TORBAY COUNCIL

Wednesday, 17 June 2026

Meeting of the Health and Wellbeing Board

Thursday, 25 June 2026
2.00 pm
The Banking Hall, Town Hall, Castle Circus, Torquay

Members of the Board

Karen Barry, NHS Devon Integrated Care Board
Anna Coles, Director of Adults and Community Services
Peter Collins, NHS Devon
Pat Harris, Healthwatch Torbay
Tara Harris, Divisional Director of Community and Customer Services
Roy Linden, Devon and Cornwall Police
Nancy Meehan, Director Children's Services
Paul Northcott, Adult Safeguarding Board
Paul Phillips, Department for Work and Pensions
Lincoln Sargeant, Director of Public Health
Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)
Simon Tapley, Torbay and South Devon NHS Foundation Trust
Pat Teague, Ageing Well Assembly
Councillor Bye
Councillor David Thomas
Councillor Tranter

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

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

HEALTH AND WELLBEING BOARD
AGENDA

1. Apologies

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

2. Minutes (Pages 5 - 8)

To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 5 March 2026.

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.

Part 1

5. Joint Strategic Needs Assessment Spotlight 2026/2027 (Pages 9 - 296)

To receive an update on the Joint Strategic Needs Assessment (JSNA) 2026/2027

6. Joint Health and Wellbeing Strategy

To receive a verbal update on the Joint Health and Wellbeing Strategy.

7. Torbay and South Devon NHS Foundation Trust Strategy (To Follow)

To receive a report on the Torbay and South Devon NHS Foundation Trust Strategy.

8. Torbay Better Care Fund - End of Year review and Annual Plan for 2026/27 (To Follow)

To receive a report on Torbay Better Care Fund End of Year review and Annual Plan for 2026/27.

Part 2

9. Neighbourhood development - workshop session (To Follow)

To receive a report on Neighbourhood Development.

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Minutes of the Health and Wellbeing Board

5 March 2026

-: Present :-

Karen Barry (Vice-Chair), Lee Baxter, Councillor Bye, Nancy Meehan, Lincoln Sargeant, Councillor Hayley Tranter and Chris Winfield

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25. Apologies

Apologies for absence were received from Anna Coles (who was represented by Lee Baxter), Pat Harris, Tara Harris, Paul Northcott, Simon Tapley (who was represented by Chris Winfield), Pat Teague and Councillor David Thomas.

Karen Barry, Vice-Chair of the Health and Wellbeing Board chaired the meeting in the absence of the Chair, Councillor David Thomas.

26. Minutes

The minutes of the Health and Wellbeing Board held on 4 December 2025 were confirmed as a correct record and signed by the Vice-Chair.

27. Declaration of interest

No interests were declared.

28. Torbay Joint Health and Wellbeing Strategy - response to consultation

The Board received an update on the responses to consultation on the Torbay Joint Health and Wellbeing Strategy 2026 – 2030.

The Board noted that the consultation had taken place during January and February 2026, the 112 responses received with comments from the consultation analysed, and the key findings were summarised within the submitted report. The Board was advised that the Strategy aligned with the Devon Health & Care Strategy, the Torbay Community and Corporate Plan, and the Adult Social Care Strategy.

Members discussed the need for regular spotlight sessions on key themes, an annual review of priority areas, the development of an action plan to monitor delivery of the Strategy, and the importance of agreeing a joint narrative to promote both the Torbay Joint Health and Wellbeing Strategy and the Devon Health & Care Strategy.

Resolved by consensus:

That the Health and Wellbeing Board note the responses to the consultation and endorse the final version of the Torbay Joint Health and Wellbeing Strategy for submission to Council for approval.

29. Suicide Prevention Strategic Plan 2026-2031

The Public Health Consultant, Julia Chisnell and Public Health Practitioner, Olivia Jones, presented the submitted Suicide Prevention Strategic Plan 2026 – 2031 report and provided an update to the Board.

The Board noted that around 20 people die by suicide in Torbay each year, although data remained up to two years behind due to delays with the coroner service.

Members were updated on progress against local priority areas including the increased awareness of available support (including the Torbay Community Helpline), addressing Torbay's risk factors for suicide, and building on the success of the Baton of Hope 2025. The event had involved strong community participation, wide partnership working, and generated positive feedback and increased public awareness.

Legacy actions included strengthening community connections, strengthening support for children and young people, partnership development, increasing training and support for local organisations, and developing peer support networks.

Devon-wide collaborative activity continued, including real time suicide surveillance and suicide bereavement support.

Resolved by consensus:

The Board noted and ratified the Suicide Prevention Strategic Plan 2026–2031.

30. Neighbourhood Health Development Programme

The Board received an update on the submitted report on the Neighbourhood Health Development Programme in the South Local Care Partnership.

Members were advised that final national guidance had yet been issued on neighbourhood health plans, which would be overseen by Health and Wellbeing Boards. However, NHS Devon, with partners, had been developing an implementation process for neighbourhood health and integrated neighbourhood teams, with wide collaboration across statutory, voluntary and community sectors.

National frameworks were still in development, and locally Torbay and Devon were progressing work across all service areas, supported by emerging governance structures. A draft Neighbourhood Health Prospectus was being prepared to provide a shared framework, and a Neighbourhood Development Maturity Matrix had been circulated to stakeholders for feedback. A workshop was planned for 30 June 2026 for Health and Wellbeing Board members and wider partners to review progress in the creation of neighbourhood plans and consider the role of the Board in their development and oversight.

Resolved by consensus:

Members noted the progress made to date towards the Neighbourhood Health Development Programme.

31. Torbay Better Care Fund - quarter 3 monitoring report

The Board received an update on the submitted Torbay Better Care Fund 2025 – 2026 Quarter 3 monitoring report.

Emergency admissions remained off track, as they had been since May 2025, and updates were provided on ongoing programmes aimed at reducing avoidable admissions, improving navigation and offering alternatives to emergency departments, increasing community-based support, and targeting people through rapid response teams.

An improvement plan had been requested from Torbay and South Devon NHS Foundation Trust, which would be monitored through the Better Care Fund (BCF).

The BCF target for discharge delay for each month of the 2025/26 financial year is to achieve 89% of adult patients discharged from acute hospitals on their discharge ready date. Torbay has exceeded this target throughout the year.

It was noted that the BCF target of 74 people per quarter entering long-term care had been met in Quarter 1 and performance was better than the set target in Quarter 2 and 3. Whilst achieving the local BCF target and improvements are being made Torbay continues to have high numbers in long-term bed-based care.

Financially, the programme expected to spend approximately 75% of its allocation by the end of Quarter 3; however, year-to-date expenditure as of December 2025 was £21,083,874 against a £30,268,205 budget.

Resolved by consensus:

That the Torbay Better Care Fund 2025 – 2026 Quarter 3 report be approved.

Chair

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TORBAY COUNCIL

Meeting: Health and Wellbeing Board **Date:** 25th June 2026

Wards affected: All

Report Title: Joint Strategic Needs Assessment (JSNA) 2026/27

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

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

Director Contact Details: Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

1.1 2026/27 update of the Joint Strategic Needs Assessment (JSNA)

2. Recommendation(s) / Proposed Decision

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

Background Documents

None

Supporting Information

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

3.1.1 Demographics

The **life expectancy gap at birth** remains significant. Over the 5 year period from 2020 to 2024 there is a 6.4 year gap between the life expectancy of males and 4.3 year gap for females in differently deprived areas of Torbay.

The **average age** of a Torbay resident is 49 years (England 40 years). 27% of the **current population are aged 65 and over**. This is currently projected to rise to 32% in the next 10 years. Torbay's **population is currently projected to rise** to 150,424 by 2044 compared to its current level of 140,126.

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

3.1.2 Index of Multiple Deprivation

An updated Index of Multiple Deprivation was released in late 2025, the previous release was in 2019.

Torbay remained ranked as the **most deprived upper-tier local authority in the South West** with approximately 26% of the population classified as living in areas that are amongst the 20% most deprived in England. The most deprived areas are particularly concentrated in more central areas of Paignton and Torquay as well as King's Ash.

Relative deprivation compared to England was highest in relation to the areas of **Employment deprivation**, that is those who have been involuntarily excluded from the labour market and **Education Skills and Training Deprivation**, this relates to the attainment of qualifications, entry to higher education and particularly pupil absence.

It was calculated that 1 in 4 people in Torbay are **income deprived**, just over 4 in 10 children under 16 live in **income deprived families**. The percentage of under 16 children living in income deprived families varies from 11% to 80% in different areas of Torbay.

3.1.3 Children & Young People's Education and Health

There is a very significant **gap in academic achievement** between those eligible for free school meals and those who are not eligible for free school meals. For 2024/25, the

percentage of Torbay pupils achieving a good pass at GCSE for English and Maths was 74% for those not eligible for free school meals as opposed to 35% for those who were eligible.

Torbay has similar rates of children with special educational needs receiving an **Education, Health & Care Plan** when compared to England. This is due to rates rising quicker across England, previously rates in Torbay had been higher than England.

Increase in Torbay **breastfeeding** rates at 6 to 8 weeks after birth over the last decade from 40% to 51%.

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

The level of **persistent absence** from school doubled in 2021/22, it dropped slightly in subsequent years but remains at an elevated level when compared to years before 2021/22. **Suspensions** from school continue to be on an upward trend.

MMR rates are higher than England but are below the 95% target, **HPV vaccination rates** fell significantly over the COVID-19 period, they have recovered but remain substantially below the 90% target.

3.1.4 Children's Social Care

Rates of **Cared for Children** remain much higher than England but rates have fallen from peak of 2019.

Rates of **Children in Need** remain significantly higher than England at 31st March 2025. **Most common factors** recorded in a Child in Need assessment were Mental Health and Domestic Abuse. Rate of **referrals** remains significantly higher than England.

Levels of **persistent absenteeism** (missing 10% or more of possible sessions at school) are much higher among Children in Need (60% for 2023/24) or those with a child protection plan (71% for 2023/24) than the general school population (24% for 2023/24).

3.1.5 Adult Social Care

Torbay is consistently an outlier in needing to support **higher levels of need in its 18 to 64** population. For the last 3 years, Torbay has had a **higher rate of long-term support needed for its 65 and over** population than England.

Rates of **support requests for new clients** and **long-term support being met by permanent admission to residential and nursing homes** remained significantly higher than England during 2024/25.

During 2024/25, 1,030 **safeguarding concerns** were raised and those instigated 350 **Section 42 safeguarding enquiries**.

30% of carers and 44% of users felt that they had as much **social contact** as they would like according to the latest surveys, these rates were broadly in line with England. 93% of people who used services stated that these **services made them feel safe**, this was higher than England.

3.1.6 Women's Health

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

Hospital admissions for **endometriosis** in Torbay are consistently significantly higher than England, they had been on a broadly decreasing trend but the latest year saw a large rise.

Torbay's **chlamydia detection rate** in females aged 15 to 24 years more than doubled in 2022 followed by a sharp fall over the 2 subsequent years, but is still higher than the England rate after a previously decreasing trend. It is a measure of control activity, not morbidity, so a large rise is not seen as a negative but as an indicator of better targeted testing.

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

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

Torbay has a significantly higher rate of timely 6 to 8 week infant reviews by health visitors than England. This aids both the infant and the mother.

Cervical cancer screening of 50 to 64 year olds has been on a generally decreasing trend over the last decade and is significantly lower than England for 6 of the last 7 years.

3.1.7 Economy and Employment

Torbay has a **lower proportion of working age people** compared to England and this is forecast to fall slightly over the next 20 years.

The **average (median) full-time salary** for residents in 2025 was £33,493. This compares to £37,543 across the South West and £39,243 for England, employees in Torbay were also more likely to work **part-time**. The Annual Population Survey (2020 – 2025) shows fewer working age people in Torbay (77%) were classified as **economically active** compared to the South West (81%) and England (79%).

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

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

Working age people in Torbay are less likely to hold a **degree level qualification** than the England average.

3.1.8 Housing

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

Since the start of 2020, 46% of Torbay dwellings had an **Energy Performance Certificate (EPC)** rating of C or better. Grades C or better are seen as the target to reach but this can be difficult in older properties.

The rate of **homelessness** has been consistently higher in Torbay when compared to England.

Torbay has double the rate of long-term vacant dwellings (vacant for at least 6 months) than the England average as of October 2025.

3.1.9 Environment and Climate Change

Torbay's **greenhouse gas emissions** are reducing and remain considerably lower than England. Transport overtook 'Domestic use' to be the highest emitter in Torbay for 2023.

The percentage of Torbay residents **walking for travel** at least 2 times a month remains lower than pre-COVID-19 levels.

For the 10 years to March 2025, Torbay had significant amounts of **energy inefficient housing**, 21st from bottom out of 296 local authority districts.

Torbay's **waste reuse, recycling and composting rate** has increased over the last 4 years following a significant drop in 2020/21 to reach the level seen in the immediate pre-COVID-19 period. Rates are slightly lower than England.

3.1.10 Sexual and Reproductive Health

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

Torbay's **chlamydia detection** rate in 15 to 24 year olds more than doubled in 2022 followed by a sharp fall over the 2 subsequent years, but is still higher than the England rate after a previously decreasing trend. The detection rate is a measure of screening, not morbidity, so a large rise is not seen as a negative but as an indicator of better targeted testing.

The all new **sexually transmitted infection** diagnosis rate increased in Torbay for 2022 but has subsequently decreased to be lower than England.

Under 18 conception rate had shown very significant falls over the last decade in Torbay but the 2 latest years have shown an uptick.

Torbay's **STI testing** and **HIV testing** rates are significantly lower than England over the last decade.

3.1.11 Substance Misuse, Gambling and Dependency

Prevalence of **smoking** among Torbay adults remains significantly higher than England. Tobacco use has fallen significantly among children over the last 2 decades. 15 year olds are 5 times more likely to be regular users of **e-cigarettes** than tobacco.

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

Since the middle of the last decade there had been a significant rise in the number of drug poisoning deaths in Torbay although rates have now fallen significantly from their peak (there is a possibility that local coroner backlogs could have exacerbated the most recent fall). Torbay has a higher percentage of its estimated opiate and/or crack cocaine users in **treatment** than England or South West.

3.1.12 Crime, Domestic Abuse and Anti-Social Behaviour

There were 13,391 **recorded crimes** in Torbay during 2024/25, this was a rise on previous years.

Rates of recorded **violent crime and sexual offences** were higher in Torbay than England during 2024/25.

Levels of recorded **anti-social behaviour** have fallen over the last 5 years.

In line with national trends, far fewer children are entering the **youth justice system** compared to a decade ago, although rates are higher than England.

National Crime Survey data indicates that 29.6% of women and 21.8% of men in England and Wales have experienced **domestic abuse** at some time since the age of 16. There were 4,121 domestic abuse related crimes and incidents recorded by police during 2024/25 in Torbay.

3.1.13 Weight, Exercise and Diet

Approximately 1 in 4 reception and 1 in 3 Year 6 pupils in Torbay are either **overweight or obese**. Amongst Torbay adults, approximately 30% were **obese** over the last 8 years.

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

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

The gap in **healthy life expectancy** between the most and least deprived areas in England was 19.6 years for females and 19.0 years for males.

Torbay adults **walk** for leisure more often than the England average, however they cycle for leisure and sport less than the England average.

3.1.14 Oral Health

In Torbay, the percentage of children seen by an **NHS dentist** in the previous 12 months and adults seen in the previous 2 years were significantly lower than England for the last 2 years of data (2023/24 and 2024/25). This will not include patients seen by private dental practices.

Dental decay in 5 year olds is similar to England.

The rate of **hospital tooth extractions for dental caries (tooth decay)** in those aged 0 to 17 has been significantly higher in Torbay than the South West and England, rates are significantly higher in more deprived areas. Rates among adults are significantly lower than the pre-COVID-19 period.

Rates of treatment that include **tooth extractions** by NHS dentists is on a decreasing trend among Torbay adults.

3.1.15 Mental Health

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

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

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

Hospital admissions for **self-harm** and **eating disorders** remain significantly higher in Torbay. However, self-harm emergency admissions for all ages have been on a generally downward trend.

Torbay **suicide** rates have been significantly higher than England for many years. Due to a backlog in coroner inquests, rates fell significantly to be in line with England for the latest period. It is anticipated that the coroner backlog rather than a fall in suicides is responsible.

3.1.16 Older People

65 and over population has risen in Torbay by 13% (approximately 4,500 people) between 2014 and 2024 and is currently projected to be 32% of the Torbay population within a decade (currently 27%).

Average **healthy life expectancy** of 11 to 12 years for the 65 and over population is in line with England.

Level of **pension credit** claimants among those aged 66 and over is higher in Torbay (13.2%) than England (11.4%).

Rates of **unplanned hospital admissions** and those in respect of **falls** for those aged 65 and over in Torbay have been higher than England for the last 2 years.

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

3.1.17 Unpaid Carers

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

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

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

Close to 1 in 2 (44%) adult carers known to local social services care for 100 hours or more per week. Carers known to local social services were most likely to look after people with a physical disability, long-standing illness, dementia or problems connected to ageing.

3.1.18 Preventable Mortality

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

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

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

The most common cause of death in Torbay that was considered preventable in the **under 50 age group** was suicide, followed by accidental poisoning then liver disease, in particular alcoholic liver disease.

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

3.1.19 Diabetes, Heart Disease, Stroke and Respiratory Disease

10,500 Torbay GP patients had recorded **Diabetes** in 2024/25 equating to 8.4% of those aged 17 and over at those GPs. Over 90% of these cases relate to 'Type 2 and other' diabetes.

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

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

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

Smoking prevalence is significantly higher than England.

30% of adults are classified as **obese** in Torbay.

3.1.20 Cancer

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

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

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

Urgent suspected cancer referrals in Torbay have risen significantly in recent years but rates of those referrals leading to a diagnosis of cancer have fallen.

Broad rise in the rate of **emergency hospital admissions for cancer** over the last 3 years to be significantly higher than England after allowing for Torbay's older population.

3.1.21 Health Protection

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

MMR vaccination rates (2 doses) for 5 year olds remain below 90% in Torbay for the 3rd consecutive year although rates remain significantly higher than England. Rates were last below 90% in 2014/15.

Flu vaccination rates among those aged 65 and over in Torbay had been higher than the national target of 75% for the last 4 years but fell to 74% for 2024/25.

Antibiotic prescribing in NHS primary care has been on a downward trend over the last decade.

The all new **sexually transmitted infection** diagnosis rate increased in Torbay for 2022 but has subsequently decreased to be lower than England.

3.2 A ward profile has also been produced which shows differences between the various wards within Torbay over a range of measures. The number of measures available at a ward level is significantly more limited than at local authority level. The wards of Roundham with Hyde and Tormohun had the largest number of measures where they were worse than the Torbay average. Conversely, Churston with Galmpton and Cockington with Chelston had the largest number of measures where they were better than the Torbay average.

PROVISIONAL TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2026/27

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JSNA Key Challenges

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

- There is significant variation in health and wellbeing across the bay. In our most affluent areas residents can expect to live on average around five years longer than those living in our more deprived communities. There are also significant gaps in healthy life expectancy between the most affluent and deprived areas.

- A consistent pattern of worse health and educational outcomes for those people who live in more deprived areas; Torbay is ranked as the most deprived local authority in the South West.

- Torbay's economy is ranked among the weakest in England. Average wages are significantly below the regional and national average with less of the population in full-time employment than England.

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

- The number of cared for children within the local authority remains significantly much higher than England. Rates of referrals to children's social care and rates of 'Children in Need' are consistently much higher than England. Academic outcomes are significantly worse for these children when compared to children as a whole.

- Persistent pupil absenteeism remains at significantly elevated levels post-COVID-19 after the rate doubled in 2021/22. This is reflected across England. Rates are much higher among children from our more deprived areas.

- Torbay has far higher levels of need when compared to England that requires support from Adult Social Care in the 18 to 64 population and higher levels of need requiring support in the 65+ population. Rates of requests from new clients are higher than England in the 18 to 64 and 65+ population.

- The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. These unpaid carers require support to help deliver this care and to look after their own health and wellbeing. This care is disproportionately provided by women.

- We have an ageing population with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. This will put increasing demand on health and social care.

- Torbay has lower rates of housing deemed to be energy efficient when compared to England.

- Consistently higher rate of people owed a duty under the Homelessness Reduction Act (Those who are homeless or threatened with homelessness).

- Significantly higher level of hospital admissions for eating disorders than England with a large rise during 2024/25, largely concentrated among younger females.

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- Consistently high rates of dental extractions among children performed at a hospital due to dental decay; this is particularly concentrated among Torbay's more deprived communities. Lower levels of Torbay residents have seen an NHS dentist in recent years than the England average.

- HPV vaccination rates for 12 to 13 year olds in Torbay are significantly lower than the 90% national target (67.7% for 2023/24).

- There are high levels of self-harm hospital admissions (although falling) and suicide in the population when compared to England. Suicide rates fell for the latest 2 years but this is thought to be due to a significant local coroner backlog.

- Falls in breast and cervical cancer screening rates since COVID-19. Rates of emergency hospital admissions for cancer have been significantly higher than England for the last 3 years even allowing for Torbay's older age profile.

- A general fall in childhood immunisation rates since COVID-19 although rates remain broadly higher than England.

- Rates of reported violent and sexual offences have been higher than the England average for the last 2 years.

- There are high levels of vulnerability in the population, including groups with specialist needs and high levels of mental ill health.

- There are many opportunities for the people of Torbay to be supported to improve their lifestyles. At present:
  - Approximately 3 out of 10 adults in Torbay are obese. Approximately 1 in 4 reception and over 1 in 3 Year 6 children are overweight or obese.
  - Around 1 in 7 adults in Torbay smoke, rates are higher than England.
  - There are high levels of admissions to hospital related to alcohol. Torbay also has significantly higher levels of preventable mortality from liver disease.

JSNA – Better outcomes and improvement

There are a number of areas where Torbay has better outcomes and/or the metrics have shown improvement, some of these are highlighted below.

- An increase in breastfeeding rates at 6 to 8 weeks after birth over the last decade from 40% to 51%.

- Although rates remain high, a fall from the 2019 peak in rates of Cared for Children within the local authority and a fall from the 2021 peak in the rate of referrals.

- 93% of people who used Torbay Adult Social Care services during 2024/25 said that those services made them feel safe, this was higher than the England average.

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- Consistently higher percentage than England of infants receiving a 6 to 8 week review from a health visitor.
- A lower level of unemployment claimants than England.
- Affordability of property to buy has improved since 2021 and rents are more affordable than the England average.
- Considerably lower and falling level of greenhouse gas emissions per person than England.
- Higher screening rates than England for chlamydia among our 15 to 24 year old female population.
- Over the last decade, Torbay has had a higher proportion of alcohol users that left structured treatment free of alcohol dependence when compared to England.
- Increase in the percentage of clients entering drug treatment identified as having a mental health treatment need, who are receiving treatment for their mental health.
- Significant falls over the last decade in the rate of adults having a hospital tooth extraction due to dental decay.
- Although higher than England, a steady fall over the decade in the rate of emergency hospital admissions for self-harm (all ages).
- Rates of hospital admissions and under 75 mortality for strokes have broadly fallen over the last decade.
- Increases in the percentage of household waste sent for reuse, recycling or composting after the falls during COVID-19.
- Bowel cancer screening rates have increased over the last decade and are consistently higher than England.
- Falls in under 75 mortality for lung cancer in males over the last decade.
- Childhood immunisation rates are generally higher than England.

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

There is also a range of topic based analyses relating to different aspects of health and wellbeing. All information can be found on our webpages: https://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

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and wellbeing strategies enable commissioners to plan and commission more effective and integrated services to meet the needs of the population. Local Authorities and Integrated Care Boards have equal and explicit obligations to prepare a JSNA, under the governance of the health and wellbeing board. As of March 2026, the 2026 to 2030 Health & Wellbeing Strategy was still subject to approval. Its 3 draft priorities related to Healthy spaces (targeted at children and young people), Healthy work and Healthy ageing.

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 and communities 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 smaller areas of Torbay such as wards. As well as the JSNA, there are specific topic based summaries relating to fields such as alcohol and suicide. This information is collated at the following website https://www.southdevonandtorbay.info/

Information sources

Information that makes up this document comes from an array of public sources and occasionally from private organisational sources, these will be credited throughout the profile. A significant amount of information is gathered at the Office for Health Improvement and Disparities (OHID) website called 'Fingertips'. This site contains a large amount of information on its 'Public Health Outcomes Framework', there are also multiple useful profiles relating to subjects such as Adult Mental Health and Wellbeing, Alcohol and Smoking. The site is available at https://fingertips.phe.org.uk/ and shows Torbay's position relative to other local authorities.

Document overview

The JSNA is split by subject matter rather than stages of the life course because of the number of measures and to improve the navigability of the document. For example, Sexual and Reproductive Health measures are grouped in a chapter rather than across multiple life course chapters.

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

Wider determinants of health

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

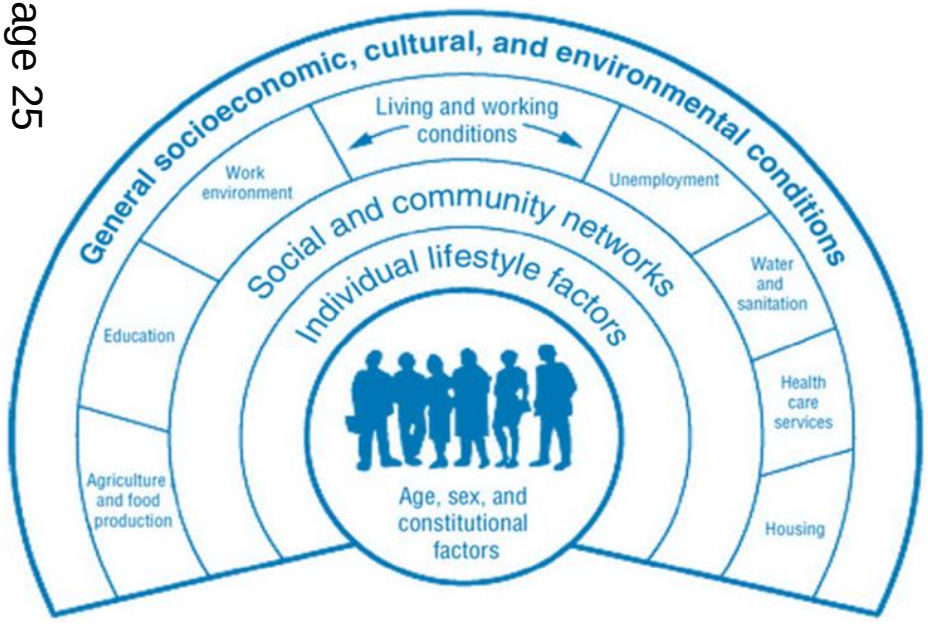
These include the following influences which are presented in Fig 1:

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

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

Fig 1: Wider determinants of health

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

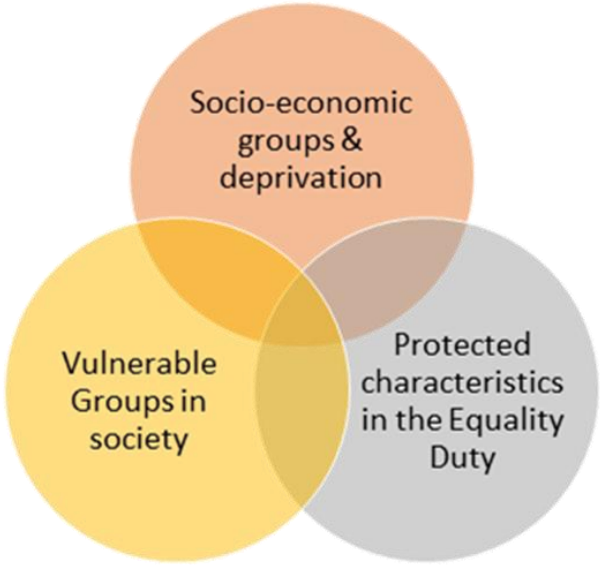


Inequalities

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

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

Fig 2: Inequalities and intersection



- Socio-economic groups and deprivation: Examples include those who are unemployed, on low incomes or people living in deprived areas.

