaluation and commissioning

	Priority	Target/Service Standard	Timescale	Responsible
4.1	Ensure local and national reports about Young Carers Under 25 are used to develop services that affect them.	Continue to use Carers UK, Carers Trust, Children's Society Include Project reports and other information as appropriate to develop support to Young Carers Under 25.	Ongoing	Young Carers Services and Young Adult Carers Services.
4.2	Ensure genuine Young Carer under 25 representation (involve on 'my terms') in Carers Services and Youth Trust meetings / developments, with associated support and training as required.	Young Carers under 25 Strategy meeting to have strong Carer Representation (co-chair if possible). Young Carers under 25 involved in Signposts newsletter, Website, Facebook, leaflets and comms; In all Carers projects. Maintain YAC Operational Group (led by YACs) Enhance involvement of Young Carers and their families in YC services. Continued Development of Flashlight Project and young leaders' group. Engage in regional / national opportunities YC / YAC involvement in all service recruitment. YC involvement in Youth Forum.	Ongoing	Young Carers Services and Young Adult Carers Services. Children's Society Include.
4.3	Peer Group for Carers 25 -35, to support transition from YAC Service	Continue Takota group providing peer support to Carers 25 - 35	Ongoing	Takota
4.4	Young Adult Carer Evaluators as part of pool of Carers trained to evaluate services for Carers Services	Ensure there are at least 3 YACs who are part of Carers Services 'pool' of Carer Evaluators. Undertake a minimum of one service evaluation every 2 years which looks specifically at support to Young Carers under 25. (To be chosen by Young Carers under 25 Strategy Board.)	Ongoing T.B.C	Carers Services YC<25 Strategy Board. Evaluation to be undertaken by Carers Services Evaluators