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

Core20PLUS5

Core20PLUS5 is an NHS England approach to inform action to reduce health inequalities. The approach defines a target population group and identifies 5 focus clinical areas requiring accelerated improvement.

There are separate approaches for adults and children/young people.

- Adults - NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
- Children and Young People - NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people

Approaches for both adults and children/young people share a concentration on the most deprived 20% of the national population as identified by the Index of Multiple Deprivation. This relates to the 'CORE20' part of the approach.

'PLUS' population groups for adults and children/young people would be expected to be identified at a local level but they would be likely to include the following:

- Ethnic minority communities
- People with a learning disability
- Autistic people
- People with multiple long-term health conditions
- Groups that share protected characteristics as defined by the Equality Act 2010
- Groups experiencing social exclusion
- Coastal communities with pockets of deprivation hidden amongst relative affluence
- Young carers
- Cared for children and care leavers
- Those in contact with the justice system

There are also 5 clinical areas of focus which require accelerated improvement. As of March 2026, these were:

Adults

1. Maternity – Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups
2. Severe mental illness (SMI) – Ensuring annual physical health checks for people with SMI
3. Chronic respiratory disease – Focus on Chronic Obstructive Pulmonary Disease driving up uptake of COVID-19, flu and pneumonia vaccines to reduce infective exacerbations
4. Early cancer diagnosis – 75% of cases diagnosed at stage 1 or 2 by 2028
5. Hypertension case-finding and optimal management and lipid optimal management – To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

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Children and Young People

1. Asthma – Address over reliance on reliever medications and decrease number of asthma attacks
2. Diabetes – Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived areas and from ethnic minority backgrounds. Also increase proportion of those with type 2 diabetes receiving recommended NICE care processes
3. Epilepsy – Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
4. Oral Health – Address the backlog for inpatient hospital tooth extractions due to decay for children, aged 10 years and under
5. Mental Health – Improve access rates to mental health services for 0 to 17 year olds, for certain ethnic groups, age, gender and deprivation.

NHS 10 Year Health Plan for England

This plan was published in July 2025 at 10 Year Health Plan for England: fit for the future - GOV.UK. It identifies a plan to create a new model of care based on 3 shifts to improve health outcomes and to help narrow health inequalities. The 3 shifts are:

1. Hospital to community
2. Analogue to digital
3. Sickness to prevention

Hospital admissions and Same Day Emergency Care

NHS England are implementing a standardised method of recording the activity of patients accessing Same Day Emergency Care (SDEC). SDEC is for **non-overnight** stays receiving **emergency care** without being admitted to a ward.

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Some NHS Trusts had previously reported this activity as an admission. No longer reporting these as admissions may reduce the number of admissions reported for some indicators. As of 2024/25, this has not affected figures from the local NHS Trust which make up the bulk of admissions for Torbay residents, however there may have been a downward effect on national and regional data for the most recent year. The full effect of this change may take a number of years to be reflected in the admissions data.

The impact is likely to be highest in relation to indicators relating to injuries, accidents and self-harm which have significant proportions of same day emergency care. Areas such as admissions for dental caries, endometriosis, pelvic inflammatory disease, strokes and cancer are likely to be less affected either because 1) They are largely planned admissions or 2) They are rarely non-overnight stays.

Comparisons

The Office for Health Improvement and Disparities (OHID) use NHS England's nearest statistical neighbours on their 'Fingertips' website. Torbay's nearest neighbours as of March 2026 are presented in Fig 3. Within this report, Torbay will be compared to a 'comparator group' in data tables at the end of most sections, the statistic shown is the average of the nearest neighbours. Torbay is also shown in Fig 3 for comparison.

There are 2 chapters relating specifically to children and young people where a different 'comparator group' is used. The 2 chapters are 'Children & Young People's Education and Health' and 'Children's Social Care' where Torbay is compared to Children's Services Statistical Neighbours (Fig 4). The section of the Index of Multiple Deprivation (IMD) used to show the percentage of children affected by income deprivation is the Income Deprivation Affecting Children Index (IDACI).

Fig 3: NHS England nearest statistical neighbours for Torbay
Source: OHID – Public Health Profiles (Fingertips), English Indices of Deprivation 2025, 2024 ONS mid-year population estimates

Local Authority	% of population living in 20% most deprived areas (IMD 2025)	% of population aged 65 & over (2024)
Blackpool	53.8%	20.8%
Bournemouth, Christchurch and Poole	9.9%	21.7%
Cheshire East	9.0%	22.5%
Darlington	27.1%	21.2%
East Riding of Yorkshire	9.7%	27.1%
East Sussex	15.2%	26.6%
Isle of Wight	21.0%	30.2%
North East Lincolnshire	36.6%	21.6%
North Somerset	10.3%	24.0%
Redcar and Cleveland	36.6%	24.0%
Sefton	26.8%	23.7%
South Gloucestershire	1.1%	18.6%
Southend-on-Sea	25.3%	19.3%
St. Helens	37.6%	20.6%
Wirral	34.0%	22.5%
Torbay	25.9%	27.3%

Fig 4: Children's Services statistical neighbour comparators for Torbay
Source: English Indices of Deprivation (IDACI) 2025, 2024 ONS mid-year population estimates

Local Authority	% of child population affected by income deprivation (IDACI 2025)	% of population aged 17 & under (2024)
Barnsley	43.5%	20.6%
Gateshead	42.2%	19.9%
Isle of Wight	40.1%	16.5%
Plymouth	37.9%	19.2%
Redcar and Cleveland	45.3%	19.8%
Rochdale	49.3%	24.7%
Rotherham	45.6%	21.5%
Sunderland	43.7%	19.7%
Tameside	44.6%	22.1%
Telford and Wrekin	44.0%	22.6%
Torbay	40.9%	17.7%

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Demographics

Overview

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

  Source: ONS mid-year population estimates

- Current predictions indicate that 1 in 3 Torbay residents will be aged 65 and over by 2036.

  Source: Office for National Statistics

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

  Source: 2021 Census

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

  Source: Primary Care Mortality Database, ONS mid-year population estimates, English Indices of Deprivation 2025

- 3.4% of Torbay residents aged 16 and over identified as Gay or Lesbian, Bisexual or 'All other sexual orientations'. For those aged 16 to 24, the rate was 8.3%.

  Source: 2021 Census

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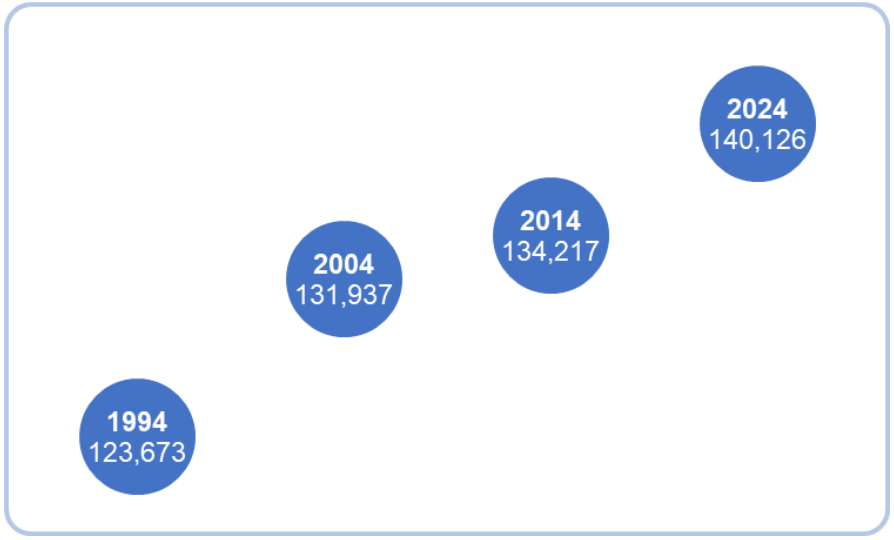
Population

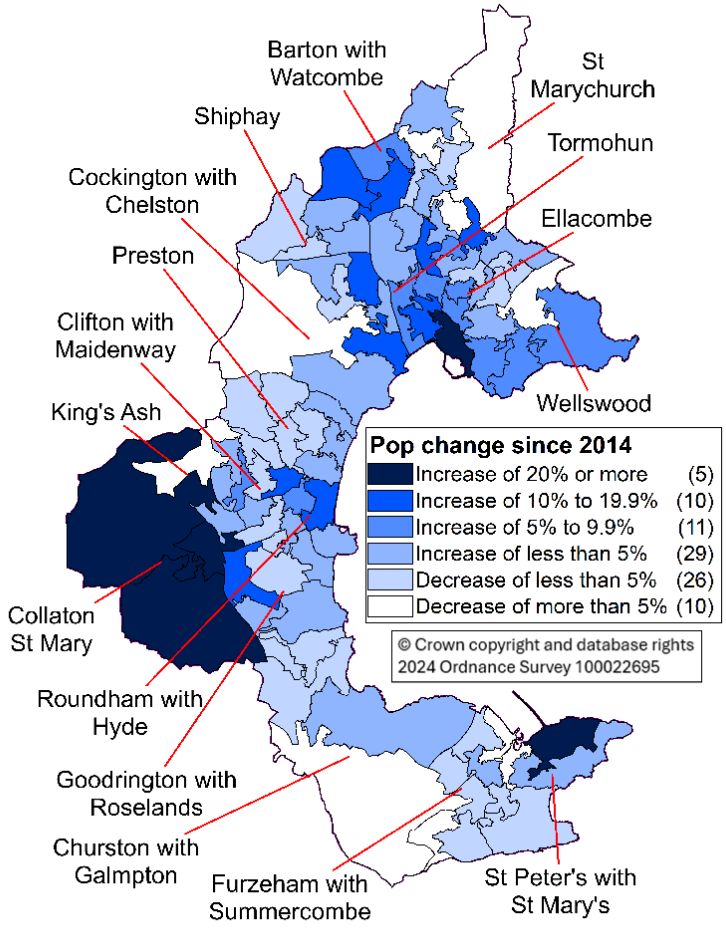
According to the latest population estimates, 140,126 people lived in Torbay. This is an increase of 4.4% when compared to the estimated 2014 population of 134,217. Torbay's population has increased by approximately 16,500 since 1994 (Fig 5). The average (median) age of a Torbay resident is 49 years, compared to 44 years in 2004.

Fig 5: Torbay Population by year
Source: ONS Mid-year population estimates



The increase in population is different across Torbay (Fig 6), 40% of small areas called LSOAs within Torbay fell in population between 2014 and 2024, significant amounts of these decreases were very small. 15 small areas rose by 10% or more including 5 areas that had population rises over 20%. 2 small areas in Collaton St Mary saw the biggest rise as their combined population more than doubled, rising by 135%.

Fig 6: Population change across Torbay from 2014 to 2024
Source: ONS Mid-year population estimates



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Protected Characteristics

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

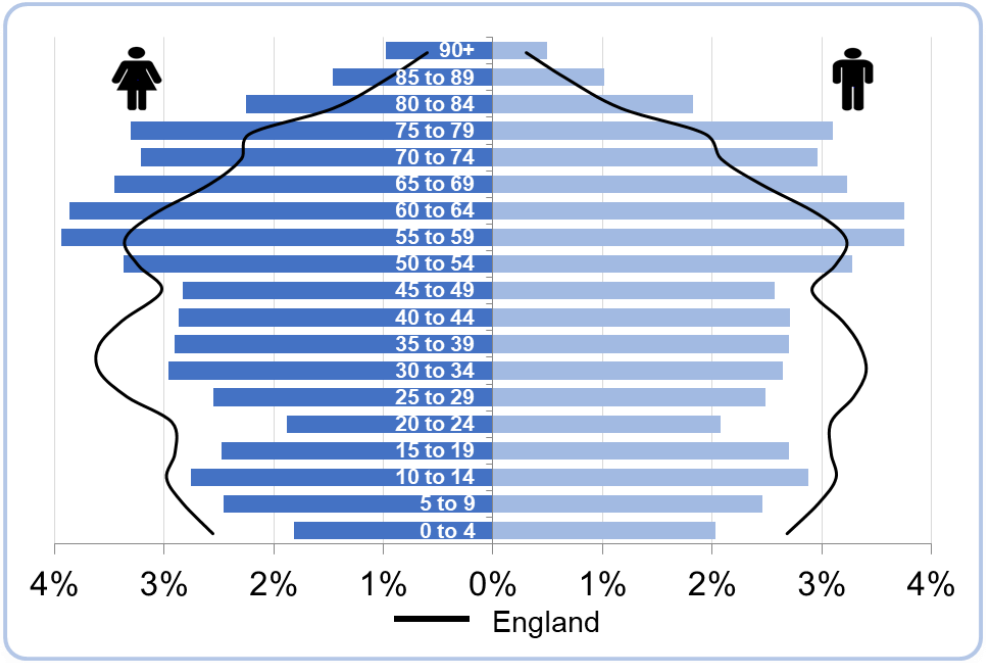
- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

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

Protected Characteristic - Age

Torbay's population profile shows a significantly older demographic than England. Torbay (shown as bars) has significantly larger proportions of those aged 50 and over than England (shown by the black line), conversely it has significantly smaller proportions of those aged under 50, in particular those aged 20 to 44 (Fig 7). Torbay's average age of 49 years compares to 40 years for England and 43 for the South West. This age profile can lead to significantly higher demand for health and care services tailored towards an older population. Torbay has a significantly smaller proportion of working age population (higher dependency ratio) when compared to England and the South West.

Fig 7: Population Profile – Torbay
Source: ONS mid-year population estimate, 2024



Between 2014 and 2024, the largest proportionate increases in population have occurred in the 70 to 79 and 30 to 39 year age groups, the largest fall was in the 40 to 49 year age group.

Between 2004 and 2024, the largest proportionate increase in population occurred in the 70 to 79 and 60 to 69 year age groups. 4 age groups have seen their population fall, those aged 0 to 9, 10 to 19, 30 to 39 and 40 to 49 (Fig 8).

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

Age Band	2004	2024	Change
0 to 9	13,382	12,284	-8.2%
10 to 19	16,036	15,138	-5.6%
20 to 29	12,014	12,599	+4.9%
30 to 39	16,507	15,717	-4.8%
40 to 49	17,412	15,380	-11.7%
50 to 59	18,612	20,103	+8.0%
60 to 69	15,982	20,040	+25.4%
70 to 79	12,447	17,615	+41.5%
80 to 89	7,590	9,191	+21.1%
90+	1,955	2,059	+5.3%
ALL AGES	**131,937**	**140,126**	**+6.2%**

Protected Characteristic – Disability

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

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

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

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

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

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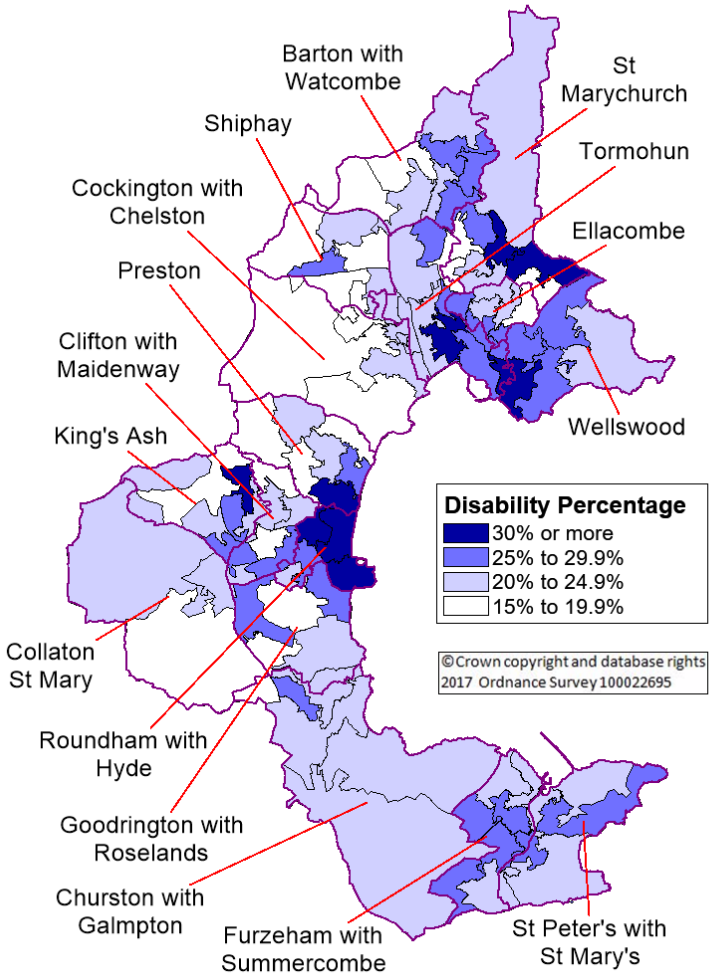
There are significant concentrations of people whose day-to-day activities are limited a little or a lot in central Paignton, central Torquay and Babbacombe/St Marychurch (Fig 10).

Fig 10: Population defined as disabled by area - Torbay
Source: Census 2021



Protected Characteristic – Gender Reassignment

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

Fig 11: Gender Identity of those who answered in Census - Torbay
Source: Census 2021

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

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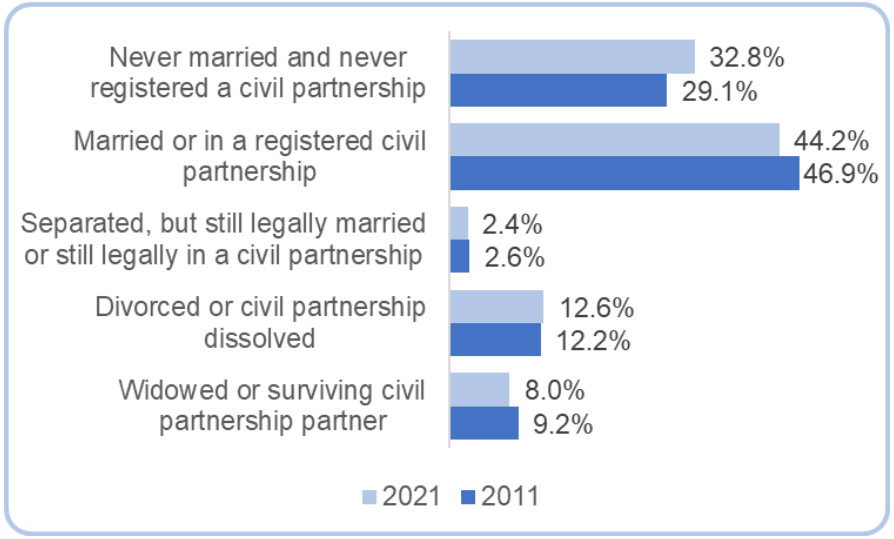
Protected Characteristic – Marriage and Civil Partnership

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

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

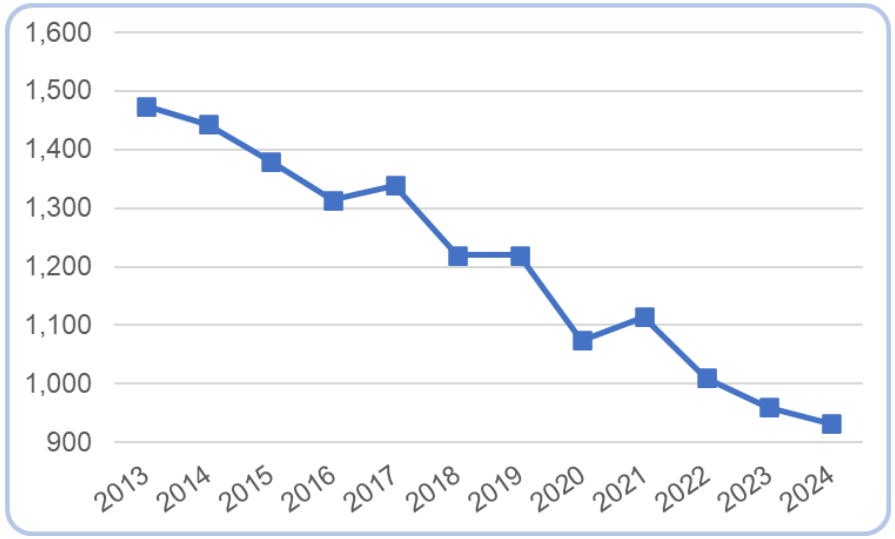
Fig 12: Marriage and Civil Partnership Status - Torbay
Source: Census



Protected Characteristic – Pregnancy and Maternity

Over the period 2013 to 2024, the rate of live births (as a proportion of females aged 15 to 44) in Torbay (56.0 per 1,000) has been broadly in line with England (56.3) and slightly but significantly higher than the South West (53.4). There has been a notable fall in the number of live births since the middle of the last decade in Torbay, from 1,474 in 2013 to 932 in 2024 (Fig 13). This fall in births has been steeper than England or the South West. 2022, 2023 and 2024 were the only years in the period 2013 to 2024 when Torbay had a significantly lower rate of live births than England.

Fig 13: Live Births – Torbay
Source: NOMIS



Protected Characteristic – Race

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

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Fig 14: Percentage of Ethnic group
Source: Census 2021

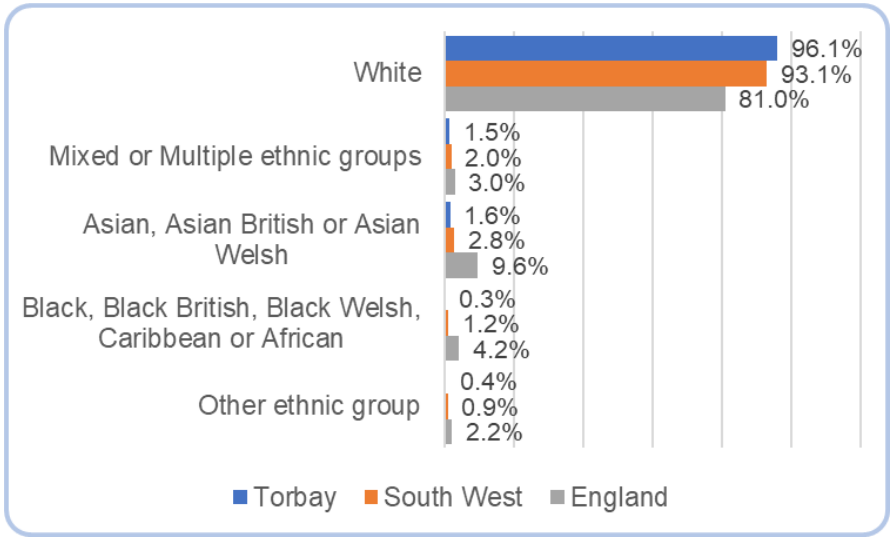
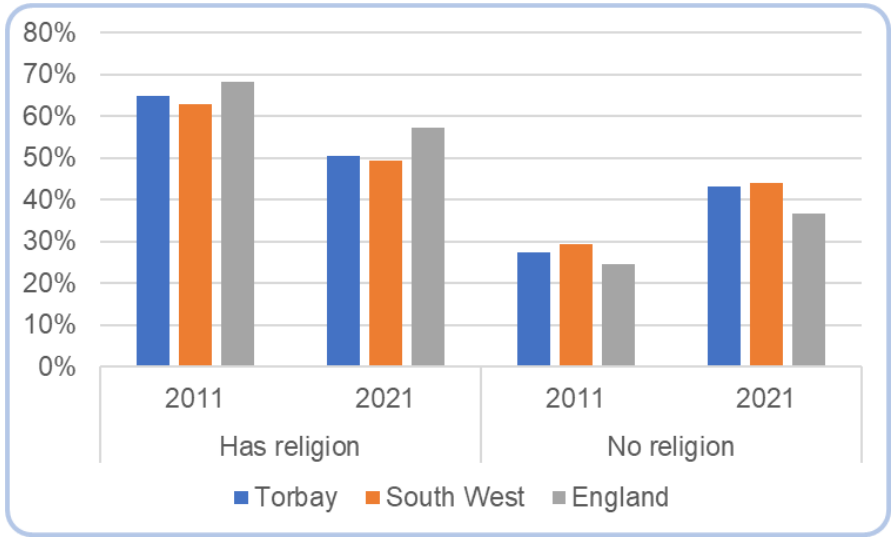


Fig 15: Percentage who have or do not have a religion
Source: Census



Protected Characteristic – Religion or Belief

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

Protected Characteristic – Sex

51.3% of Torbay's population from the latest population estimates for 2024 were female, this was a slight fall from 2014 when it was 51.6%. Female to male ratios within Torbay change significantly for residents aged 80 and over (Fig 16).

Protected Characteristic – Sexual Orientation

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

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

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

Fig 16: Sex by age group – Torbay
Source: ONS mid-year population estimate, 2024

Age Band	Female	Male	Female %	Male %
0 to 9	5,993	6,291	48.8%	51.2%
10 to 19	7,325	7,813	48.4%	51.6%
20 to 29	6,198	6,401	49.2%	50.8%
30 to 39	8,226	7,491	52.3%	47.7%
40 to 49	7,983	7,397	51.9%	48.1%
50 to 59	10,244	9,859	51.0%	49.0%
60 to 69	10,250	9,790	51.1%	48.9%
70 to 79	9,128	8,487	51.8%	48.2%
80 to 89	5,201	3,990	56.6%	43.4%
90+	1,371	688	66.6%	33.4%
ALL AGES	71,919	68,207	51.3%	48.7%

Fig 17: Sexual Orientation of those who answered in Census - Torbay
Source: Census 2021

Status	Number (16+)	Percentage
Straight or heterosexual	104,729	96.6%
Gay or Lesbian	2,035	1.9%
Bisexual	1,344	1.2%
All other sexual orientations	302	0.3%

Life expectancy and Healthy life expectancy

Life expectancy for males at birth in Torbay has been lower than England for 8 of the last 9 time periods (Fig 19), for females it has been broadly in line for the last 5 time periods (Fig 18). Over the last decade, life expectancy at birth within Torbay has remained largely flat and female life expectancy has been approximately 4 years higher than males, it should be noted that 2020 - 22 encompasses the first COVID-19 pandemic and saw a fall in male life expectancy.

There are very significant differences in life expectancy between different areas of Torbay. When we look at local Torbay data for the 5 year period 2020 to 2024, there is a 6.4 year life expectancy gap between males who live in the least and most deprived areas and a 4.3 year gap for females between the most deprived quintile and the highest life expectancy quintile (Fig 20). It should be noted that Torbay has a relatively small population in the least deprived quintile of England so numbers are volatile, the period also includes the COVID-19 pandemic which was known to be particularly dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and males.

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Fig 18: Life expectancy at birth - Females

Source: OHID – Public Health Profiles (Fingertips)

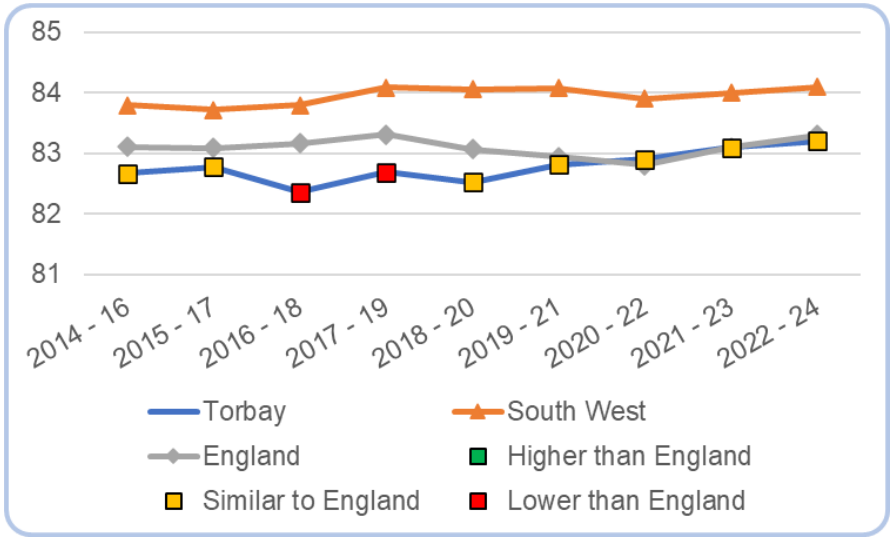


Fig 19: Life expectancy at birth - Males

Source: OHID – Public Health Profiles (Fingertips)

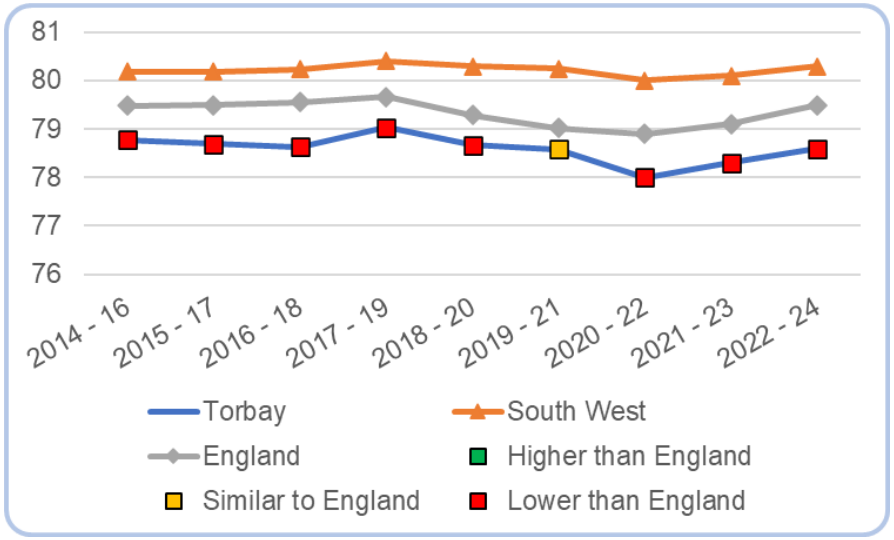
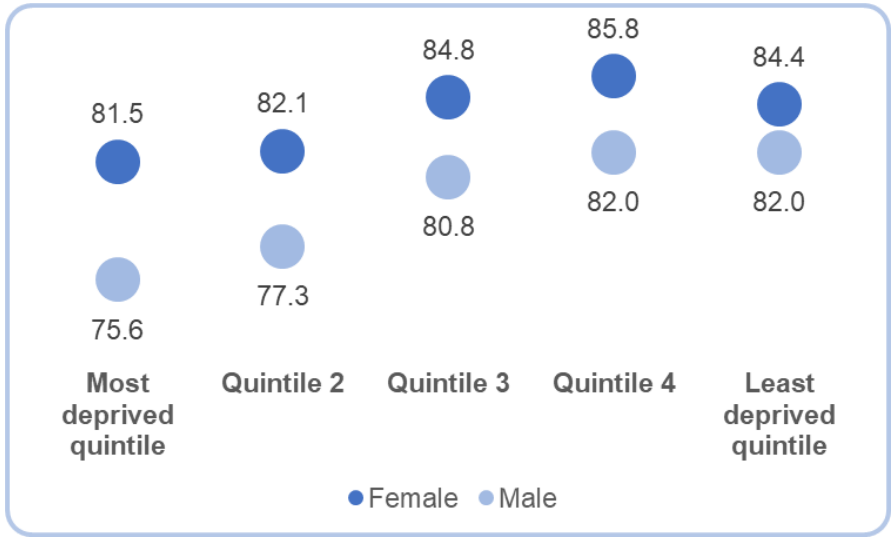


Fig 20: Life expectancy at birth – Torbay (2020 to 2024)

Source: Primary Care Mortality Database, ONS mid-year population estimates, English Indices of Deprivation 2025



Whilst females in Torbay have a life expectancy at birth of approximately 4 years higher than males over the last decade, their healthy life expectancy has been slightly less than 1 year higher than males over the same period in Torbay (Figs 21 and 22). Healthy life expectancy for females in Torbay, England and the South West has fallen since 2019 - 21. Rates for males in Torbay have not fallen at that steep rate although rates across England and the South West have fallen significantly. For 2022 – 24, this implies that females in Torbay could expect to live for 21 years whilst not being in good health, this would equate to approximately a quarter of their life, for males it would be approximately 17 years. Data for Healthy life expectancy is based on self-reported good health from the Annual Population Survey with adjustments based on Census data for those populations not covered adequately by the Annual Population Survey, and deaths. It is weighted to take into consideration the population structure of different areas

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Fig 21: Healthy life expectancy at birth (Years) - Females
Source: Office for National Statistics

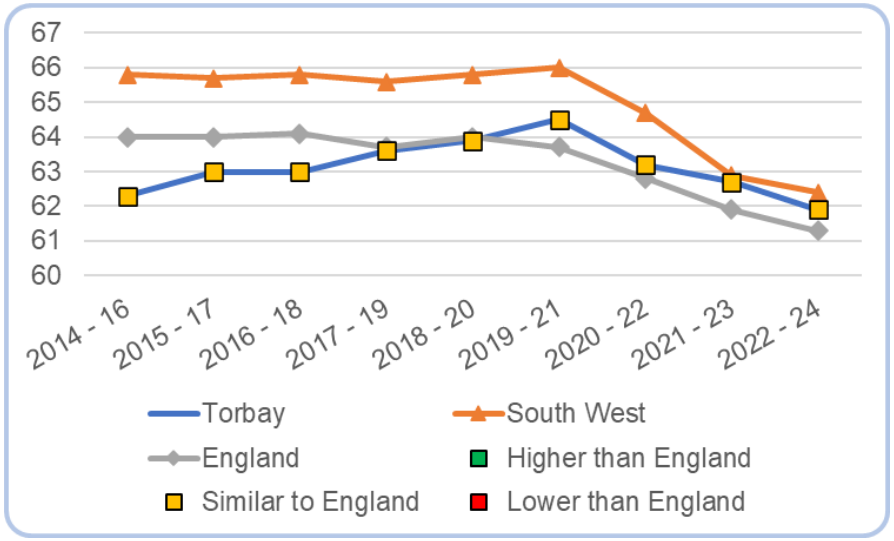
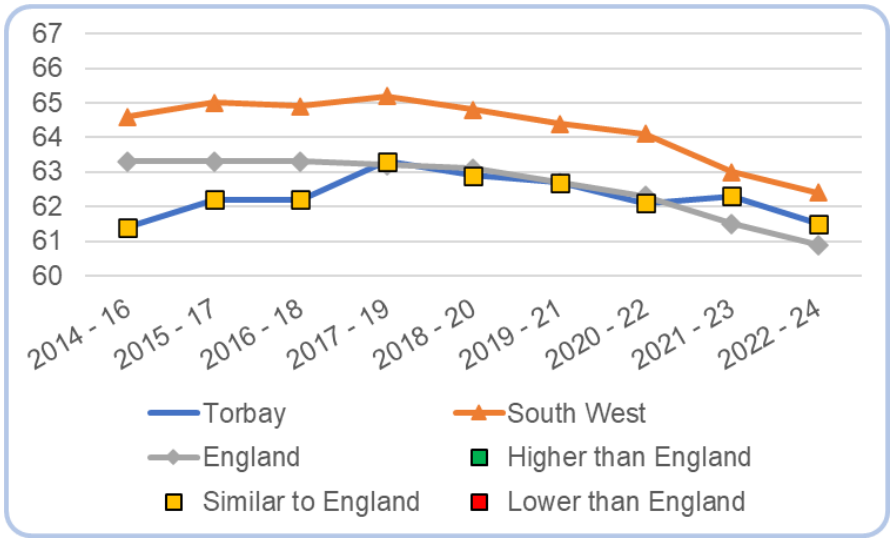


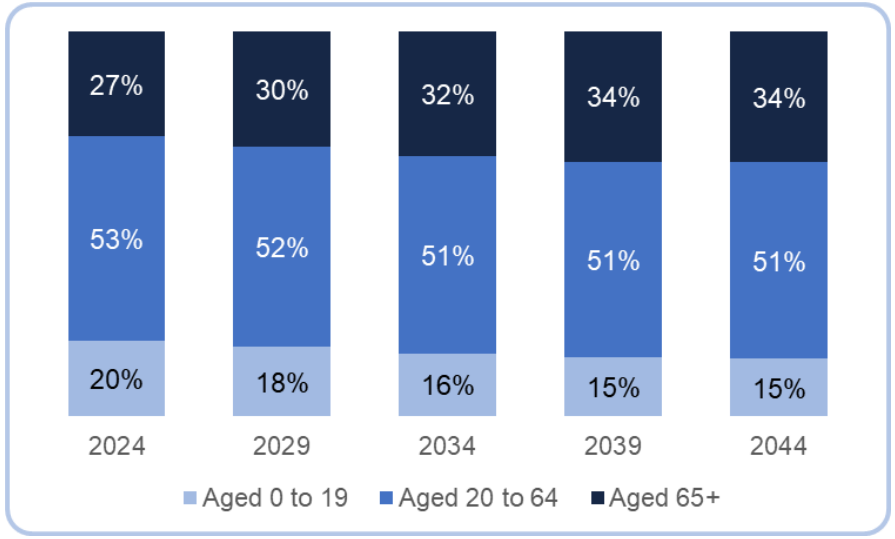
Fig 22: Healthy life expectancy at birth (Years) - Males
Source: Office for National Statistics



Population Projections

Torbay's population is currently projected to rise from 140,126 in the 2024 population estimate to 150,424 by 2044. The proportion of the population aged 0 to 19 is projected to fall from 20% to 15% by 2044. Those aged between 20 and 64 are projected to fall from 53% to 51% by 2044; the proportion of those aged 65 and over is expected to rise from 27% to 34% by 2044 (Fig 23).

Fig 23: Population projections – Torbay
Source: ONS 2022-based migration category variant edition. 2024 based on ONS mid-year population estimates



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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Average Age (2024)	Years	49	44	43	40	🔴	↑
Dependency Ratio (2024)	Ratio %	71.5%	64.4%	62.0%	56.0%	🔴	↑
Day to Day activities limited (2021)	%	23.8%	19.9%	18.6%	17.3%	🔴	Not comparable
Gender identity not the same as sex registered at birth (2021)	%	0.4%	0.4%	0.4%	0.6%	Not relevant	First time collected
BAME Population (2021)	%	3.9%	5.7%	6.9%	19.0%	Not relevant	↑
Have a religion or belief (2021)	%	50.5%	53.6%	49.5%	57.3%	Not relevant	↓
Gay or Lesbian, Bisexual or other sexual orientations (2021)	%	3.4%	3.1%	3.4%	3.4%	Not relevant	First time collected
Life expectancy at birth - Female (2022 - 24)	Years	83.2	83.0	84.1	83.3	🟡	↑
Life expectancy at birth - Male (2022 - 24)	Years	78.6	79.2	80.3	79.5	🔴	↑
Healthy life expectancy at birth - Female (2022 - 24)	Years	61.9	60.2	62.4	61.3	🟡	↓
Healthy life expectancy at birth - Male (2022 - 24)	Years	61.5	59.8	62.4	60.9	🟡	↓

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Index of Multiple Deprivation

Overview

- Torbay is ranked as the most deprived upper-tier local authority in the South West.
- Torbay is ranked as the 39th most deprived out of 153 upper tier local authorities in England.
- Approximately 26% of Torbay's population are classified as living in areas within the 20% most deprived in England.
- It is calculated that 2 out of 5 (41%) of Torbay's children aged under 16 live in income deprived families, for the whole population it is a quarter (26%).
- Of the 7 deprivation domains Employment deprivation and Education, Skills and Training deprivation rank the worst for Torbay, and Crime ranks the best.

All above sourced from 2025 English Indices of Deprivation

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The English Indices of Deprivation (IoD) 2025- commissioned by the Ministry of Housing, Communities and Local Government- measure relative levels of deprivation for small areas across England. These small areas are called Lower Layer Super Output Areas (LSOAs).

The IoD consist of 7 domains which together create the Index of Multiple Deprivation (IMD). It is made up of the following domains and weightings:

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

The Income domain contains 2 supplementary indices:

- **Income Deprivation Affecting Children**
- **Income Deprivation Affecting Older People**

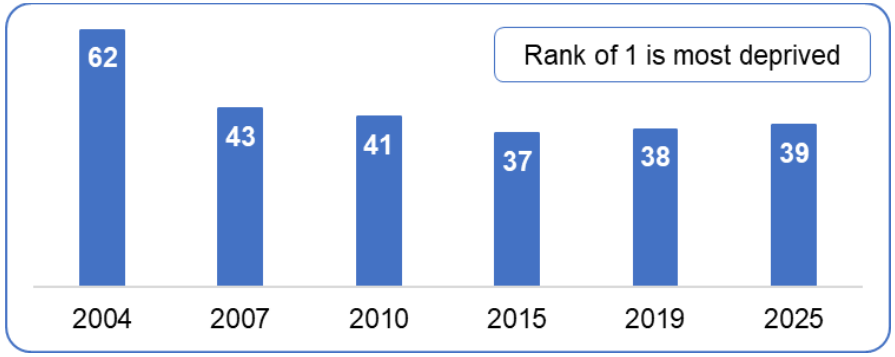
The indices measure **relative** levels of deprivation, which is how an area ranks in relation to other geographical areas across England.

The English IoD 2025 is the 7th iteration with the one before being in 2019. For the 2025 iteration, new methodologies, geographies and datasets have been used which makes it less directly comparable to previous years.

Changes in ranks over time are relative to other areas. You cannot compare between the years in terms of actual levels of deprivation- rather it shows deprivation levels compared to other areas in England at each time point.

Torbay is ranked as the 39th most deprived upper tier LA in England in the IMD 2025 (Fig 24). Torbay has had virtually the same rank for a number of IMD iterations. In 2025 there are 153 upper tier LAs, 2019 had 2 fewer (151), in 2015 there were 152, and 2004 to 2010 had 149.

Fig 24: Deprivation rank for Upper-tier local authority, Index of Multiple Deprivation – Torbay (1 = Most deprived)
Source: English Indices of Deprivation 2025



Torbay is ranked as the most deprived upper tier LA in the South West out of 15 in 2025 and has been in this position since 2007

Torbay has 91 small areas (LSOAs), and 22 of these are ranked by the IMD as within the 20% most deprived areas in England in 2025 (Fig 25). The number of LSOAs within the 20% most deprived areas in England has ranged from 22 to 28 in the last decade. As previously noted this is relative deprivation which means they are within the 20% most deprived areas compared to the deprivation levels of the other areas in England at that time. In 2015 and 2019 Torbay contained 89 LSOAs, so 2 fewer than in 2025.

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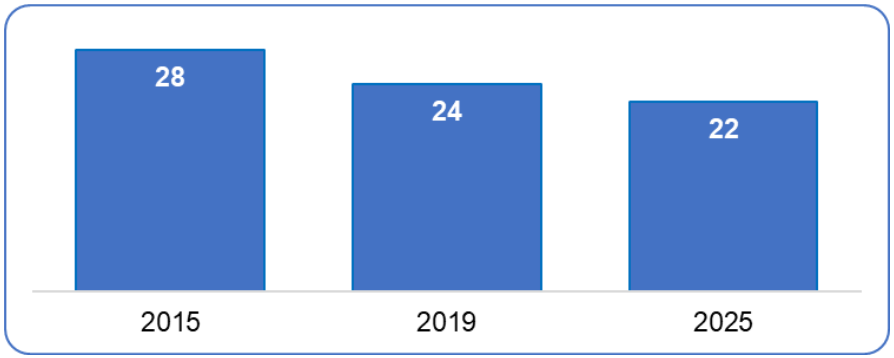
Fig 25: Number of Torbay LSOAs within the 20% most deprived in England, Index of Multiple Deprivation
Source: English Indices of Deprivation 2025

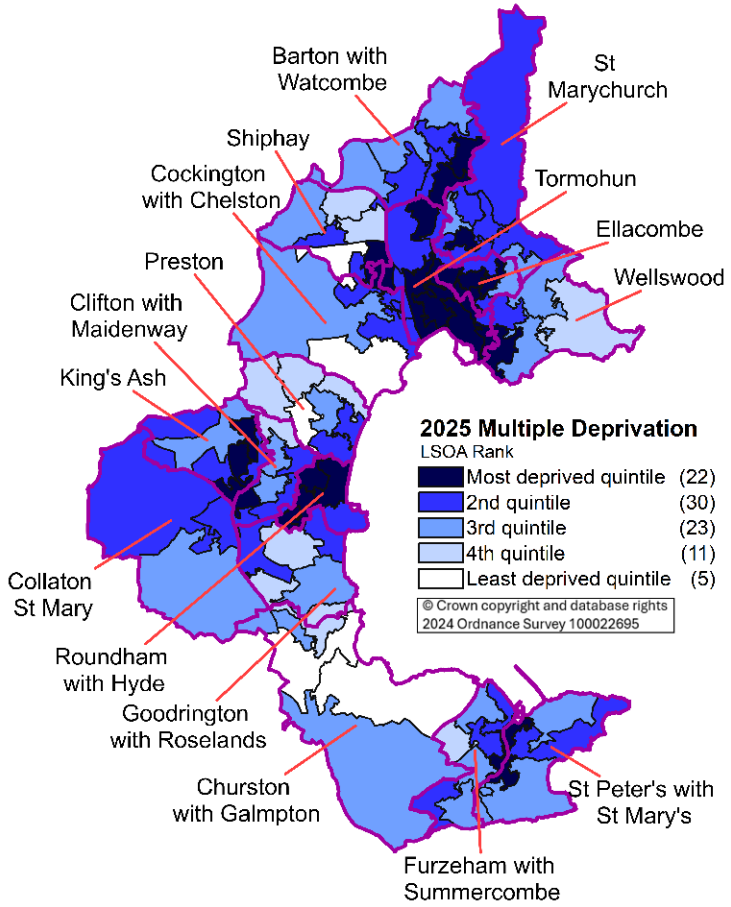


The percentage of Torbay's population living within the 20% most deprived areas in England is 26% in 2025, using ONS population estimates.

The map of Fig 26 places Torbay's LSOAs into 5 quintiles according to their rank with the most deprived shown as a darker colour and the least deprived as a lighter colour.

The 22 LSOAs ranked within the 20% most deprived areas in England are in the most deprived quintile. They are mainly concentrated in the more central areas of Torquay, Paignton and Brixham, with pockets in other areas such as within Barton with Watcombe and King's Ash wards.

Fig 26: Rank of Index of Multiple Deprivation
Source: English Indices of Deprivation 2025



The 7 deprivation domains

The 7 domains of the Indices of Deprivation together make up each area's rank in the IMD. Each domain is itself ranked. In 2025 in Torbay, the domains with the most deprived ranks are the

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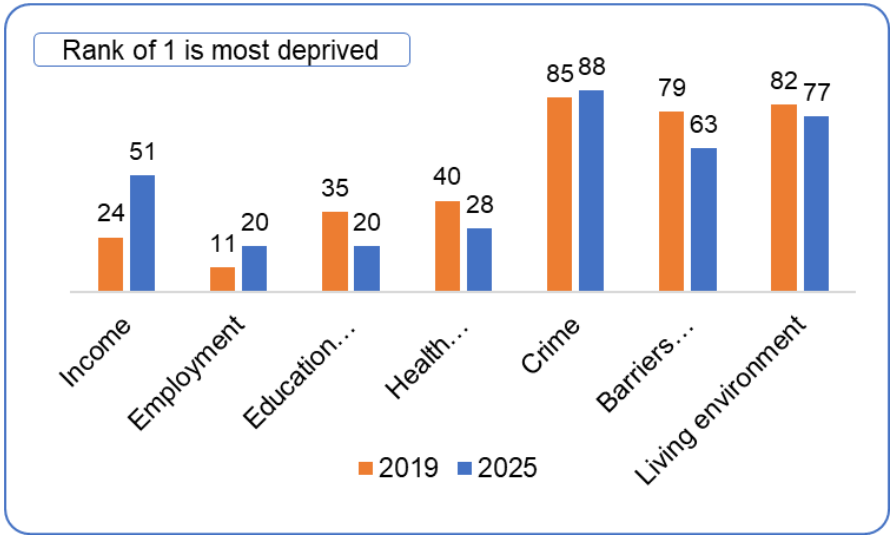
Employment domain and the Education, Skills and Training domain (Fig 27). These are followed by the Health Deprivation and Disability domain.

In 2025 the Income and Employment domains are both around twice the rank number they were in 2019 (meaning they have moved to less deprived ranks). Changes in rank don't necessarily mean changes in deprivation levels, however, as ranks are relative to other geographical areas, with the 2025 iteration also updated and modified.

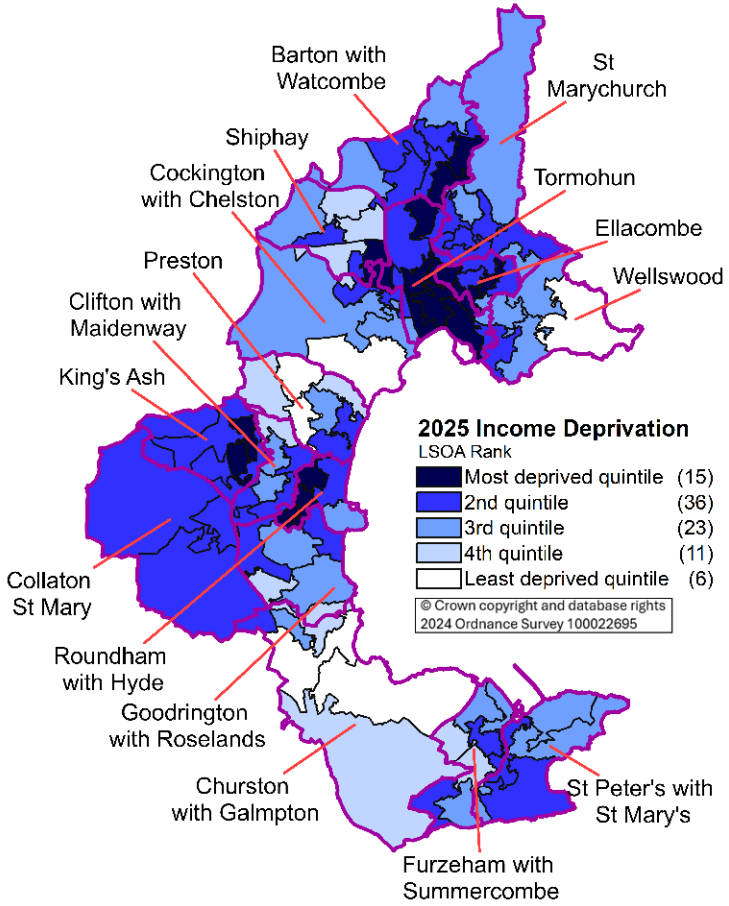
Fig 27: Torbay's rank of relative deprivation in the 7 domains of the English Indices of Deprivation, amongst upper tier local authorities
Source: English Indices of Deprivation 2025



Income Deprivation

This domain measures the proportion of the population experiencing deprivation relating to low income. This includes people dependent on means-tested benefits, and includes both those working with low earnings and those out of work. In Torbay this is calculated by the domain to be a quarter of the population (26%). Torbay is ranked as the most deprived out of the 15 South West LAs and the 51st lowest out of 153 LAs in England.

Fig 28: Rank of Income Deprivation
Source: English Indices of Deprivation 2025



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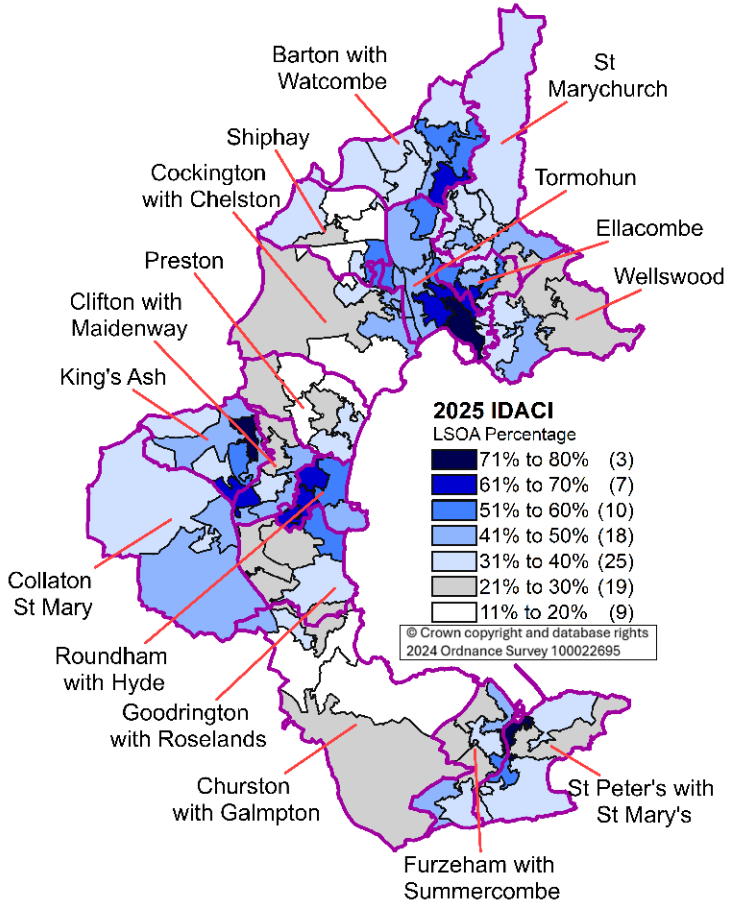
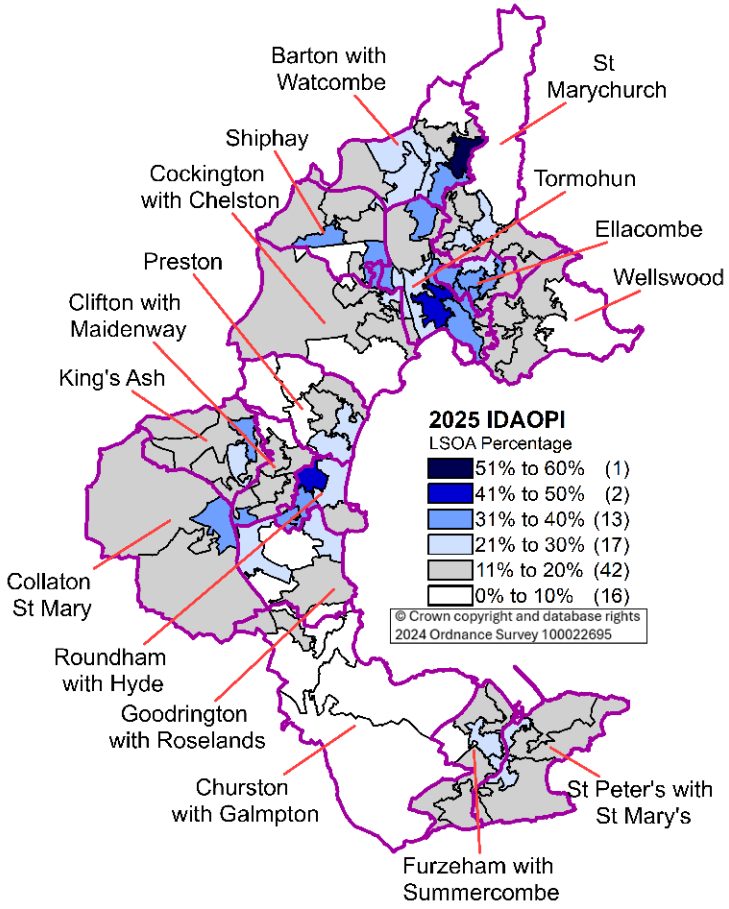
There are 2 supplementary indices under the Income domain, one for children and another relating to older people. It is calculated that 2 out of 5 (41%) of Torbay's children aged under 16 live in income deprived families in 2025. There is great variation across the LSOAs- from 11% to 80% of Torbay's children (Fig 29).

Fig 29: Percentage of Income Deprivation Affecting Children (IDACI)
Source: English Indices of Deprivation 2025



In Torbay it is calculated that almost 1 in 5 (18%) of Torbay's population aged 60+ are income deprived, lower than the percentage of children. This ranges from 3% to 53% of the 60+ population across Torbay's LSOAs (Fig 30).

Fig 30: Percentage of Income Deprivation Affecting Older People (IDAOPI)
Source: English Indices of Deprivation 2025



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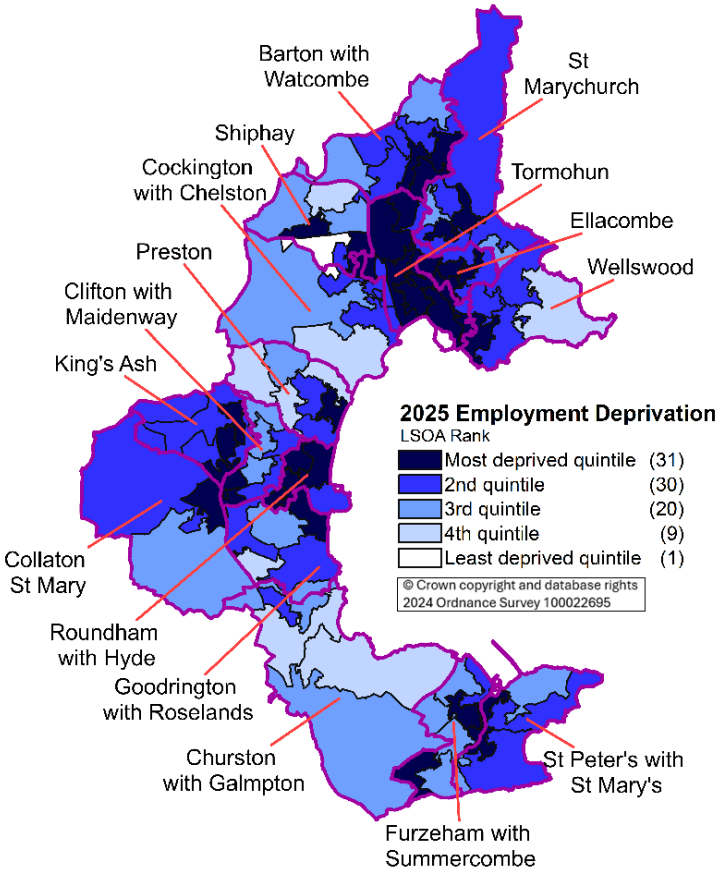
Employment Deprivation

Measures the proportion of the working age population (aged 18 to 66) involuntarily excluded from the labour market (unemployment, sickness, disability, or caring responsibilities). In Torbay this is almost 1 in 5 of the population (18%). Torbay's rank of 20 for this domain is joint lowest with the Education, Skills and Training domain.

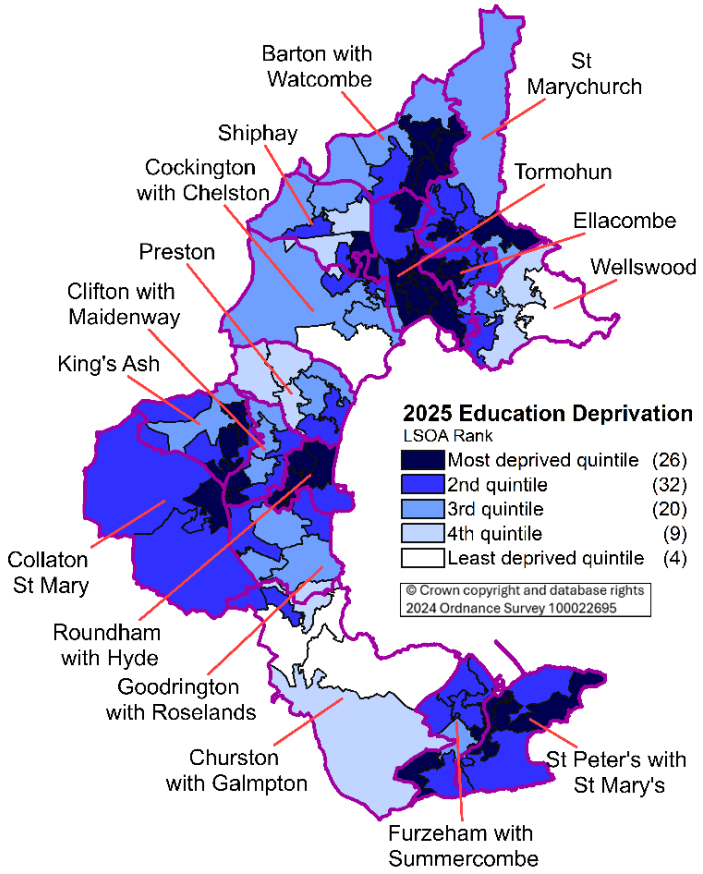
Fig 31: Rank of Employment Deprivation
Source: English Indices of Deprivation 2025



Education, Skills and Training Deprivation

Measures qualifications attainment, higher education entry, pupil absence, lack of qualifications, and inability to speak English well/at all. Torbay has a rank of 20th lowest out of the 153 upper tier LAs. The Employment domain also ranks as 20 and these 2 domains have the most deprived rank of all the domains for Torbay in 2025.

Fig 32: Rank of Education, Skills and Training Deprivation
Source: English Indices of Deprivation 2025



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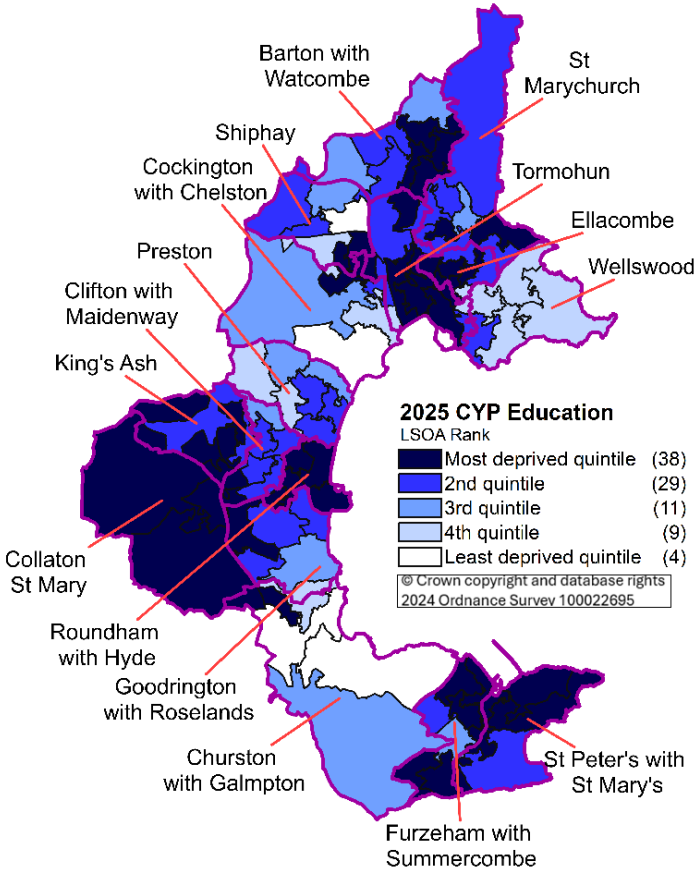
A sub domain of the Education, Skills and Training domain relates to children and young people. This measures qualifications attainment, higher education entry and pupil absence with almost half of the measure relating to pupil absence. In Torbay there are 38 LSOAs out of 91 ranked within the 20% most deprived areas in England (Fig 33). This is 42% of Torbay's LSOAs.

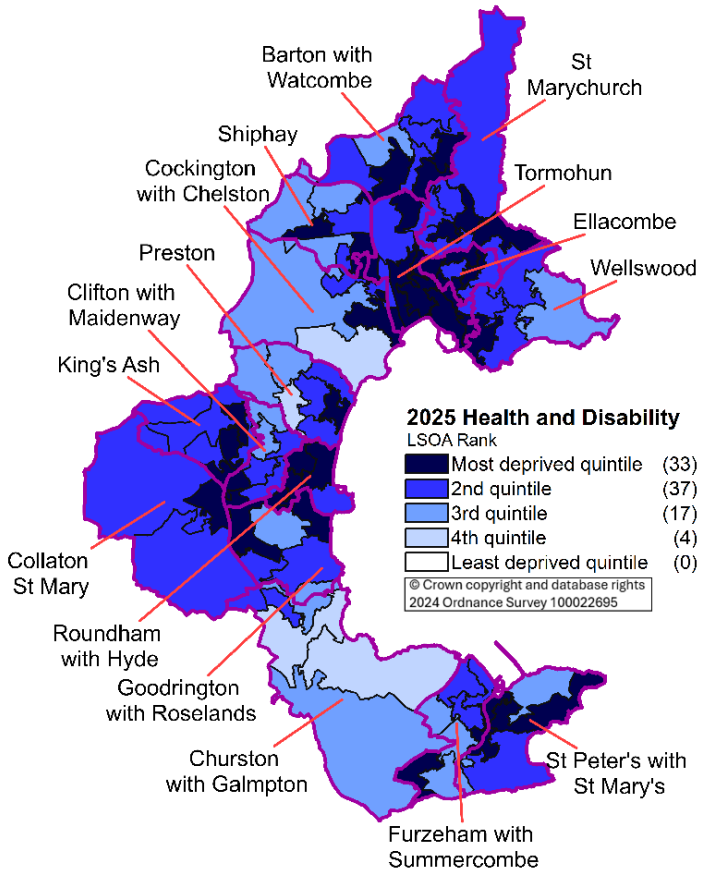
Fig 33: Rank of Children and Young People Education Deprivation
Source: English Indices of Deprivation 2025



Health Deprivation and Disability

Measures morbidity, disability and premature mortality, with a mental health component. Data for disability, acute morbidity and years of potential life lost were adjusted to take account of the age profile. Torbay ranks as 28th lowest out of 153 upper tier LAs with over a third of LSOAs ranked in the 20% most deprived in England (Fig 34).

Fig 34: Rank of Health Deprivation and Disability
Source: English Indices of Deprivation 2025



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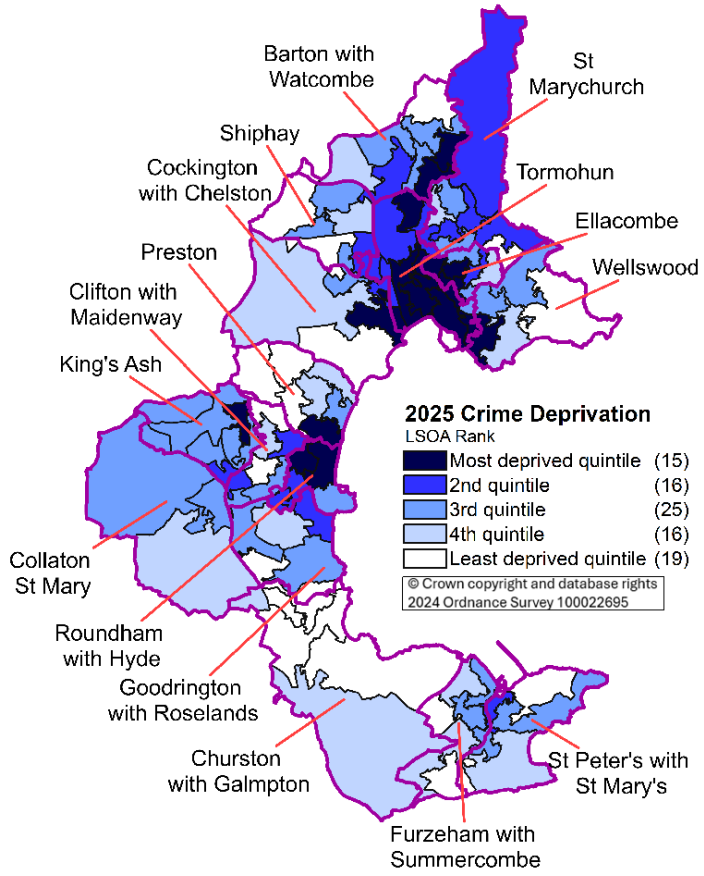
Crime Deprivation

This domain calculates the rates of various types of crime. In 2025, Torbay has a rank of 88th lowest for this domain, out of 153 upper tier LAs. This domain has the least deprived rank of all 7 domains for Torbay (Fig 35).

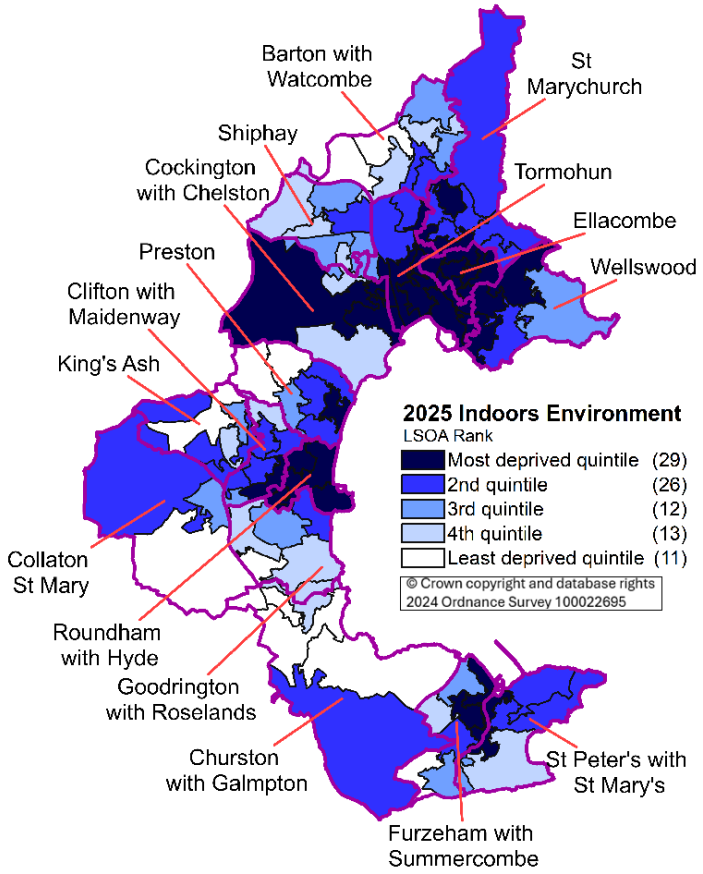
Fig 35: Rank of Crime Deprivation
Source: English Indices of Deprivation 2025



Indoor Living Environment sub-domain Deprivation

A sub domain of the Living Environment domain, this measures housing in poor condition, housing energy performance certificate scores and housing lacking private outdoor space. 29 LSOAs rank in the 20% most deprived in England with 16 of these ranking within the 10% most deprived in England (Fig 36).

Fig 36: Rank of Indoor Living Environment Deprivation
Source: English Indices of Deprivation 2025



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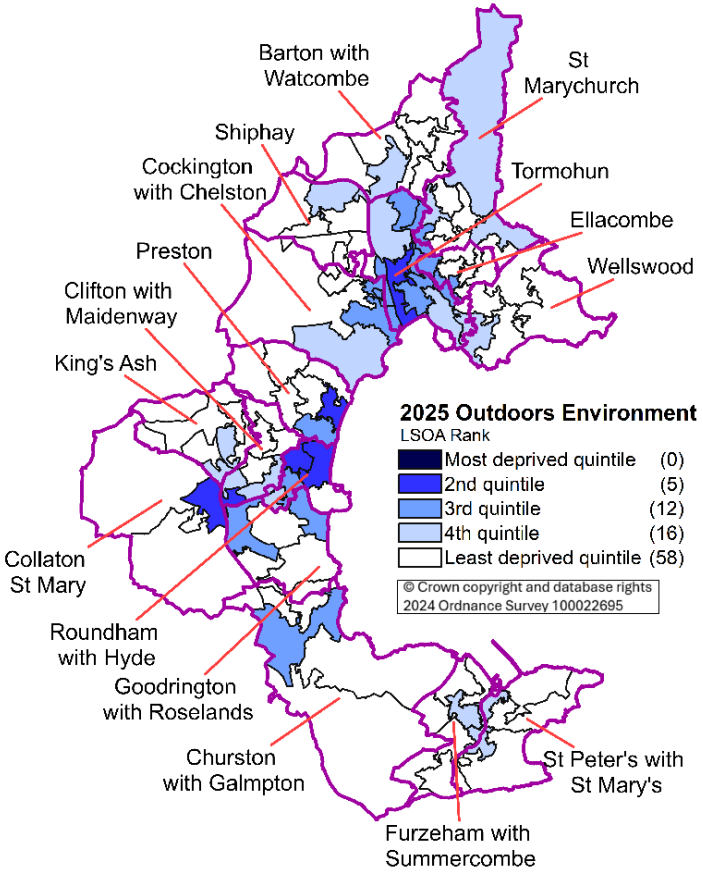
Outdoor Living Environment sub-domain Deprivation

A sub domain of the Living Environment domain, this measures air quality, road traffic accidents and noise pollution. Torbay has no LSOAs in the most deprived quintile and well over half (58) are in the least deprived quintile (Fig 37).

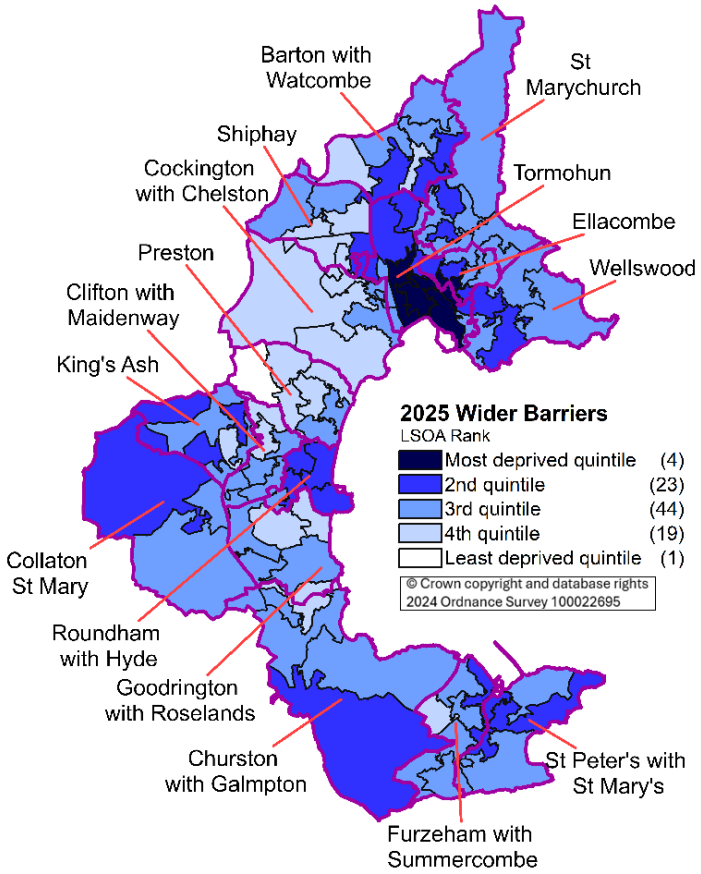
Fig 37: Rank of Outdoor Living Environment Deprivation
Source: English Indices of Deprivation 2025



Wider Barriers to Housing and Services sub-domain Deprivation

A sub domain of the Barriers to Housing and Services domain, this measures housing affordability, household overcrowding, homelessness, broadband speed and patient to GP ratio. Torbay has only 4 LSOAs ranked in the most deprived quintile- all are in central Torquay (Fig 38).

Fig 38: Rank of Wider Barriers to Housing and Services Deprivation
Source: English Indices of Deprivation 2025



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The other sub domain of the Barriers to Housing and Services domain, is Geographical Barriers, measuring travel time to key local services and amenities by walking, cycling and public transport. The 23 LSOAs in the 20% most deprived areas in England are outside of central urban areas, indicating that services and amenities are less geographically accessible outside of central areas. This does not include travel by car.

Further local information on the English Indices of Deprivation 2025 in Torbay:

- The English Indices of Deprivation 2025- Torbay

National datasets and reports can be found at:

- Ministry of Housing, Communities and Local Government: English indices of deprivation 2025 - GOV.UK

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Children & Young People's Education and Health

Overview

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

  Source: Department for Education – explore education statistics

- Rates of Torbay primary and secondary school pupils with an Education, Health & Care Plan are broadly in line with England. Previously higher than England.

  Source: Department for Education – explore education statistics

- MMR rates are higher than England but are below the 95% national target. HPV vaccination rates fell significantly during COVID-19, they have recovered but remain substantially below the 90% national target.

  Source: OHID – Public Health Profiles (Fingertips)

- Persistent absence from school has increased significantly since 2020/21 and is higher than England. School suspensions continue to rise.

  Source: Department for Education – explore education statistics

- High hospital admission rates for self-harm, alcohol, dental decay and eating disorders amongst our younger population. Rates for self-harm, alcohol and eating disorder admissions are much higher among females than males.

  Source: OHID – Public Health Profiles (Fingertips) and Hospital Episode Statistics

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Education

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

The percentage of children achieving a good level of development at the end of reception (aged 5 years) over the last 4 years among Torbay establishments is broadly in line with national levels. Significantly more females than males both locally and across England achieve a good level of development. Over the last 4 years, 72.3% of females in Torbay achieved a good level of development at the end of reception, for males it was 59.8%. For those who are eligible for free school meals (FSM), females were 54.2% and males 43.0%. Within Torbay and nationally, there are significant differences in those achieving a good level of development between all children and those who are eligible for free school meals, this shows how differences in social backgrounds can emerge early in life (Fig 39). The government has set a national target of 75% achieving a good level of development by 2028 Giving every child the best start in life - GOV.UK.

The percentage of children meeting the expected standard in reading, writing and mathematics at Key Stage 2 (age 7 to 11) over the last 4 years in Torbay schools (58.6%) is lower than England (60.3%). Looking at Torbay, there are significant differences in those meeting the expected standards between those who are eligible for free school meals (FSM) and those who are not eligible for free school meals. Those at Torbay state schools who were not eligible for free school meals were almost 50% more likely to reach the expected standard in reading, writing and mathematics (Fig 40).

Fig 39: Percentage of children achieving a good level of development at the end of Reception – Torbay

Source: Department for Education – explore education statistics

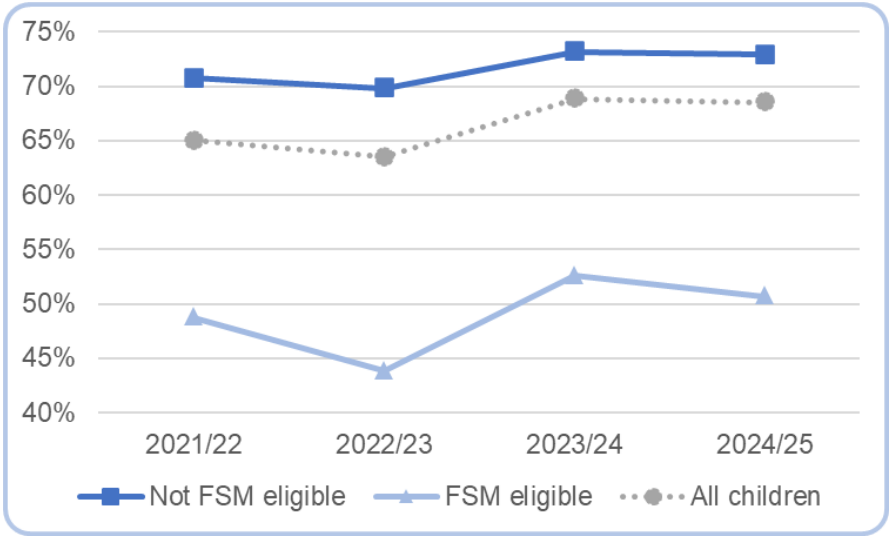
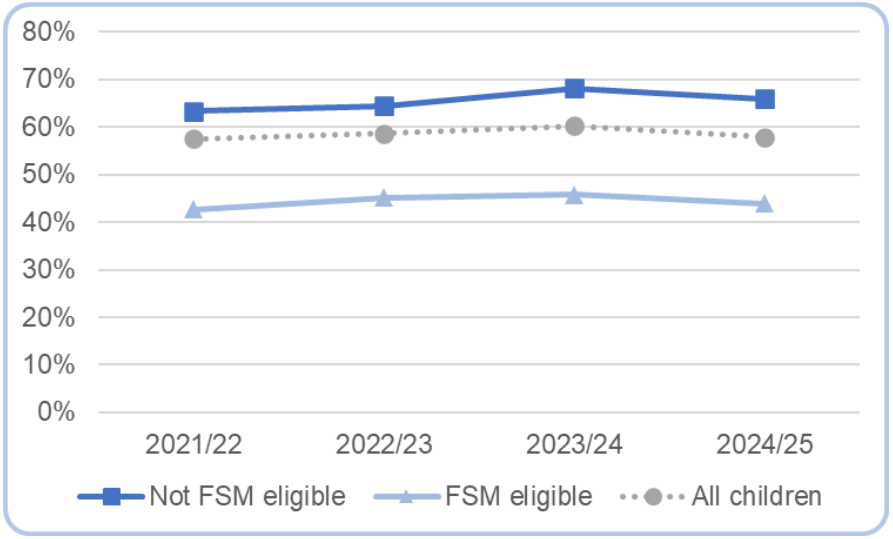


Fig 40: Percentage of children meeting expected standard in reading, writing and maths at Key Stage 2 – Torbay

Source: Department for Education – explore education statistics



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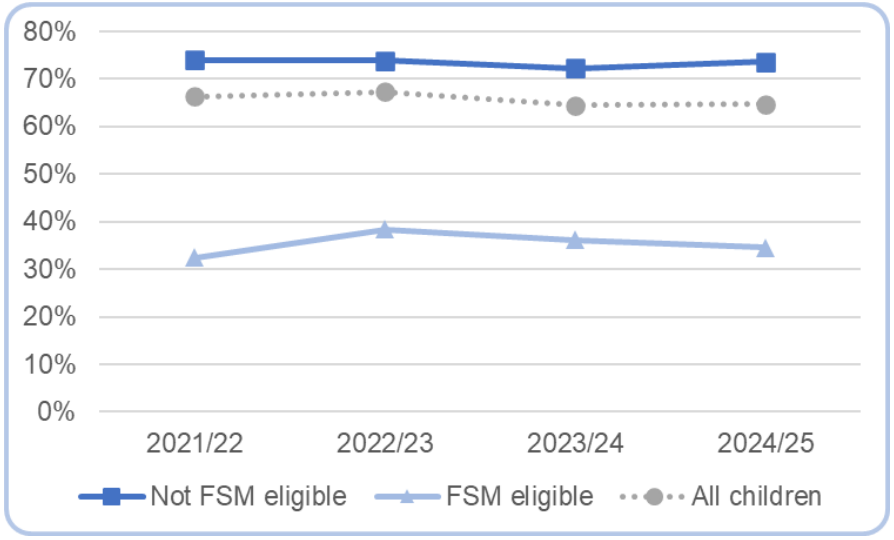
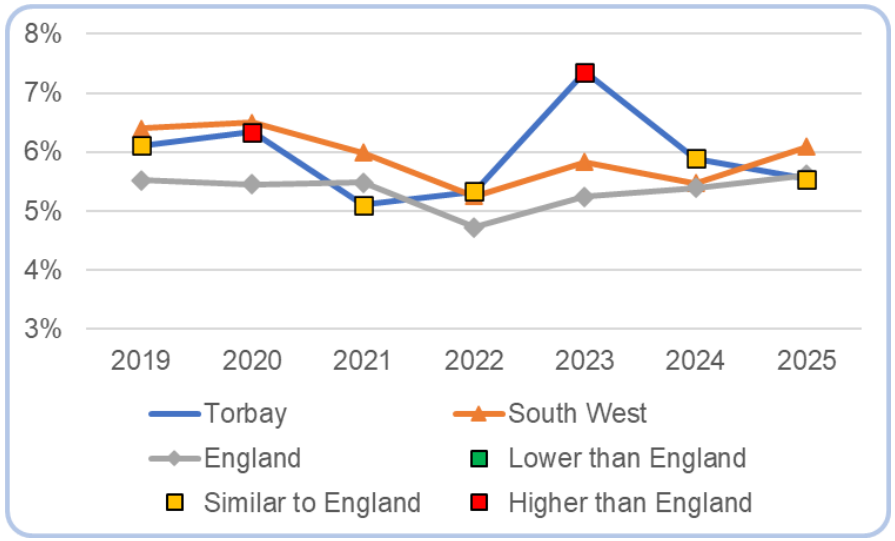
At GCSE level there is further evidence of the gap between those children who are eligible or not eligible for free school meals. Over the last 4 years, those at Torbay state schools who were not eligible for free school meals were twice as likely to achieve a 9-4 pass (equivalent of A to C) in English and Mathematics at GCSE (Fig 41). GCSE pass rates for Torbay schools are broadly in line with England. It should be noted that Torbay GCSE results can be boosted by pupils from outside Torbay attending local grammar schools.

Fig 41: Percentage of pupils achieving a 9-4 pass in English & Maths at GCSE – Torbay
Source: Department for Education – explore education statistics



Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood. It is required that all young people remain in education, employment or training until the end of the academic year in which they turn 17. For 2025, 175 (5.5%) of Torbay 16 to 17 year olds were classified as not being known to be in education, employment or training (NEET or Not known), this is significantly lower than 2 years ago and broadly in line with regional and national averages (Fig 42).

Fig 42: Percentage of 16 and 17 year olds not known to be in education, employment or training
Source: Department for Education – explore education statistics



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

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

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

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

Over the last decade, Torbay has broadly had a higher level of school children at its primary and secondary schools with diagnosed SEND than England although this gap has narrowed and for the last 4 years, rates are similar to England. It should be noted that rates do continue to rise. For Torbay primary and secondary schools, the number of children with an Education, Health & Care Plan (EHCP) is broadly in line with England for the first time in the period covered. For those with SEN Support, rates have been broadly in line with England since 2019/20 until the latest year when they were lower than England (Fig 43). Rates of recognised special educational needs are significantly higher in males and among those who are eligible for free school meals. Torbay Special Educational Needs JSNA

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

Fig 44 shows the percentage of school children who have recognised special educational needs with a primary need of social, emotional and mental health. Torbay is significantly higher than England throughout, although the gap has narrowed, with 4.3% of Torbay children having this need identified for 2024/25 (England 4.0%). Torbay is consistently higher than England for state primary school pupils with these needs.

Torbay had been significantly higher than England in the percentage of both boys and girls with these needs until the latest year when rates became similar to England. Close to double the number of boys than girls are identified with these needs in Torbay, the South West and England.

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

Rates of state school pupils with recognised special educational needs who have a primary need of Autistic Spectrum Disorder have risen significantly in Torbay and England since the middle of the last decade, rates in Torbay are broadly in line with England (Fig 45).

Fig 43: Percentage of state primary and secondary Torbay school pupils with EHCP and SEN Support
Source: Department for Education – explore education statistics

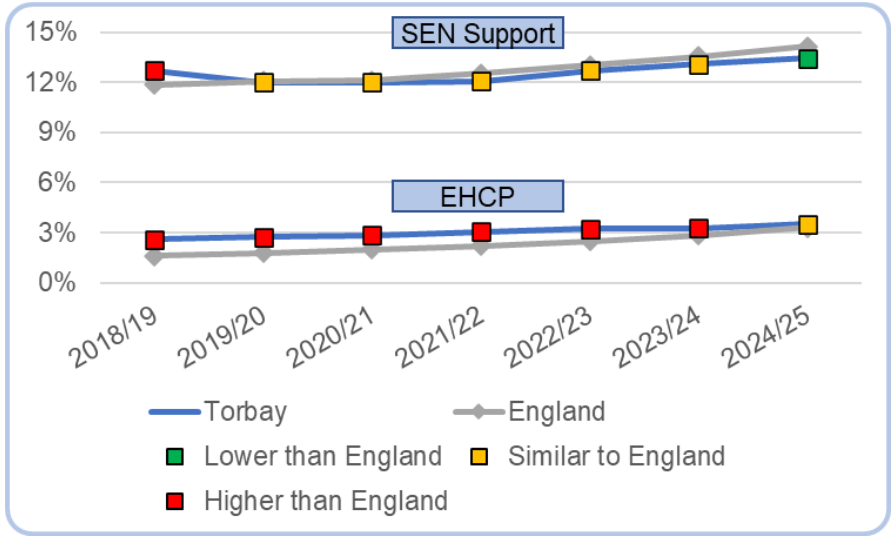

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Fig 44: Percentage of state Torbay school pupils with a primary need of Social, Emotional and Mental Health
Source: Fingertips

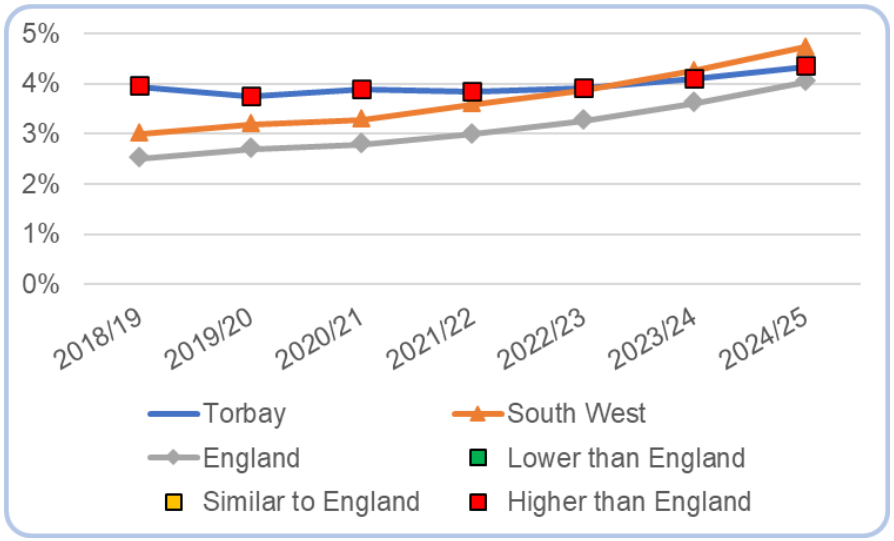
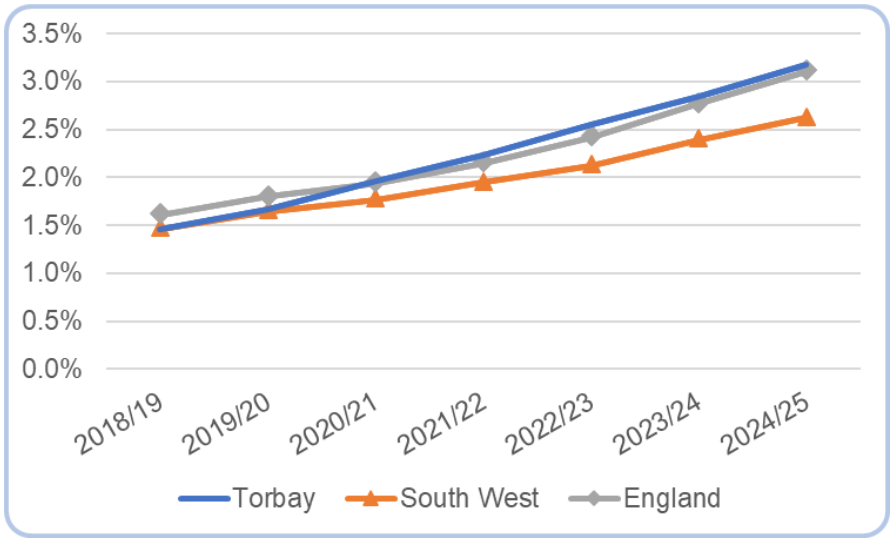


Fig 45: Percentage of state Torbay school pupils with a primary need of Autistic Spectrum Disorder
Source: Department for Education – explore education statistics



A pupil is identified as a persistent absentee if they miss 10% or more of their possible classes. Rates of persistent absenteeism are more common in secondary schools when compared to primary schools. Torbay secondary school pupils have consistently had higher rates of persistent absenteeism than the South West and England (Fig 47). Torbay primary school pupils have had higher rates of persistent absenteeism than the South West and England for the last 4 years (Fig 46). This data is based on the home location of the pupil and not the school. Rates of persistent absenteeism in 2021/22 doubled across England when compared to 2020/21, falling back slightly in 2022/23 and 2023/24 but are still far above historic levels.

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

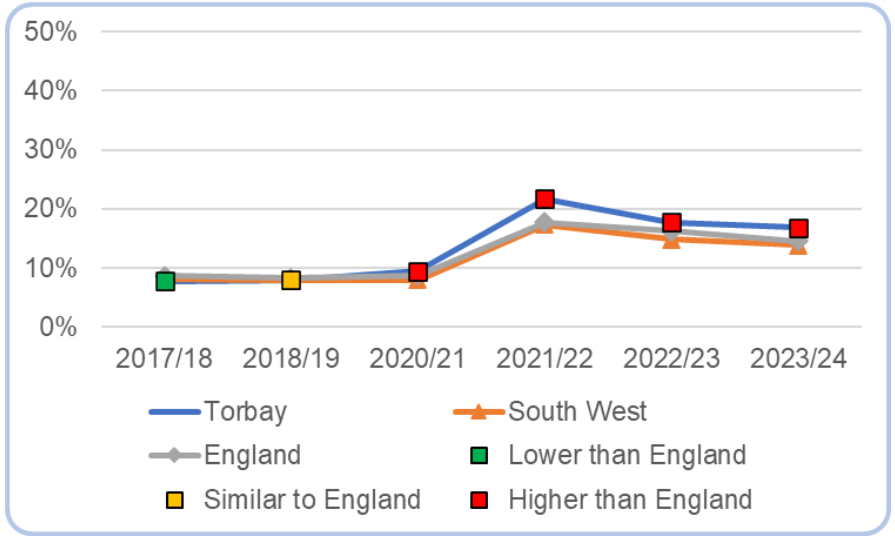


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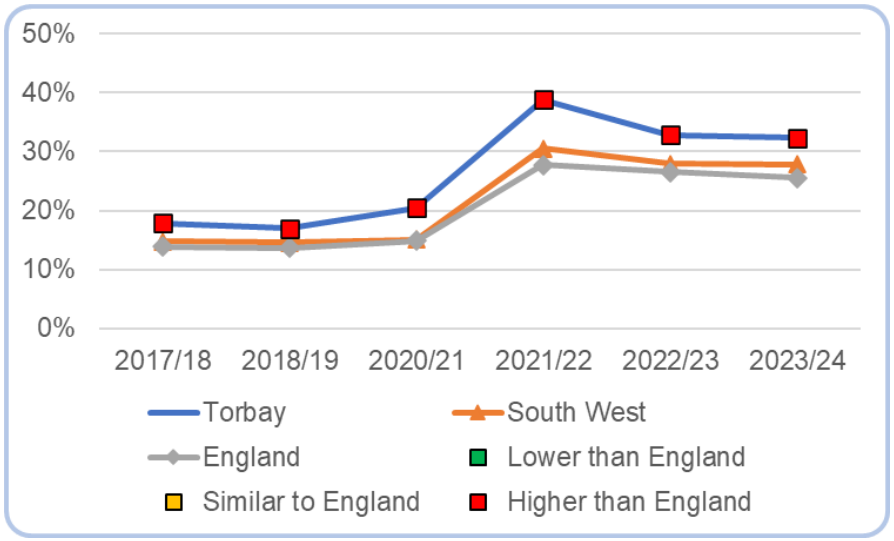
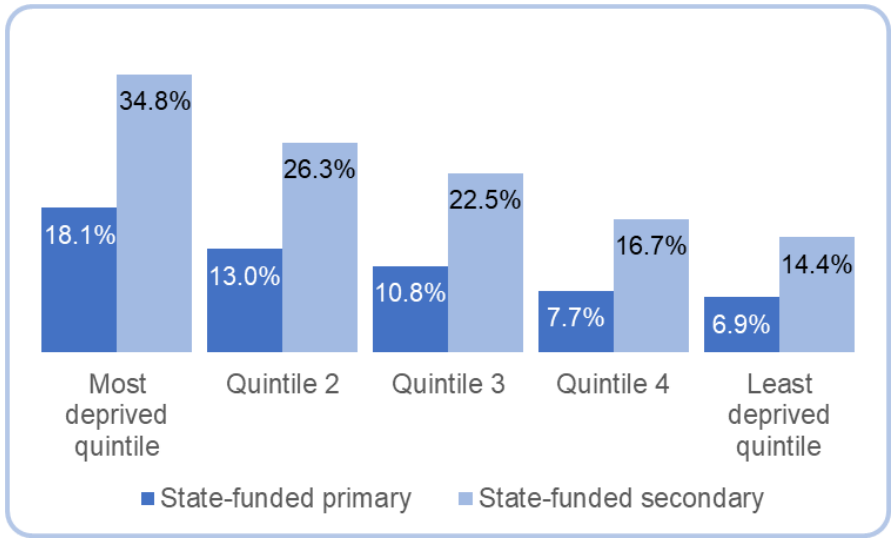
Fig 47: Percentage of state secondary school pupils classified as persistent absentees
Source: Department for Education – explore education statistics



Looking at the period 2017/18 to 2023/24, we find that those children who live in the most income deprived areas of Torbay have a much higher rate of persistent absenteeism than those who live in the least deprived areas. This has been a common pattern across primary and secondary education (Fig 48). This level of absenteeism will increase the chances of poor academic achievement and a limiting of choices for those children after compulsory education.

Fig 48: Percentage of state primary and secondary school pupils classified as persistent absentees – Torbay (2017/18 to 2023/24)
Source: Department for Education – explore education statistics



1,018 Torbay school pupils were suspended from school at least once during the year, this equates to 5.1% of the school population. For 2023/24, the rate was 1.4% at Torbay state primary schools, 8.6% at Torbay state secondary schools, and 12.5% in Torbay special schools. Torbay rates of suspensions (Fig 49) and permanent exclusions remain significantly higher than England.

For 2023/24, rates of suspension were more than 4 times higher for those with recognised special educational needs, more than 3 times higher for those who were eligible for free school meals and approximately 50% higher for males when compared to females. Suspension rates have risen significantly among females in Torbay schools during recent years.

There were 48 permanent exclusions from Torbay schools for 2023/24, these followed the pattern of suspensions, those with

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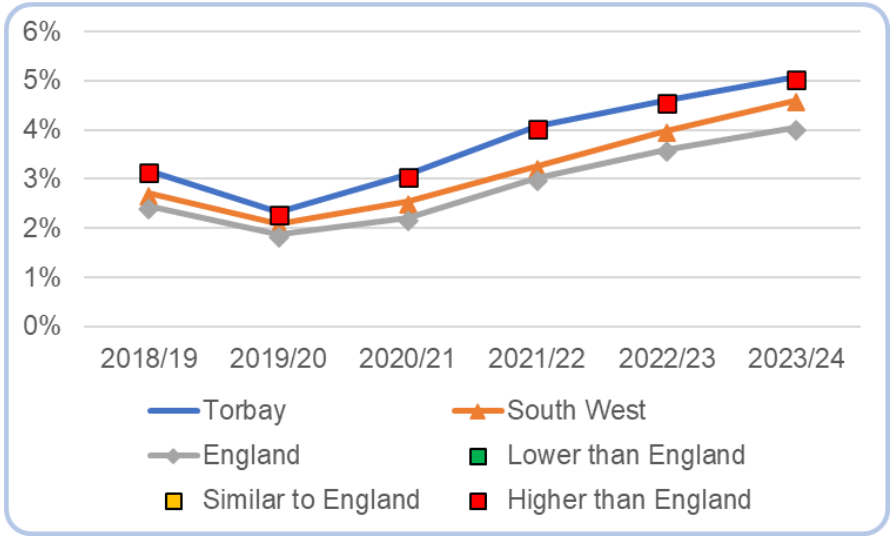
recognised special educational needs, eligibility for free school meals and males being much more likely to be permanently excluded.

Fig 49: Percentage of state school pupils suspended at least once during school year
Source: Department for Education – explore education statistics

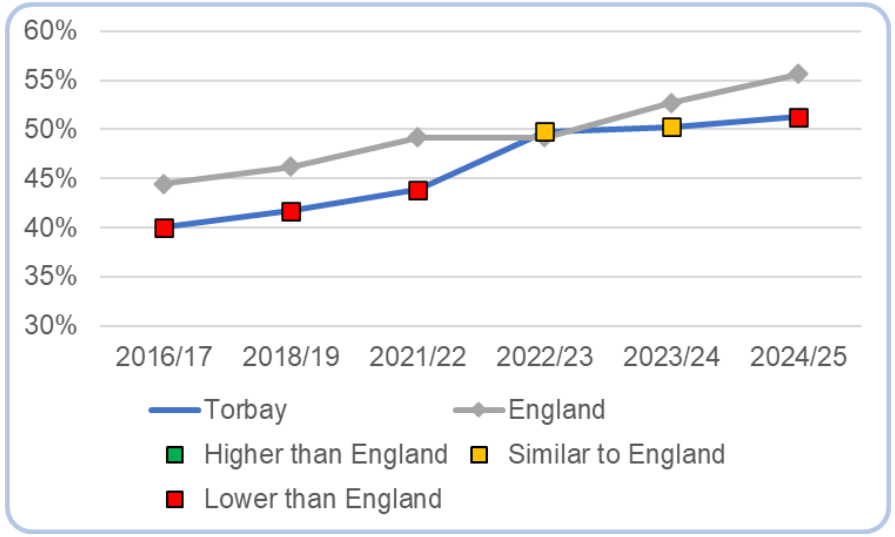


Health – Early Years

Smoking during pregnancy has significant and well-known detrimental effects for the growth of the baby and health of the mother. Rates for this data are no longer available at Torbay level, it is only published at Devon ICB level and therefore the data is of little use when attempting to identify Torbay rates and trends. Across England, mothers who live in the most deprived areas are much more likely to smoke at the time of delivery than those who live in the least deprived areas.

Breast milk provides the ideal nutrition for infants in the first stages of life. Data around breastfeeding at 6 to 8 weeks after birth is frequently not published for large numbers of geographical areas due to significant data issues. For 2024/25, 51% of Torbay mothers were breastfeeding at 6 to 8 weeks after birth, this was significantly lower than the England figure of 56%. Torbay figures have improved significantly from the middle of the last decade when rates were 40% (Fig 50). Please note the gaps in the data are due to data not being published for Torbay because of data quality issues. The South West is not included on the graph due to the number of South West local authorities who had data quality issues over the years.

Fig 50: Percentage of women breastfeeding at 6 to 8 weeks after birth
Source: OHID – Public Health Profiles (Fingertips)



Infant mortality relates to the number of infant deaths aged under 1 year, Torbay's rates are broadly in line with England over the 12 year period 2013 to 2024, there were 51 deaths of infants under 1 year during those 12 years. Looking at national data, infant mortality rates are more than twice as high in the most deprived areas of England when compared to the least deprived.

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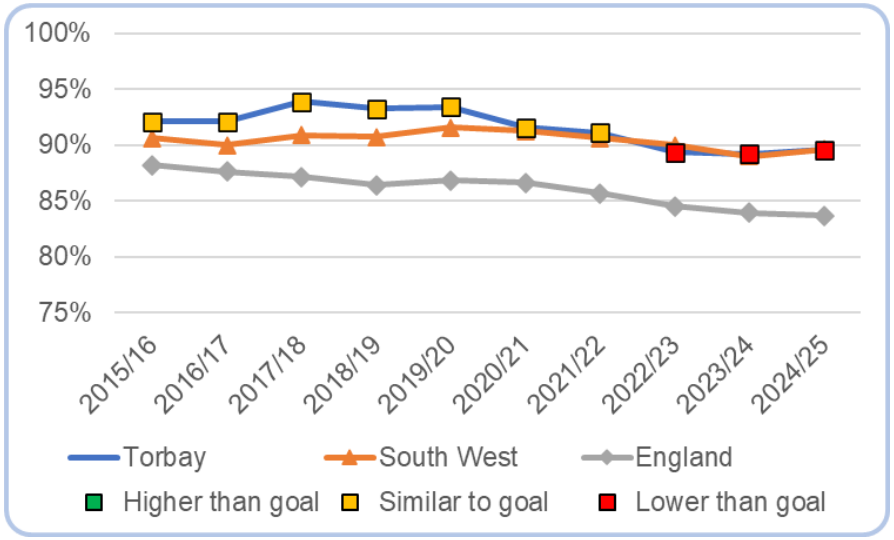
The MMR vaccine provides a safe and effective vaccine that protects against measles, mumps and rubella. The first MMR is usually given within a month of a child's 1st birthday with the second given between the 3rd and 5th birthday. The target (goal) rate for this vaccination is 95%. For receiving the second dose of MMR, Torbay had been rated as amber (between 90% and 95%) for 7 years but since 2022/23 it has been rated as red with a rate below 90% for the first time since 2014/15. Torbay currently has a rate of 89.5%; this is in line with the South West rate and significantly above the England rate of 83.7% (Fig 51). Torbay's rate of the first dose having been administered by the age of 2 is 91.2% for 2024/25 which is the lowest rate since 2010/11.

Fig 51: MMR vaccination coverage for 5 year olds (2 doses)
Source: OHID – Public Health Profiles (Fingertips)



Health – Weight and Activity

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

The prevalence of overweight (including obese) Reception aged children in Torbay for the last 3 years was approximately 1 in 4 (24.5%), with the exception of 1 time period this has been consistently higher than England (Fig 52). For Year 6 children in Torbay over the last 3 years, approximately 1 in 3 (35.3%) children were overweight or obese, this rate has been consistent with levels across England but significantly above South West levels (Fig 52). For Year 6 in Torbay over the last 3 years, more pupils were classified as obese (20.7%) than overweight (14.5%).

When looking at Torbay pupils in Year 6 during 2023/24 and 2024/25, a quarter of those pupils (313 pupils) who were at a healthy weight when measured 6 years ago as Reception aged children had moved to overweight (including obese) levels. 116 out of 384 pupils (30%) who were overweight (including obese) when in Reception had reached a healthy weight by Year 6 during 2023/24 and 2024/25.

Across England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2024/25, rates of overweight (including obese) children in the most deprived decile in England were 28.0% and 43.6% for Reception and Year 6 children respectively as opposed to 18.9% and 26.1% in the least deprived decile.

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Fig 52: Percentage of overweight (including obese) children
Source: OHID – Public Health Profiles (Fingertips)

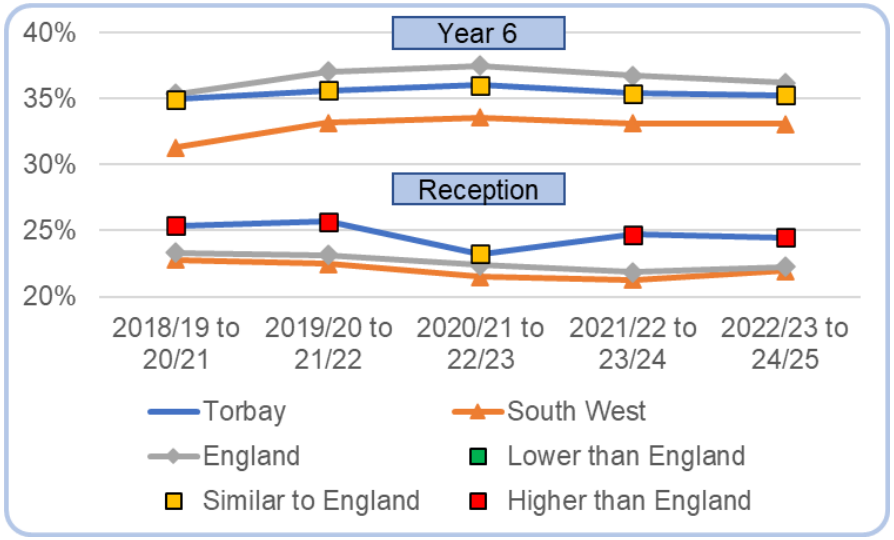
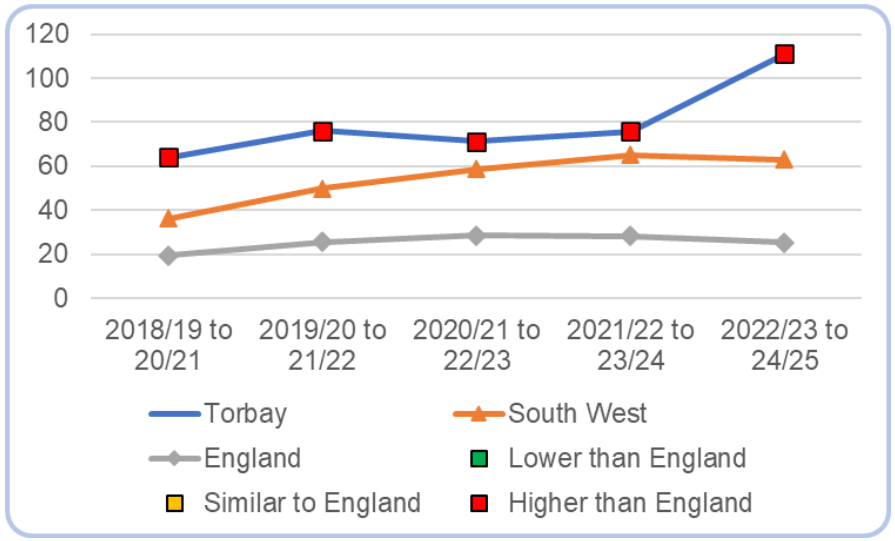


Fig 53: Rate of hospital admissions for those aged under 18 due to primary diagnosis of an eating disorder, per 100,000
Source: Hospital Episode Statistics



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Weight and dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia, bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. For the 7 years, 2018/19 to 2024/25, almost 3 out of every 4 admissions (74%) of Torbay residents where the primary diagnosis related to an eating disorder were people under the age of 18, this equates to 155 admissions, approximately 90% of these admissions were for females.

Torbay has consistently had a significantly higher rate of admissions than England over the last 7 years and has been on a broadly upward trend (Fig 53). Across England, 90% of admissions for those under 18 relate to females Note on Hospital admissions and SDEC – page 9.

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

One question relates to the daily level of sport and physical activity undertaken by children aged 5 to 16 over the last week. Children can be active (an average of 60+ minutes per day), fairly active (30 to 59 minutes) or less active (less than 30 minutes). Torbay respondents show under 1 in 2 as active and just over 1 in 4 as less active during 2022/23 (Fig 54). These figures are broadly in line with England but there is a significant amount of volatility from year to year at a local level. Data for 2023/24 and 2024/25 has been released but Torbay data was supressed, this was due to a low response rate which made the data unreliable.

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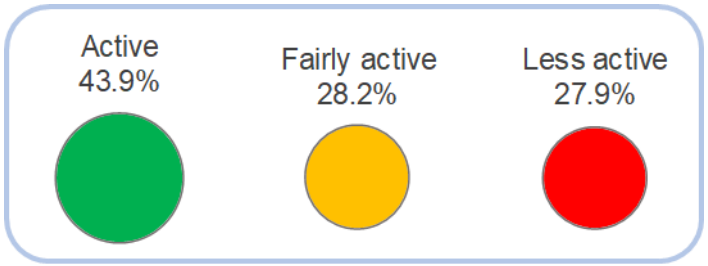
Fig 54: Percentage of children aged 5 to 16 by level of physical activity – Torbay (2022/23)
Source: Active Lives Children's Survey



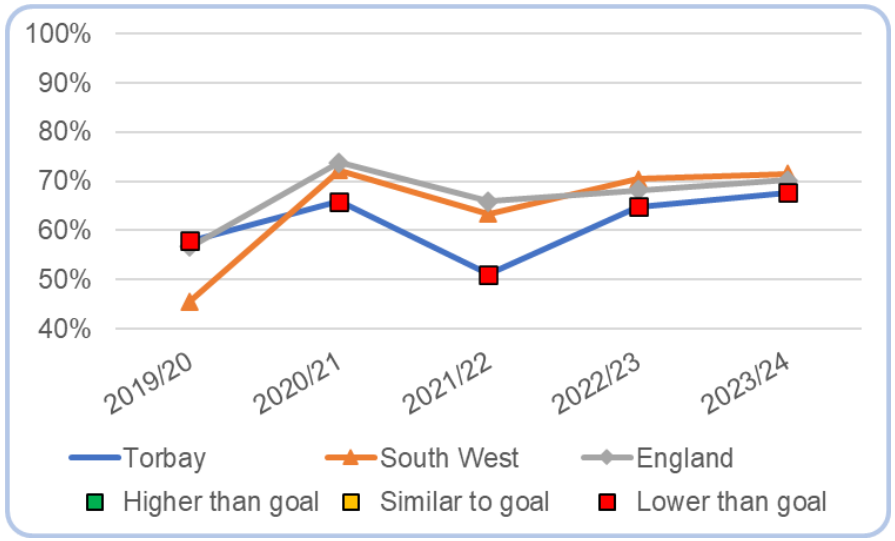
Health – Sexual Health

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

An immunisation programme is currently offered to 12 to 13 year olds, initially for females but extended to males from 2019. From September 2023, the programme changed from two-doses to one-dose. This is because the Joint Committee on Vaccination and Immunisation advised that a one-dose HPV vaccine schedule was shown to be just as effective as a two-dose schedule. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 academic year across England. Across England, rates have since risen, but rates are well below the goal of 90% vaccination, Torbay's rate is 67.7% for 2023/24 (England - 70.3%, South West - 71.5%).

Rates across England are consistently higher for females when compared to males. For Torbay during 2023/24, the female rate of immunisation was 71.6% as opposed to 64.0% for males.

Fig 55: Percentage receiving the HPV vaccine for one dose, aged 12 to 13 years
Source: OHID – Public Health Profiles (Fingertips)



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

The chlamydia detection rate (Fig 56) is a measure of control activity (i.e. screening) in the population, not morbidity. A higher detection rate indicates higher levels of screening. The detection rate reduced in Torbay over the last decade although 2020 and 2021 will have been affected by the COVID-19 pandemic. The detection rate among 15 to 24 year olds in Torbay more than doubled during 2022 compared to the previous year and the rise in detection was much higher than the South West and England. The rate dropped for 2023 and again in 2024 but remains significantly higher at 1,939 per 100,000 when compared to 1,250 in England. Females have a

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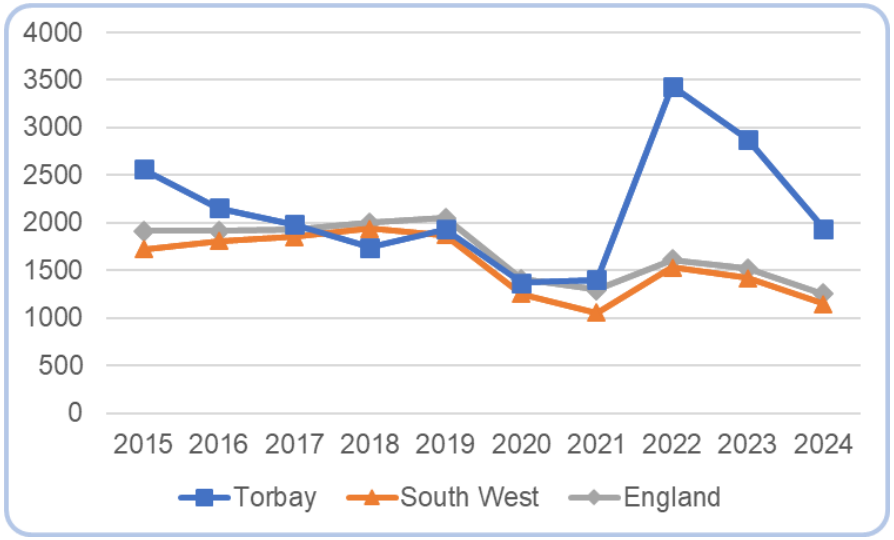
significantly higher detection rate than males, as is the case in England.

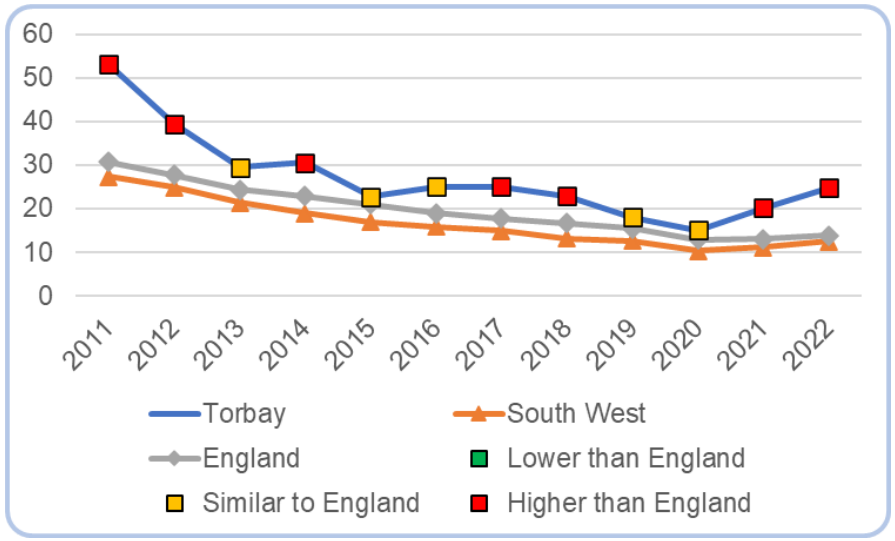
Fig 56: Chlamydia detection rate, aged 15 to 24, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



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

Under 18s conception rates (Fig 57) include pregnancies that result in one or more live or still births or a legal abortion. The trend over the 2010s was of a falling teenage pregnancy rate. For 2021 and 2022 there has been a flattening across England and a rise in Torbay. Rates are significantly higher in Torbay at 24.8 per 1,000 in 2022 compared to 13.9 in England. The majority of under 18s conceptions are in 16 and 17 year olds, under 16s represented 12 of the 53 Torbay under 18s conceptions in 2022.

Fig 57: Under 18s conception rate per 1,000 female population aged 15 to 17
Source: OHID – Public Health Profiles (Fingertips)



Health – Self-harm

Hospital admissions as a result of self-harm among 10 to 24 year olds in Torbay have been consistently significantly higher than England. It should be noted that because of the numbers involved (averaging 160 admissions per year over the last decade in Torbay), it is possible for a handful of individuals with significant levels of admissions to skew the figures. However, the pattern of Torbay having significantly higher rates than England is consistent (Fig 58). Rates have been broadly falling in Torbay over the last decade.

There are very large differences between females and males. Across England, rates are consistently 3 to 4 times higher for females than males. This is also shown in Torbay where the number of admissions for females is almost 5 times higher than males over the 5 year period 2020/21 to 2024/25 (Fig 59) Note on Hospital admissions and SDEC – page 9.

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Fig 58: Rate of hospital admissions as a result of self-harm, aged 10 to 24, per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2024/25

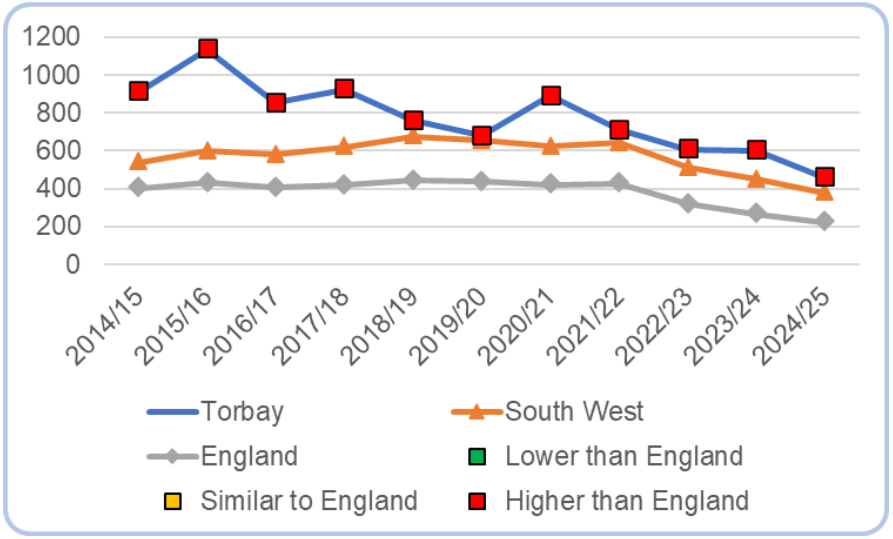
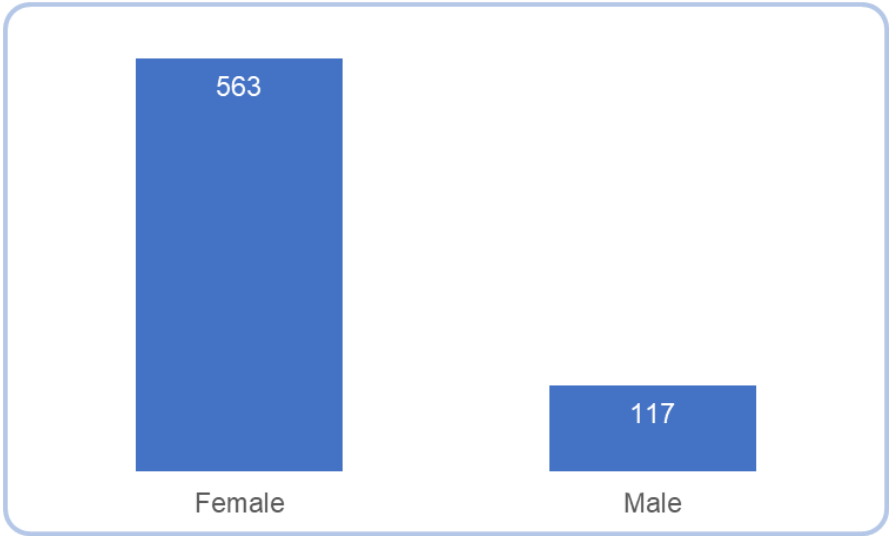


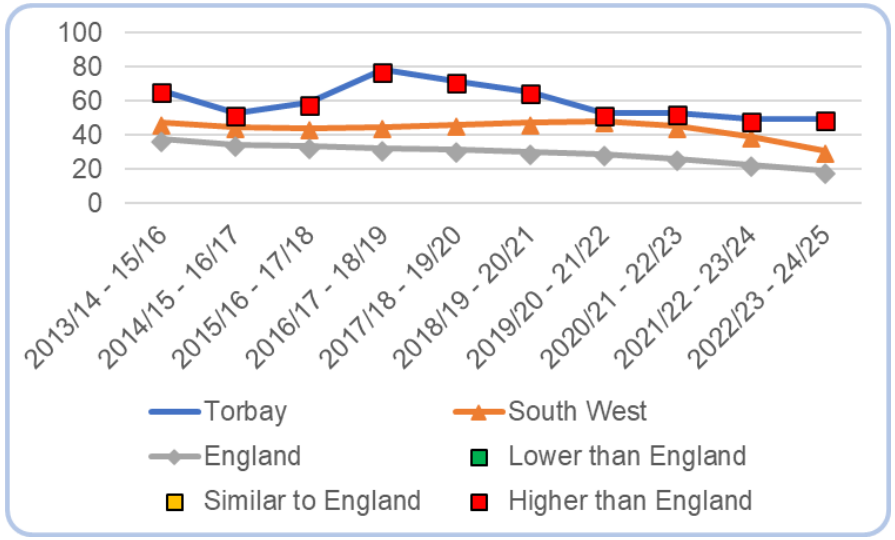
Fig 59: Hospital admissions as a result of self-harm, aged 10 to 24 – Torbay (2020/21 to 2024/25)
Source: Hospital Episode Statistics



Health – Alcohol, Tobacco, Dental

The rate of admissions of under 18s for alcohol specific conditions within Torbay has consistently been above South West and England rates (Fig 60). An alcohol specific condition is a hospital diagnosis code that is wholly attributable to alcohol. There have been falls from 82 admissions for 2015/16 to 2019/20 to 68 admissions for 2020/21 to 2024/25. Admissions have fallen between the two periods among females and stayed the same among males although females have approximately twice the level of admissions when compared to males over the last 5 years Note on Hospital admissions and SDEC – page 9.

Fig 60: Hospital admissions for alcohol-specific conditions, per 100,000 population aged under 18
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2022/23 - 24/25



The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular tobacco smokers. For 2023 across England, 2.2% said that they were regular smokers which compares to 21% when

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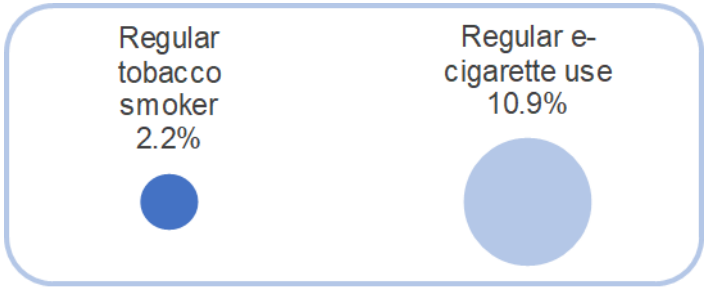
the survey was undertaken in 2004. In the 2023 survey, regular smoking was broadly similar amongst 15 year old boys and girls. Regular tobacco smoking is now significantly less common among 15 year olds than e-cigarettes (Fig 61).

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

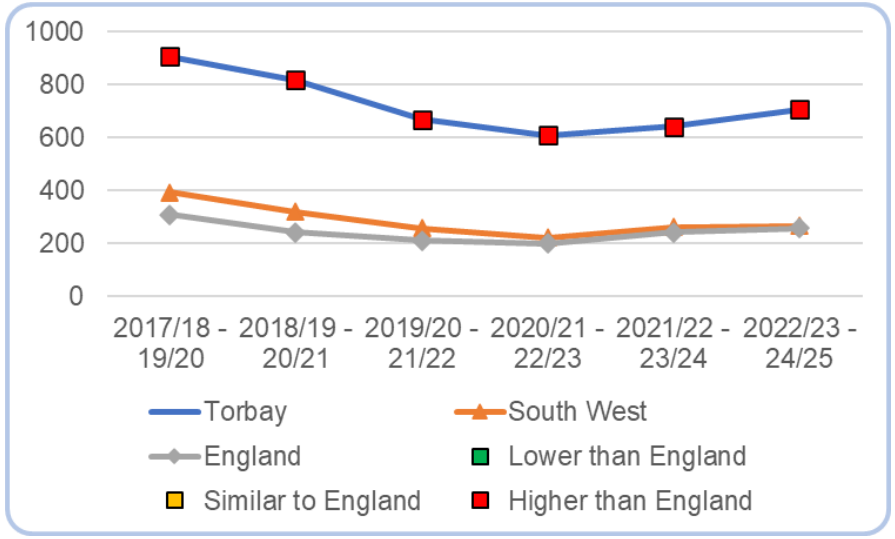
The SDD survey for 2023 indicates that 11% of 15 year olds are a regular user of e-cigarettes (Boys – 9%, Girls – 12%). 58% of 15 year olds said they had never used an e-cigarette (Boys – 62%, Girls – 55%). When looking at all ages in the SDD survey from 11 to 15 years, e-cigarette use (ever used an e-cigarette) has remained static between 2014 and 2023 at between 22% to 25%, for boys the rate has been broadly static when you compare 2014 to 2023, for girls it has risen from 20% to 27% over that time period.

Fig 61: Percentage of 15 year olds who regularly smoke tobacco or regularly use e-cigarettes – England (2023)
Source: SDD – NHS Digital



Hospital admissions for extractions due to dental caries (tooth decay) in Torbay for 0 to 17 year olds have consistently been more than double the South West and England average (Fig 62). The consistently high rates of hospital admissions for dental caries could indicate an issue with some children and young people not accessing high street dental services or being unable to access them quickly when emergencies arise. The gap is equally pronounced among those children aged 0 to 5. Across England, there are significantly higher rates of admissions for extractions due to dental caries in more deprived areas Note on Hospital admissions and SDEC – page 9.

Fig 62: Rate of hospital tooth extractions due to dental caries, aged 17 and under, per 100,000
Source: Hospital Episode Statistics



Health – Asthma, Epilepsy, Diabetes

The number of emergency admissions for asthma among those aged 18 and under is approximately 30 a year for Torbay with rates being broadly in line with England over the last 4 years. At a Torbay level, numbers are too small to draw a definitive relationship between the

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level of admissions and deprivation. However, at a national level rates of emergency admissions for asthma for those aged 18 and under are significantly higher in areas of higher deprivation Note on Hospital admissions and SDEC – page 9.

Over the 5 year period 2020/21 to 2024/25, the number of emergency admissions for epilepsy among those aged 18 and under is approximately 30 per year. This has been significantly higher in Torbay when compared to England over the last 5 years although this gap has closed over the last 3 years due to falls in Torbay emergency admissions. Note on Hospital admissions and SDEC – page 9.

Over the 5 year period 2020/21 to 2024/25, the number of emergency admissions for insulin-dependent diabetes among those aged 18 and under is approximately 20 per year. This has been significantly higher in Torbay when compared to England. Note on Hospital admissions and SDEC – page 9.

Health – Emergency admissions, Emergency department (A&E) attendances

The number of emergency hospital admissions for Torbay children during the period 2022/23 to 2024/25 has been significantly higher than England (Fig 63). Differences have been particularly significant in the youngest age groups. The differences between Torbay and England have grown significantly when compared to looking at the period 2017/18 to 2024/25, England's rate is almost identical when comparing the 2 periods whereas Torbay's has increased significantly.

When looking at income deprivation affecting children in Torbay, there is little difference in the rates of emergency admissions between more or less deprived areas in the younger age groups. However, there is a pattern when looking at the 10 to 17 year age group with those children in the most deprived areas of Torbay having a significantly higher level of admissions than other areas of Torbay Note on Hospital admissions and SDEC – page 9.

Fig 63: Emergency Hospital admissions, aged 17 and under, per 100,000 – Torbay (2022/23 to 2024/25)
Source: Hospital Episode Statistics

Age Group	Compared to England
Under 1	37% higher (Significant)
1 to 4	30% higher (Significant)
5 to 9	9% higher (Significant)
10 to 17	19% higher (Significant)
17 and under	17% higher (Significant)

The number of Emergency department (A&E) attendances for Torbay children during the period 2022/23 to 2024/25 has been significantly lower than England (Fig 64). Differences have been more significant in the youngest age groups.

When looking at income deprivation affecting children in Torbay, patterns are similar to emergency hospital admissions. There is little difference in the rate of emergency department attendances between more or less deprived areas in the younger age groups. However, there is a pattern when looking at the 10 to 17 year age group with those children in the most deprived areas of Torbay having a significantly higher level of attendances than other areas of Torbay.

There is further information on Emergency hospital attendances relating to the whole Torbay population at Emergency department attendances- Torbay residents, October 2025 .

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Fig 64: Emergency department (A&E) attendances, aged 17 and under, per 100,000 – Torbay (2022/23 to 2024/25)
Source: Hospital Episode Statistics

Age Group	Compared to England
Under 1	15% lower (Significant)
1 to 4	13% lower (Significant)
5 to 9	11% lower (Significant)
10 to 17	5% higher (Significant)
17 and under	9% lower (Significant)

The following needs assessments contain further detailed information:

2024 Torbay Health Needs Assessment for Children and Young People

2024 Torbay Health Needs Assessment for Children and Young People (Part 2)

Torbay Special Educational Needs JSNA

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year) *	Direction of travel compared to previous period
Children meeting expected standard in reading, writing and maths at Key Stage 2 (2024/25)	%	58.0%	60.8%	58.9%	61.2%	🔴	↓
16 and 17 year olds not known to be in education, employment or training (2025)	%	5.5%	5.8%	6.1%	5.6%	🟡	↓
Children with SEN - State primary & secondary schools (2024/25)	%	16.9%	18.9%	18.3%	17.5%	🟡	↑
Persistent absence - Primary & secondary schools (2023/24)	%	23.9%	21.5%	20.3%	19.6%	🔴	↓
MMR vaccination coverage for 5 year olds (2 doses) (2024/25) *	%	89.5%	89.2%	89.6%	83.7%	🔴	↑
Overweight (inc obese) children - Reception and Year 6 (2022/23 - 24/25)	%	30.4%	31.9%	27.8%	29.5%	🟡	↓
1 dose HPV coverage - aged 12 to 13 (2023/24) *	%	67.7%	72.9%	71.5%	70.3%	🔴	↑
Under 18s conception rate (2022)	Rate per 1,000	24.8	19.0	12.4	13.9	🔴	↑
Hospital admissions as a result of self-harm, aged 10 to 24 (2024/25)	DSR per 100,000	458.6	265.5	375.9	223.2	🔴	↓

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

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Children's Social Care

Overview

- Rate of Cared for Children remains significantly higher than England, but rates have fallen from peak of 2019.

Source: Department for Education – Children looked after in England

- Although numbers have fallen, the rate of referrals remains significantly higher than England and our statistical neighbours.

Source: Department for Education – Characteristics of children in need

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

Source: Department for Education – Characteristics of children in need

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

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

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

Source: Department for Education – Characteristics of children in need

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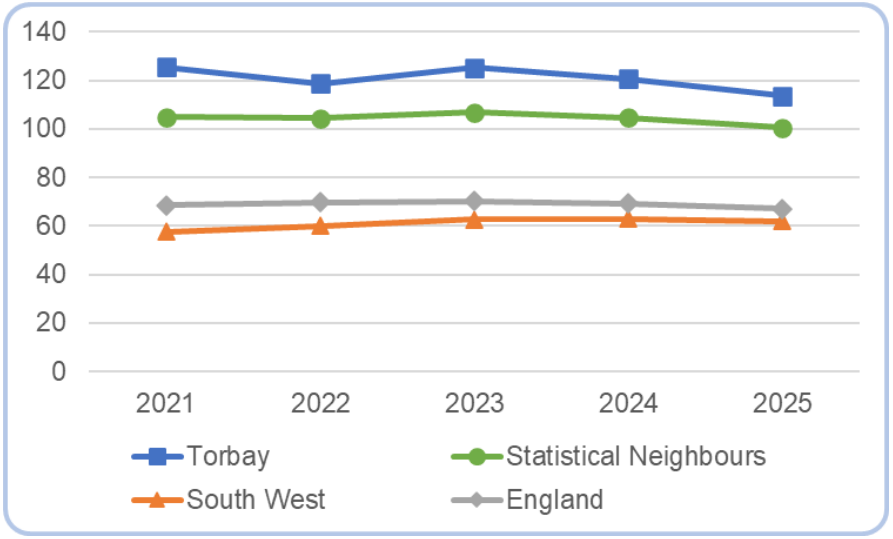
Cared for Children

Children's Social Care come into contact with the most vulnerable children in our society, the most serious cases are 'Cared for Children' (often referred to as 'Children looked after' in national releases) who are in the care of the local authority, these children may be living with foster parents, in residential children's homes or in residential schools/secure units. The number of cared for children within Torbay has fallen from its peak but remains higher than those of Torbay statistical neighbours (those local authorities who are used as comparators for Torbay), and much higher than the South West and England (Fig 65). Over the last 5 years (at 31 March), an average of 303 children were 'cared for' annually, approximately 90 children started to be 'cared for' during each year. Over the last 5 years, 63% of children who were 'cared for' by Torbay (at 31 March) were aged 10 and over.

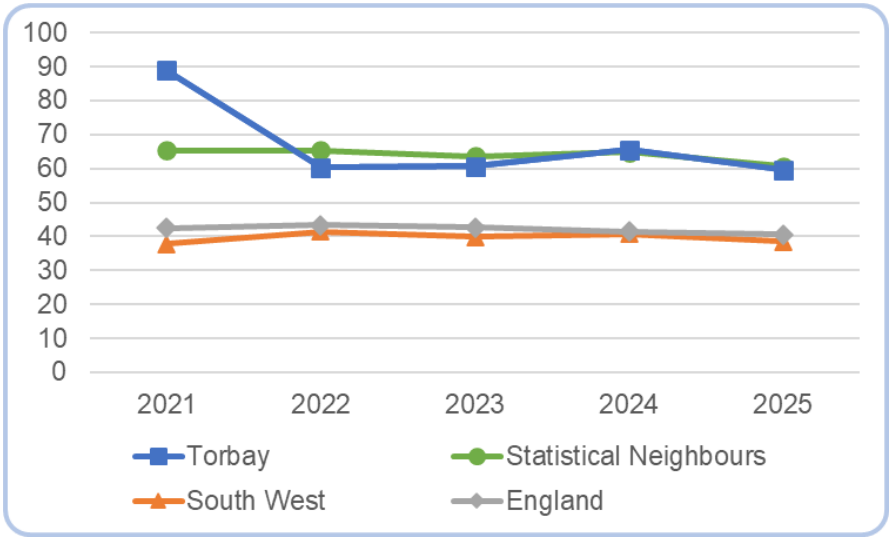
Fig 65: Rate of Cared for Children per 10,000 at 31 March
Source: Department for Education – Children looked after in England



Children who are the subject of a Child Protection Plan

The level of cases below that of 'Cared for Children' relate to children who are the subject of a child protection plan. The plan is drawn up by the local authority and sets out how a child can be kept safe, how things can be made better for the family and what support they will need. Numbers have consistently been significantly higher than the South West and England over the last 5 years. For the last 4 years, rates have been similar to Torbay's statistical neighbours (Fig 66).

Fig 66: Rate of children who are subject to a child protection plan per 10,000 at 31 March
Source: Department for Education – Characteristics of children in need



Children in Need

A 'Child in Need' is a child who is thought to need extra help from children's services if they are to achieve or maintain a 'reasonable standard of health or development', this includes all disabled children. Numbers of those who are a 'Child in Need' have been significantly higher over the last 5 years when compared to our statistical neighbours, South West and England (Fig 67).

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Fig 67: Rate of Children in Need per 10,000 at 31 March
Source: Department for Education – Characteristics of children in need

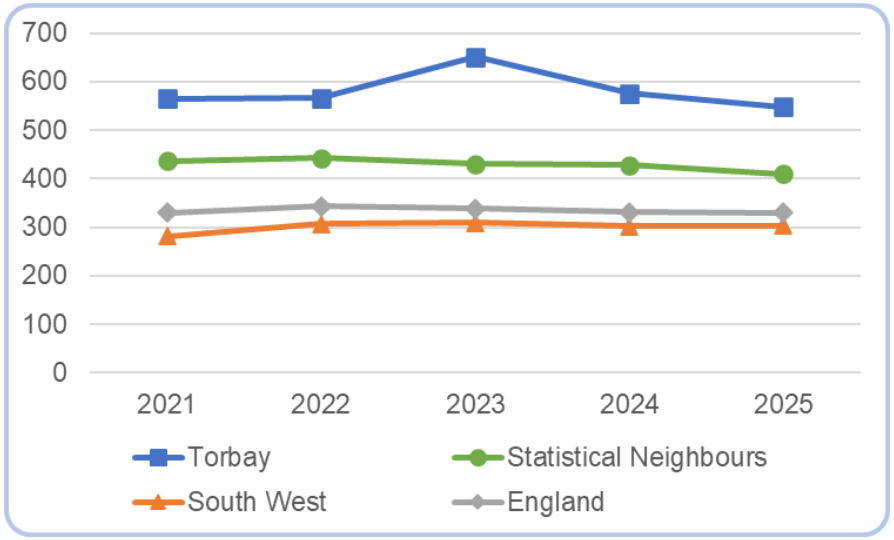
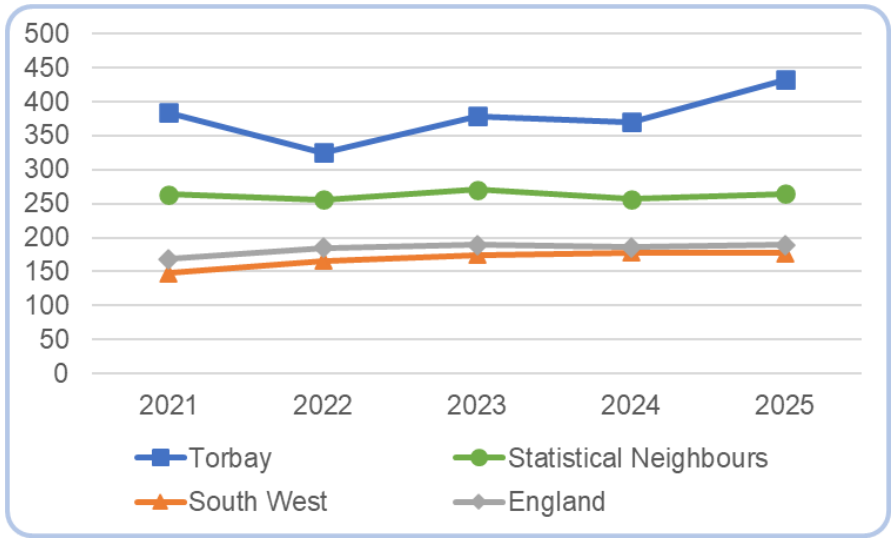


Fig 68: Rate of Section 47 referrals per 10,000 which started during the year
Source: Department for Education – Characteristics of children in need



Section 47 referrals

A Section 47 enquiry is carried out to ascertain if any and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. Rates of Section 47 referrals have consistently been significantly higher than our statistical comparators, South West and England over the last 5 years (Fig 68).

Fig 69: Rate of referrals per 10,000
Source: Department for Education – Characteristics of children in need

Referrals to Children's Social Care

The rate of referrals to children's social care in Torbay continues to be high although they have fallen from their 2021 peak. They remain significantly higher than statistical neighbours, South West and England (Fig 69).

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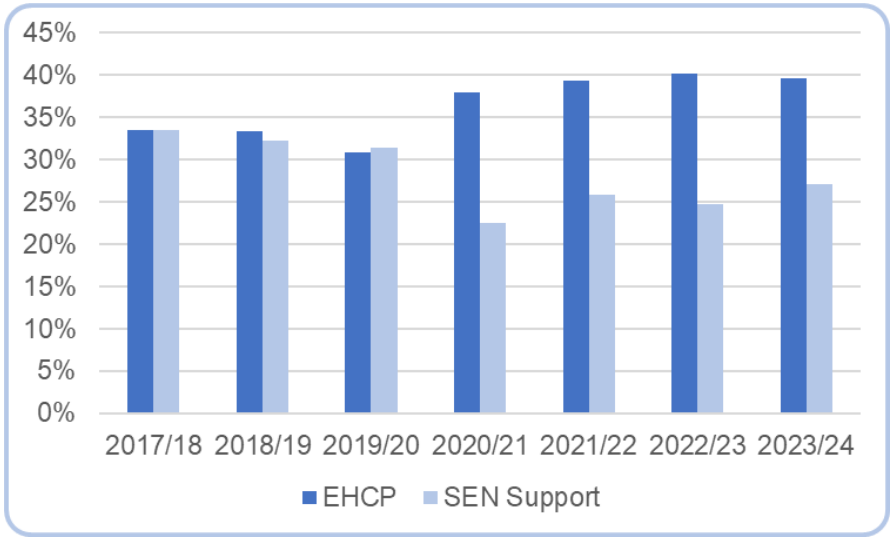
Cared for Children with Special Educational Needs

Over the period 2017/18 to 2023/24, almost 2 in 3 cared for children who were school pupils in Torbay had recognised special educational needs. Until the last 4 years these were evenly spread between those who required an 'Education, Health & Care Plan (EHCP)' and those who required 'SEN Support'. An EHCP is a legal document which outlines the needs and additional help that will be required for a child, SEN Support is a lower level of support provided by mainstream schools for those with recognised special educational needs.

Since 2020/21, the proportion of cared for children with an EHCP has risen significantly from the 3 years previous whilst the proportion of SEN Support has fallen (Fig 70). Over the period, 2017/18 to 2023/24, the proportion of cared for children with an EHCP is significantly higher in Torbay than England.

Fig 70: Percentage of Cared for Children with an EHCP or SEN Support - Torbay

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



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

A 9-4 pass at GCSE is the broad equivalent of an A to C pass. Data for children in need at a Torbay level was not available for 2024. For the latest year available at a Torbay level (2023), the percentage of children in need receiving a 9-4 pass in English & Maths was 17.2%, across all Torbay pupils the rate was 67.4%, it should be noted that pass rates for this group fluctuate significantly from year to year due to the relatively low numbers involved. Since 2020, rates for Torbay have fallen and are below statistical neighbours, South West and England, they had been higher in 2 of the previous 3 years (Fig 71). Rates across the last 7 years have always been less than half those of the whole school population (Fig 72), a similar pattern is usually seen when looking at the Key Stage 2 results of 11 year olds in relation to meeting the expected standard in reading, writing and maths. The difference has narrowed although still substantial for the last 2 years, the small numbers involved cause volatility in the rates.

Fig 71: Percentage of Children in Need achieving a 9-4 pass in English & Maths (No Torbay data for 2024)

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

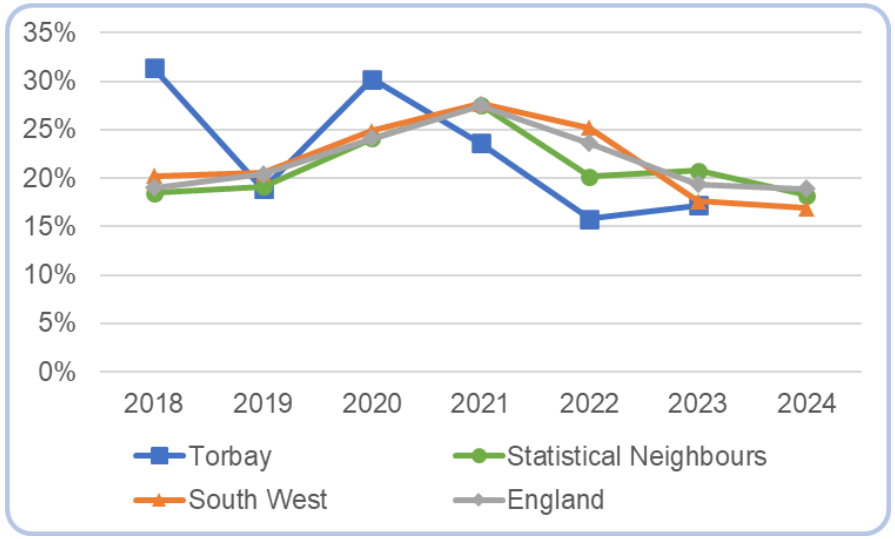


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Fig 72: Percentage of Torbay children achieving a 9-4 pass in English and Maths (Children in Need and All pupils) – No Torbay data for 2024

Source: LAIT

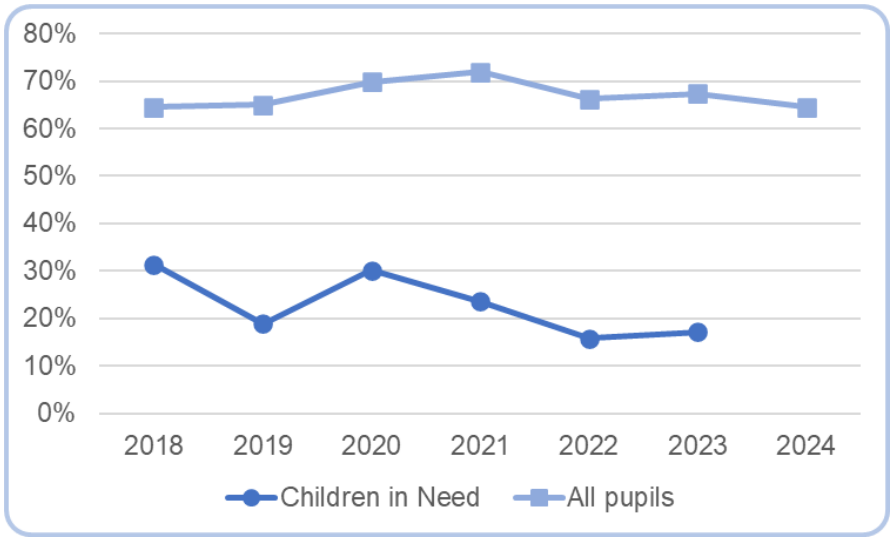


Fig 73: Percentage of Children is Need who were persistently absent (No data for 2019/20)

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

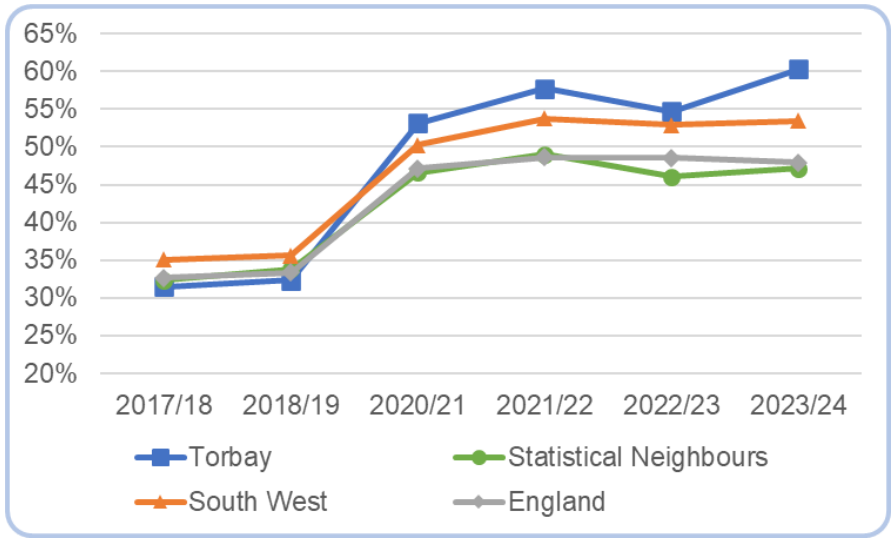
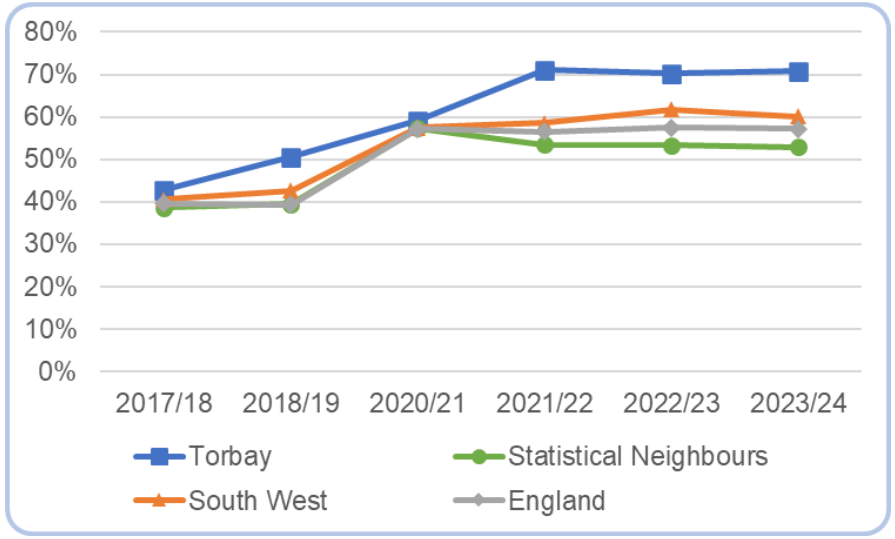


Fig 74: Percentage of those with a Child Protection Plan who were persistently absent (No data for 2019/20)

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



Persistent Absentees – Children in Need & Child Protection Plans

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

Rates of persistent absence among Children in Need have risen significantly since 2018/19. In Torbay, persistent absence has almost doubled from 31.5% in 2017/18 to 60.3% in 2023/24. There have also been substantial rises across England (Fig 73). During 2023/24, the percentage of those with a Child Protection Plan who were persistently absent was 70.8% which maintains the high rates of the previous 2 years (Fig 74).

Among the general state school population, persistent absence in Torbay was 24.2% for 2023/24.

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Children in Need Assessment Factors

When a child receives an assessment, a number of factors are often identified at the end of that assessment. During the period 2020/21 to 2024/25 there were 8,706 episodes with an assessment factor for Torbay children and each episode can have multiple factors recorded. The 10 most commonly recorded factors are shown below - the factors can relate to the parent/carer or child (Fig 75).

Fig 75: 10 most common factors in Children in Need assessment for Torbay (2020/21 to 2024/25)
Source: Department for Education – Characteristics of children in need

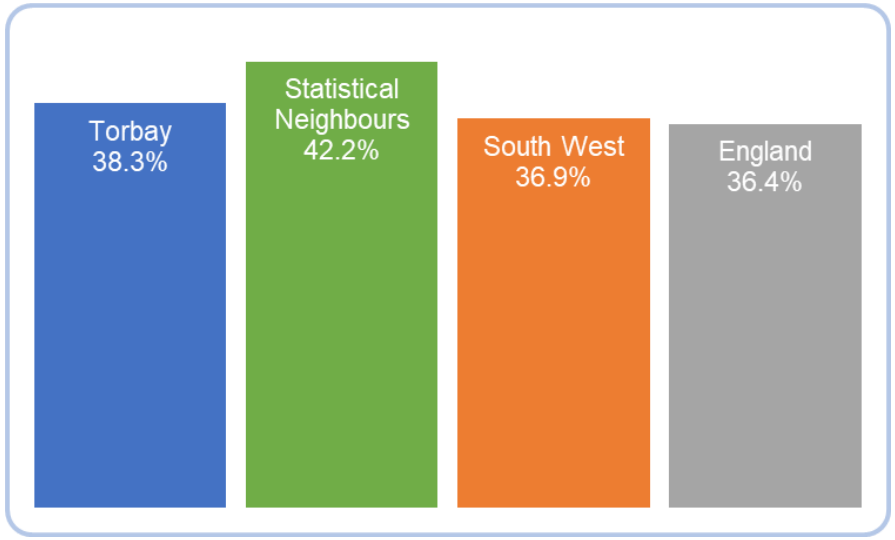
Factor	How often recorded
Mental Health	6,787
Domestic Abuse	5,483
Drug Misuse	2,716
Alcohol Misuse	2,710
Emotional Abuse	2,239
Neglect	2,012
Learning Disability	1,755
Physical Disability	1,457
Physical Abuse	1,109
Socially unacceptable behaviour	859

Care Leavers

The care leavers mentioned below were 'cared for children' for at least 13 weeks after their 14th birthday, including some time after their 16th birthday.

The percentage of care leavers aged 17 to 21 years not in education, employment or training is much higher than the rate in the general population. For the period 2020/21 to 2024/25, 38.3% of Torbay care leavers were not known to be in education, employment or training which is broadly in line with national rates (Fig 76). Rates are higher for those aged 19 to 21 years when compared to those aged 17 to 18 years.

Fig 76: Percentage of care leavers aged 17 to 21 not known to be in education, employment or training (2020/21 to 2024/25)
Source: Department for Education – Children looked after in England



Over the period 2020/21 to 2024/25, approximately 6 in 7 (84.6%) of Torbay care leavers aged 17 to 21 were deemed to have 'suitable' accommodation, this is significantly lower than the England rate of 88.7%. However, it should be noted that there are no hard and fast

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rules on whether accommodation is deemed 'suitable'; the decision made by local authorities when reporting accommodation information will depend on the circumstances of the individual case (Department for Education).

Early Help

Early Help is an approach to working that brings together professionals from a range of services to work with the whole family to help improve things for everyone.

The concept of Early Help is to listen to children and families when they first ask for help. This should help to minimise the risk of problems getting worse by addressing the issues at the earliest opportunity.

More details can be found at Early Help - Torbay Council

Corporate Parenting

Torbay Council becomes a corporate parent when a child or young person becomes cared for. This means there is a collective responsibility across the council and partner agencies to safeguard the children and young people they are looking after. The council needs to make sure that they get the best possible care and reach their full potential.

More details can be found at Corporate Parenting - Torbay Council

A good source of further information around Children's Social Care is the Local Authority Interactive Tool (LAIT) at Local Authority Interactive Tool (LAIT) - LA Level: Torbay LAIT figures may differ very slightly for some measures due to population estimates being updated after LAIT extracted the data.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Cared for Children (2025)	Rate per 10,000	114	101	62	67	🔴	↓
Children who are subject to a Child Protection Plan (2025)	Rate per 10,000	60	61	39	41	🔴	↓
Children in Need (2025)	Rate per 10,000	549	410	303	330	🔴	↓
Section 47 referrals started during year (2025)	Rate per 10,000	433	265	177	189	🔴	↑
Referrals (2025)	Rate per 10,000	713	637	466	519	🔴	↓
Cared for Children with an EHCP (2023/24)	%	40%	29%	38%	32%	🔴	↓
Children in Need achieving a 9-4 pass in English & Maths (2018 to 2024) *	%	22%	21%	22%	22%	🟡	↑
Children in Need persistently absent (2023/24)	%	60%	47%	53%	48%	🔴	↑
Child Protection Plan persistently absent (2023/24)	%	71%	53%	60%	57%	🔴	↑

* Torbay figures are for 2018 to 2023

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Adult Social Care

Overview

- Torbay is a significant outlier in needing to support higher levels of need in the 18 to 64 year population.
  Source: Adult Social Care Activity Report
- Rate of support requests for new clients remained significantly higher than England during 2024/25.
  Source: Adult Social Care Activity Report
- The rate of long-term support being met by permanent admission to residential and nursing homes remained significantly higher than England during 2024/25.
  Source: Adult Social Care Outcomes Framework
- During 2024/25, 1,030 safeguarding concerns raised and those instigated 350 Section 42 safeguarding enquiries.
  Source: Safeguarding Adults Return
- 93% of people who used services stated that those services make them feel safe.
  Source: Personal Social Services Adult Social Care Survey
- 30% of carers and 44% of users felt that they had as much social contact as they would like according to the latest surveys.
  Source: Adult Social Care Outcomes Framework

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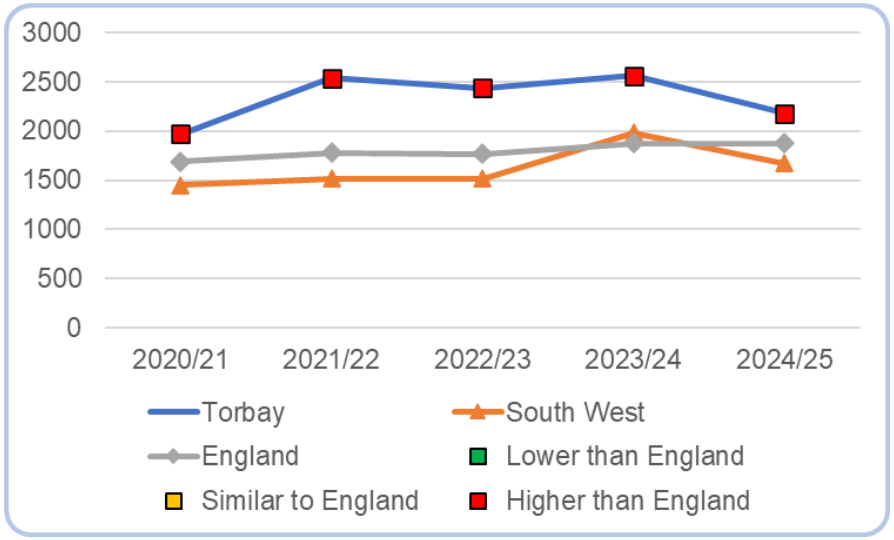
Adult social care is provided to adults with physical, mental and learning difficulties. This can be provided through helping someone to wash, get dressed or clean the living areas. It can be provided in the home or in residential care and nursing homes.

There is a range of information related to Adult Social Care in Torbay at Adult Social Care - Torbay Council

Requests for support for new clients

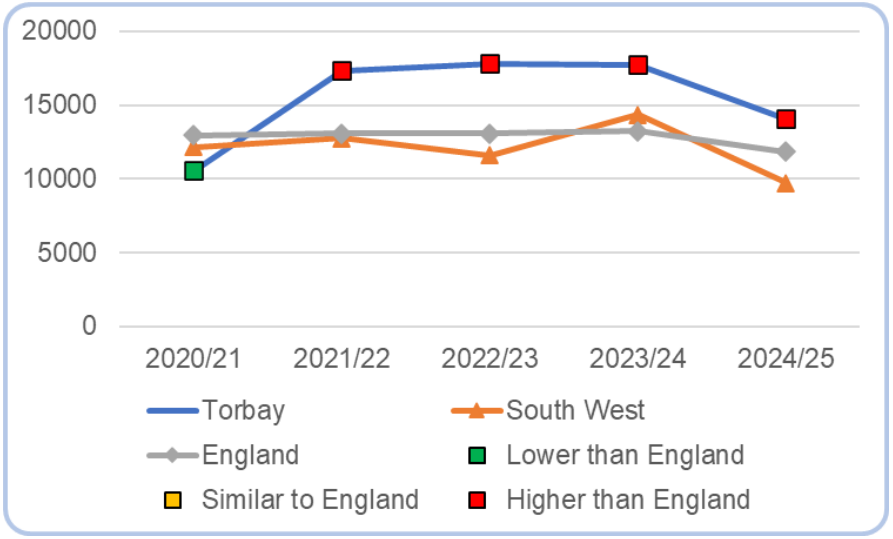
Torbay has a rate of requests for adult social care support for new clients aged 18 to 64 over the last 5 years that was consistently significantly higher than England, 30% higher over 5 years (Fig 77). Rates were also much higher than the South West but broadly similar to our statistical comparators. In the last 5 years there were 8,985 of these requests for Torbay residents aged 18 to 64.

Fig 77: Rate of requests for adult social care support for new clients aged 18 to 64 per 100,000
Source: Adult Social Care Activity Report



For those aged 65 and over, rates were lower than England before a large uplift in 2021/22 (Fig 78). Rates were significantly higher than England and the South West over the last 5 years as a whole. Compared to our statistical comparators, Torbay has been significantly higher over the last 4 years whereas for 2020/21 rates had been significantly lower. In the last 5 years, there were approximately 29,170 of these requests for Torbay residents aged 65 and over.

Fig 78: Rate of requests for adult social care support for new clients aged 65+ per 100,000
Source: Adult Social Care Activity Report



Long-term support – 18 to 64

Rates of long-term support for those funded by Torbay Adult Social Care are significantly higher for those aged 18 to 64 than the England average over the last 5 years (Fig 79). Over the last 5 years the rate has been 87% higher for Torbay than England, it is also significantly higher than the South West and our statistical comparators.

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Among those aged 18 to 64, the largest primary support reason over the last 5 years is Learning Disability (74% higher than England), followed by Physical Personal Care (143% higher than England) and Mental Health (110% higher than England). Rates are also significantly higher than the South West (Fig 80). Over the last 5 years, Mental Health and Learning Disability rates have increased and Physical Personal Care rates have slightly decreased.

Fig 79: Rate of long-term support for those aged 18 to 64 per 100,000
Source: Adult Social Care Activity Report

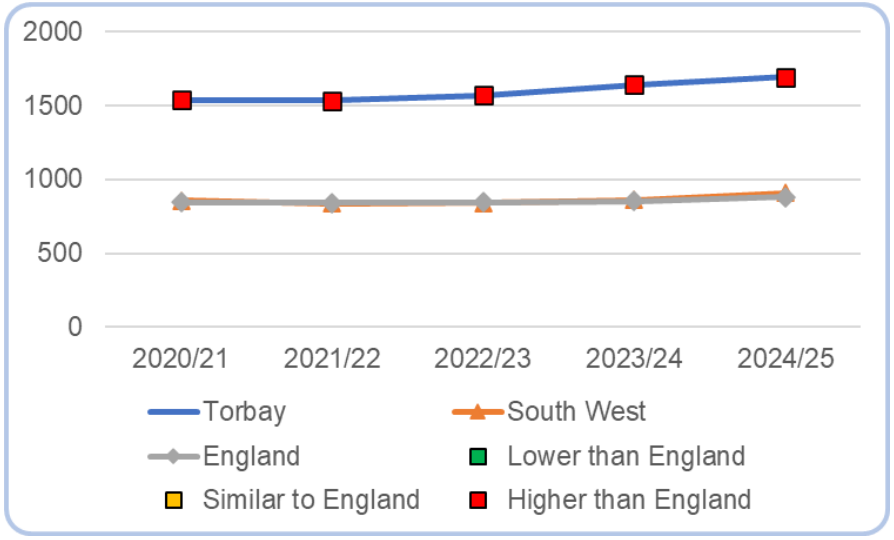
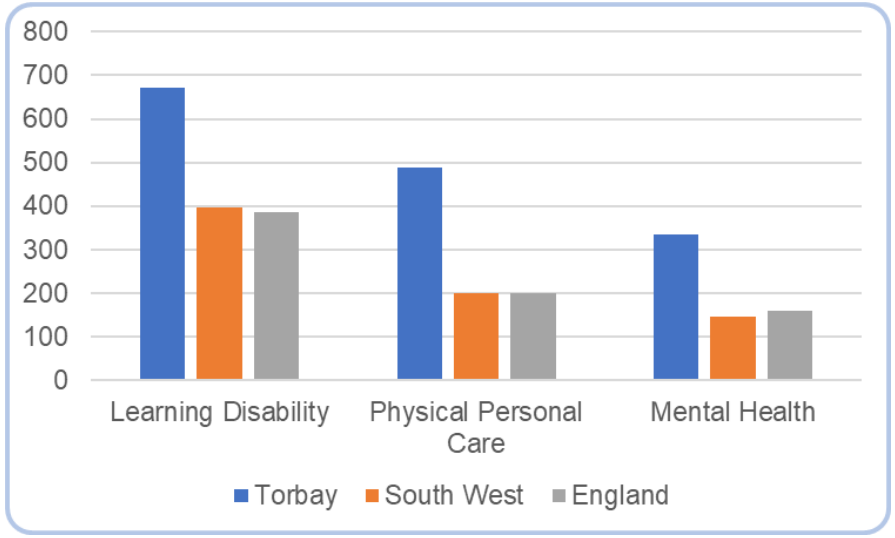


Fig 80: Rate of long-term support by 3 most prevalent primary support reasons for those aged 18 to 64 per 100,000 (2020/21 to 2024/25)
Source: Adult Social Care Activity Report



Long-term support – 65+

Rates of long-term support for those funded by Torbay Adult Social Care have been significantly higher for those aged 65+ when compared to the England average over the last 5 years, with rates deviating significantly from England during the last 3 years (Fig 81). Rates are much higher than the South West and slightly but significantly higher than our statistical comparators.

Among those aged 65+, the largest primary support reason by far over the last 5 years is Physical Personal Care (24% higher than England and also significantly higher than the South West) (Fig 82). Over the last 5 years, Physical Personal Care, Mental Health and Memory & Cognition rates have broadly increased.

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Fig 81: Rate of long-term support for those aged 65+ per 100,000
Source: Adult Social Care Activity Report

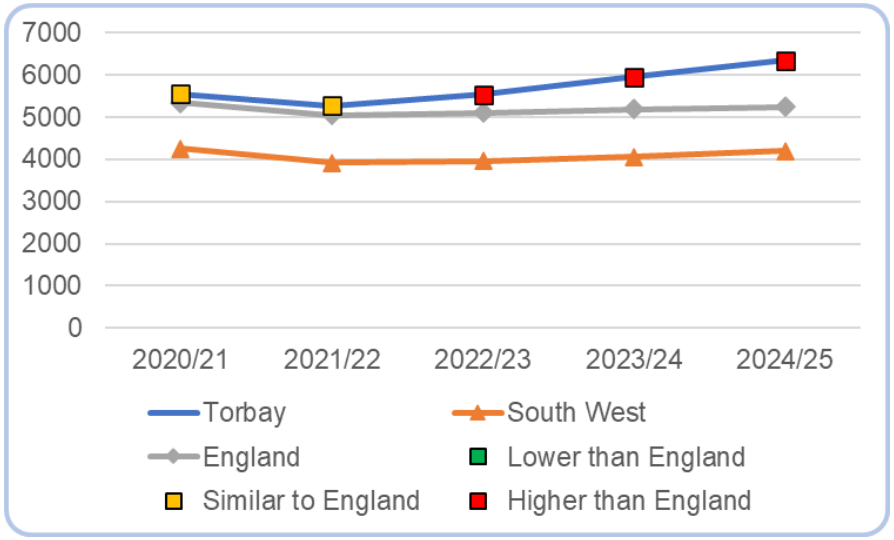
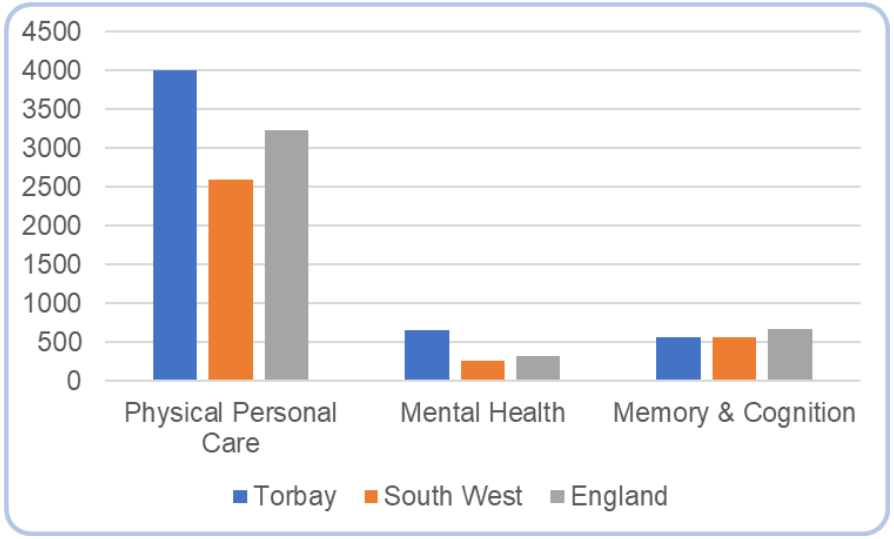


Fig 82: Rate of long-term support by 3 most prevalent primary support reasons for those aged 65+ per 100,000 (2020/21 to 2024/25)
Source: Adult Social Care Activity Report

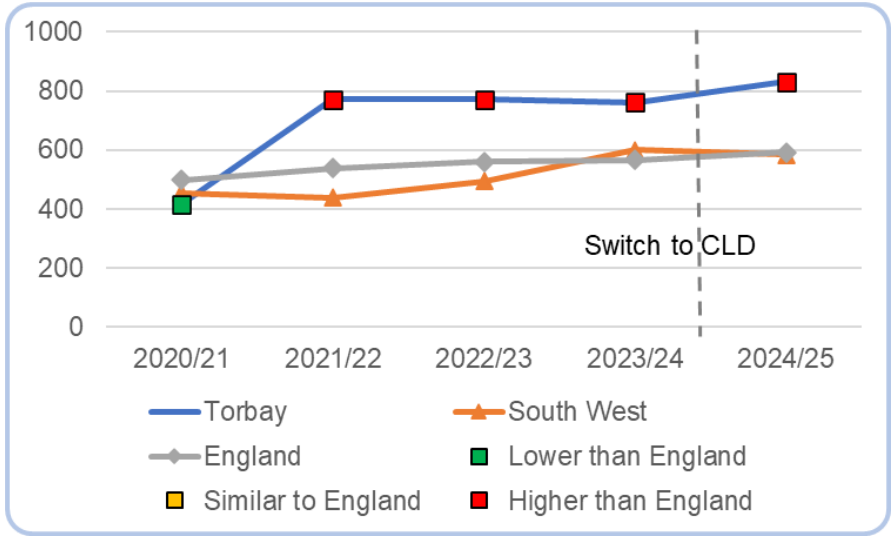


For rates of long-term support being met by permanent admission to residential and nursing care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 83). For the period 2021/22 to 2024/25, an average of 295 older people were permanently admitted annually, this is more than 100 above the average of the previous 3 years.

Whilst numbers of permanent admissions to residential and care homes are much smaller for the 18 to 64 year population, rates in Torbay for the 5 year period 2020/21 to 2024/25 are significantly higher than England, the South West and statistical comparators.

It should be noted that for 2024/25, figures for this measure across England are derived from a new dataset (CLD) and as such are flagged as ‘statistics in development’, they should not strictly be compared with previous years.

Fig 83: Rate of long-term support met by permanent admission to residential & nursing care homes aged 65+ per 100,000
Source: Adult Social Care Outcomes Framework



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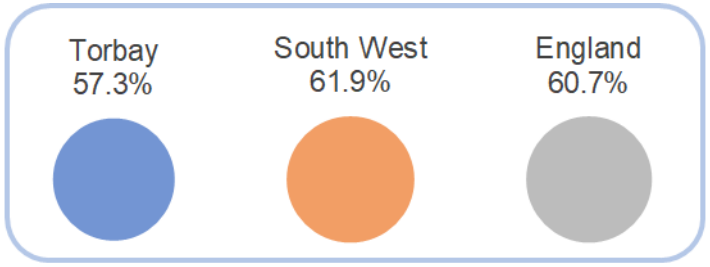
Still in community 12 weeks after discharge – 65+

Prior to this year, Torbay broadly had a lower rate of older people (65+) still at home 91 days after discharge from hospital into reablement and rehabilitation. This measure has changed for 2024/25 into the percentage of those aged 65+ discharged into reablement who remained in the community in the next 12 weeks. For the 1 year of data available, Torbay is slightly lower (but not statistically significant) than England and the South West (Fig 84).

It should be noted that for 2024/25, figures for this measure across England are derived from a new dataset and as such are flagged as 'statistics in development'.

Fig 84: Percentage discharged from hospital into reablement who remained in the community in the 12 weeks after discharge, aged 65+ (2024/25)
Source: Adult Social Care Outcomes Framework



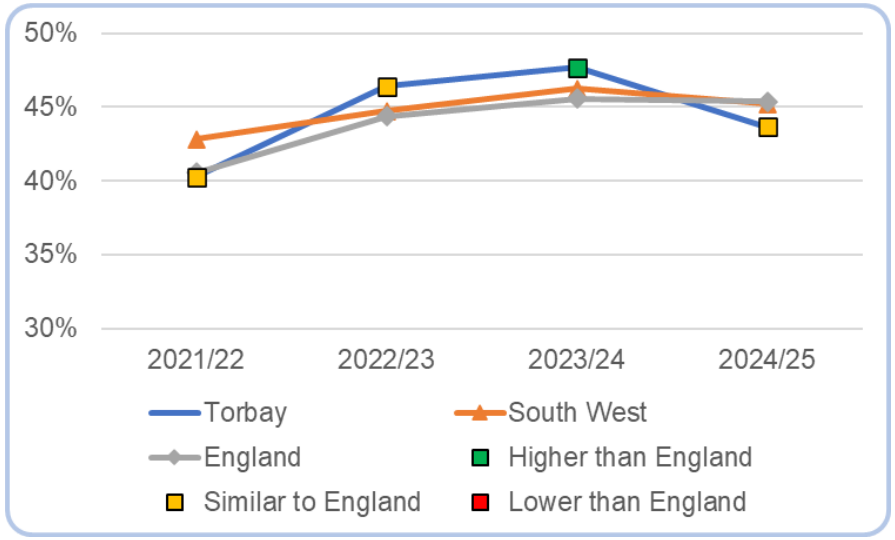
Carers and users feedback

For 2023/24, the number of carers supported during the year by Torbay Council was 1,685, an increase of 355 from the year before and more than 250 higher than any of the preceding 4 years. While 94.5% of these Torbay carers were aged 26 and over, Torbay has significantly higher rates of carers aged 25 and under than England. Figures around carer numbers during 2024/25 were not released across England due to data quality issues with a new dataset.

2023/24 was the first time since 2021/22 that carers reported whether they had as much social contact as they would like in the Personal Social Services Survey of Adult Carers. 30% of Torbay carers stated they had as much social contact as they would like which was slightly lower than the 34% figure recorded in the last survey during 2021/22. Rates were similar to England and the South West. Data around the Personal Social Services Survey of Adult Carers in England, 2023-24 is included in the Unpaid carers chapter of this document. Personal Social Services Survey of Adult Carers, 2023/24

Adult Social Care users were also asked if they had as much social contact as they would like. For Torbay in 2024/25, 44% said Yes, this was lower than the previous year and significantly down on figures in 2018/19 and 2019/20 when rates were just over 50%. Rates were broadly in line with England and the South West (Fig 85).

Fig 85: Percentage of adult social care users who have as much social contact as they would like
Source: Adult Social Care Outcomes Framework



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The proportion of people who used services who said that those services made them feel safe was 93% in Torbay during 2024/25. This is an increase from the previous 3 years. For 2024/25, rates were significantly higher than England, South West and our statistical comparators (Fig 86).

During 2024/25, 1,030 safeguarding concerns were raised and those instigated 350 Section 42 safeguarding enquiries which is a rate of just over 1 in 3 raised safeguarding concerns instigating a Section 42 safeguarding enquiry (Fig 87). A Section 42 safeguarding enquiry places a duty on a local authority to make enquiries, or ask others to make enquiries, where they reasonably suspect that an adult is at risk of neglect or abuse, including financial abuse.

Fig 86: Percentage of people who use services who say those services have made them feel safe

Source: Personal Social Services Adult Social Care Survey

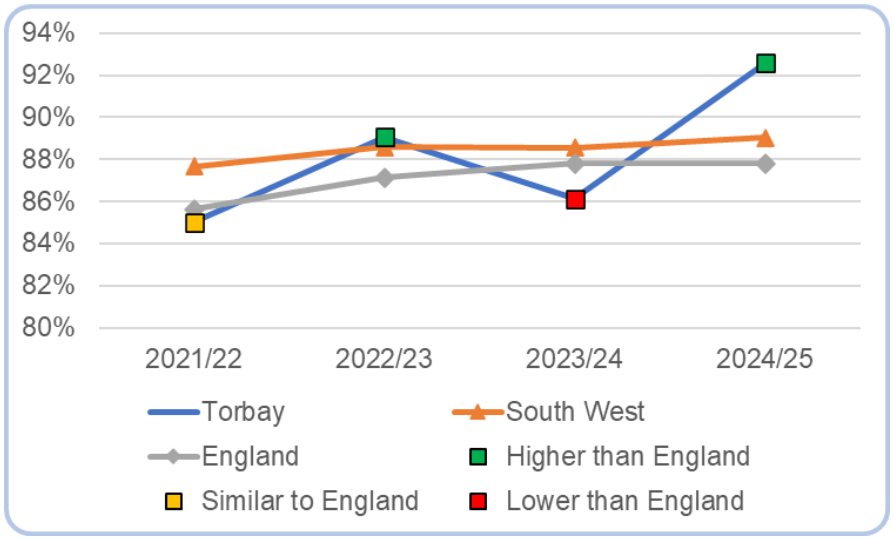
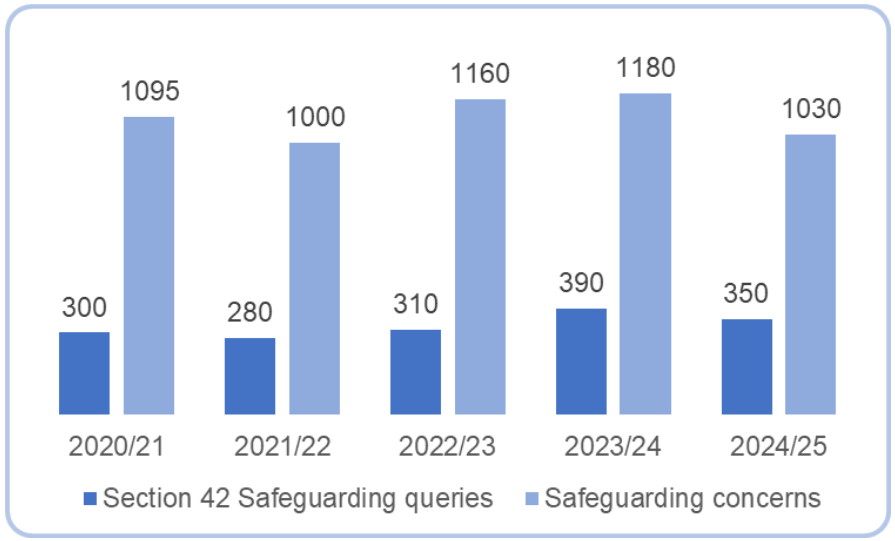


Fig 87: Number of safeguarding concerns and Section 42 enquiries – Torbay

Source: Safeguarding Adults Return



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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Requests for support for new clients - 18 to 64 (2024/25)	Rate per 100,000	2,180	2,454	1,674	1,877	🔴	↓
Requests for support for new clients - 65+ (2024/25)	Rate per 100,000	14,084	12,882	9,708	11,856	🔴	↓
Long term support - 18 to 64 (2024/25)	Rate per 100,000	1,693	1,023	909	882	🔴	↑
Long term support - 65+ (2024/25)	Rate per 100,000	6,343	5,662	4,192	5,245	🔴	↑
Long term support met by permanent admission to nursing & residential homes - 65+ (24/25)	Rate per 100,000	832	657	585	592	🔴	↑
Remaining in community in the 12 weeks after discharge into reablement services - 65+ (24/25)	%	57%	65%	62%	61%	🟡	Not comparable
Adult social care users who have as much social contact as they would like (2024/25)	%	44%	47%	45%	45%	🟡	↓
Carers who have as much social contact as they would like (2023/24)	%	30%	30%	28%	30%	🟡	↓
Services have made them feel safe (2024/25)	%	93%	88%	89%	88%	🟢	↑

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Women's Health

Overview

- Hospital admission rates for self-harm (emergency admissions) and eating disorders in females are both consistently significantly higher in Torbay than the England female average. Self-harm and eating disorders are much more prevalent in females than males.

  Source: Hospital Episode Statistics

- Torbay has significantly higher rates of abortion than England for at least the last 10 years.

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

- Torbay's chlamydia detection rate in females aged 15 to 24 more than doubled in 2022. It sharply reduced in the 2 years since then but these years are still far higher than England's rate. It is a measure of control activity, not morbidity.

  Source: OHID – Public Health Profiles (Fingertips)

- Hospital admissions for endometriosis in Torbay are significantly higher than the England rate with a sharp increase in the last year.

  Source: Hospital Episode Statistics

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

  Source: 2021 Census

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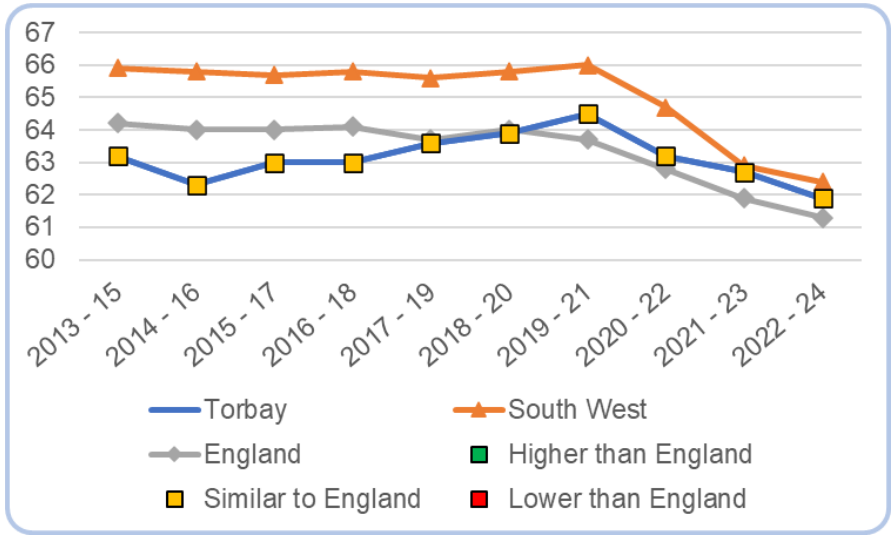
The female population in Torbay makes up 51.3% of the total population (Fig 88). There are much higher proportions of females than males from the age of 80 and over. Torbay has larger proportions of females and males aged 50 and over than England and smaller proportions aged under 50.

Fig 88: Sex by age group - Torbay
Source: ONS mid-year population estimates 2024

Age Band	Female population	Female %	Male %
0 to 9	5,993	48.8%	51.2%
10 to 19	7,325	48.4%	51.6%
20 to 29	6,198	49.2%	50.8%
30 to 39	8,226	52.3%	47.7%
40 to 49	7,983	51.9%	48.1%
50 to 59	10,244	51.0%	49.0%
60 to 69	10,250	51.1%	48.9%
70 to 79	9,128	51.8%	48.2%
80 to 89	5,201	56.6%	43.4%
90+	1,371	66.6%	33.4%
ALL AGES	**71,919**	**51.3%**	**48.7%**

Over the last decade (2013-15 to 2022-24) females in Torbay have a life expectancy at birth of approximately 4 years more than males. However, female healthy life expectancy- the age to which they can expect to live in good health- is only approximately 1 year more than for males over the same period in Torbay. This implies that females have longer life expectancy but the extra years of life are not necessarily in good health. In 2022-24 Torbay females could expect to live for almost 21 years not in good health whilst for males it was 17 years. Female healthy life expectancy (Fig 89) has fallen since 2019-21 in Torbay, the South West and England.

Fig 89: Healthy life expectancy at birth - Females
Source: Office for National Statistics



Looking at deprivation shows that females born in the most deprived quintile in Torbay in the years 2020 to 2024 combined have a life expectancy at birth of 81.5 years, approximately 3 years less than those born in the least deprived quintile, whilst males have a 6.4 year gap in life expectancy between the most and least deprived quintiles. It should be noted that Torbay has a relatively small population in the least deprived quintile so numbers are a little more volatile, the period also includes the COVID-19 pandemic which was known to be

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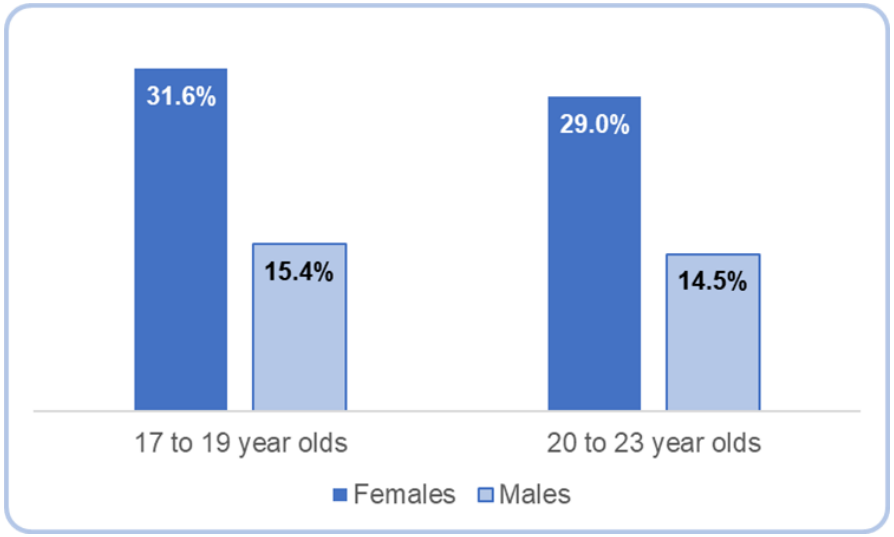
particularly dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and amongst males.

Mental health

A 2023 survey of the mental health of children and young people in England identifies that the percentage of young women having a probable mental disorder is higher than the percentage of young men (Fig 90). This is also the trend for the previous years of 2021 and 2022.

Fig 90: Percentage of young people with a probable mental disorder – England (2023)

Source: NHS England – Mental Health of Children and Young People in England, 2023, using the Strengths and Difficulties Questionnaire



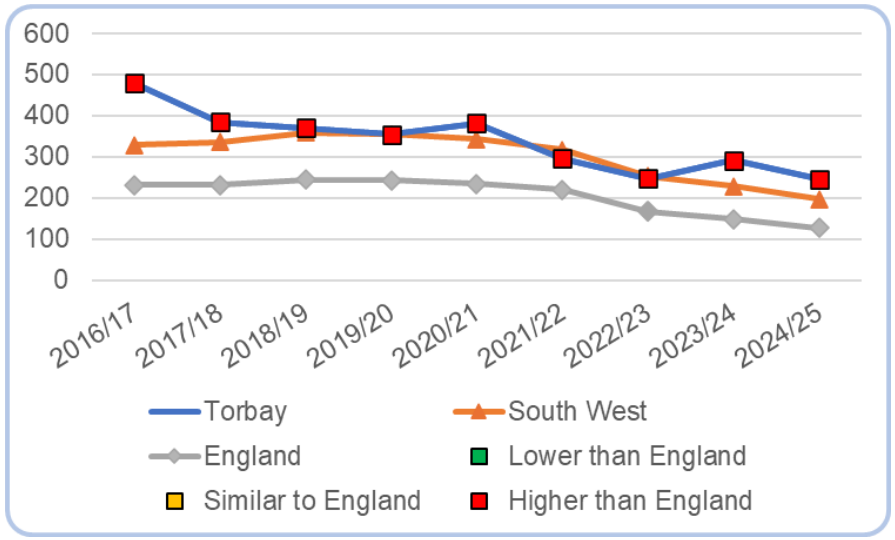
Hospital admissions for self-harm can be used as a proxy for the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place.

Fig 91 shows emergency admissions for self-harm- approximately 99% of self-harm admissions are emergencies. These are admissions rather than individuals so will be influenced by those admitted more than once, sometimes multiple times. Fig 91 shows female admissions, Torbay's rate is on a reducing trend but remains significantly higher than England throughout. Admissions are more prevalent in females than males- in the 5 years of 2020/21 to 2024/25 combined, the number of Torbay's female admissions was more than double the number of male admissions, the same pattern as England where female admissions are almost exactly double the number of male admissions.

Self-harm admissions are more prevalent in younger people- in 2020/21 to 2024/25 combined, 7 out of 10 female admissions in Torbay were aged from 10 to 29 although this age group makes up only 2 out of 10 (19%) of Torbay's female population. In England 6 out of 10 female admissions for self harm are in this age group Note on Hospital admissions and SDEC – page 9.

Fig 91: Rate of female emergency hospital admissions as a result of self-harm, all ages, per 100,000 females (Age standardised)

Source: Hospital Episode Statistics



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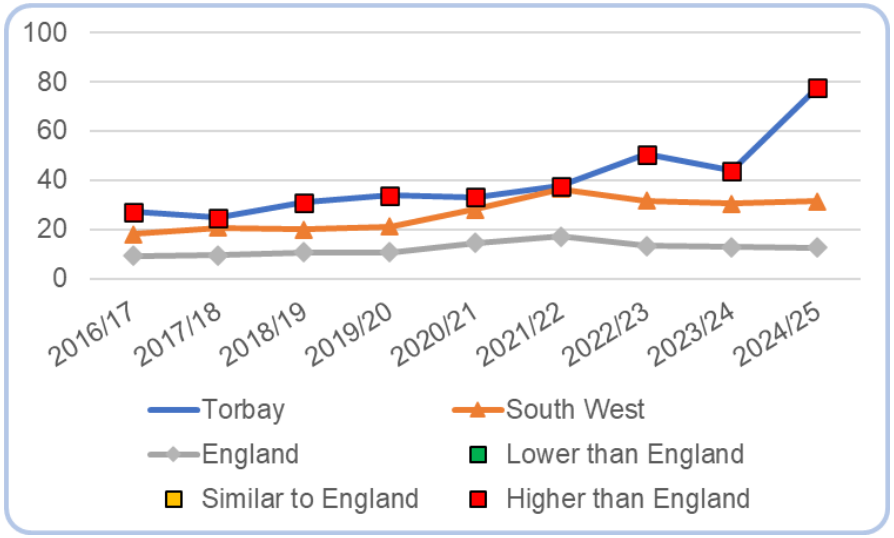
Only the most severe cases of an eating disorder will end up as a hospital admission. The rate of female hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders in Torbay is consistently significantly higher than England and showing a marked increase. In 2024/25 this equates to around 50 admissions (Fig 92). As this counts admissions rather than individuals it will be affected by those who have been admitted more than once or potentially multiple times in the year.

Most admissions are female: In Torbay 9 out of 10 admissions were female in the 5 years of 2020/21 to 2024/25 combined (as was the case for the England average). In Torbay 8 out of 10 of these female admissions were aged 19 or under (the England average was a slightly lower percentage) Note on Hospital admissions and SDEC – page 9.

Fig 92: Rate of female hospital admissions due to a primary diagnosis of an eating disorder, all ages, per 100,000 females (Age standardised)
Source: Hospital Episode Statistics



Chlamydia

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

The chlamydia detection rate (Fig 93) is a measure of control activity (i.e. screening) in the population rather than morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay's female detection rate for 15 to 24 year olds more than doubled in 2022 from the year before but has sharply reduced in the 2 years since although remaining far above the England rate. In 2024 Torbay's rate equated to 142 diagnoses which is the same as in 2019. This encompasses young women accessing sexual health services and community-based settings.

The National Chlamydia Screening Programme targets under 25s with a focus on reducing reproductive harm. The UK Health Security Agency recommends working towards a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. Torbay exceeded this in 2022 and 2023 but has reduced to back below the target in 2024, with a rate of 2,312 per 100,000 females aged 15 to 24. The target was also not reached regionally or nationally.

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Fig 93: Chlamydia female detection rate, aged 15 to 24, per 100,000 females
Source: OHID – Public Health Profiles (Fingertips)

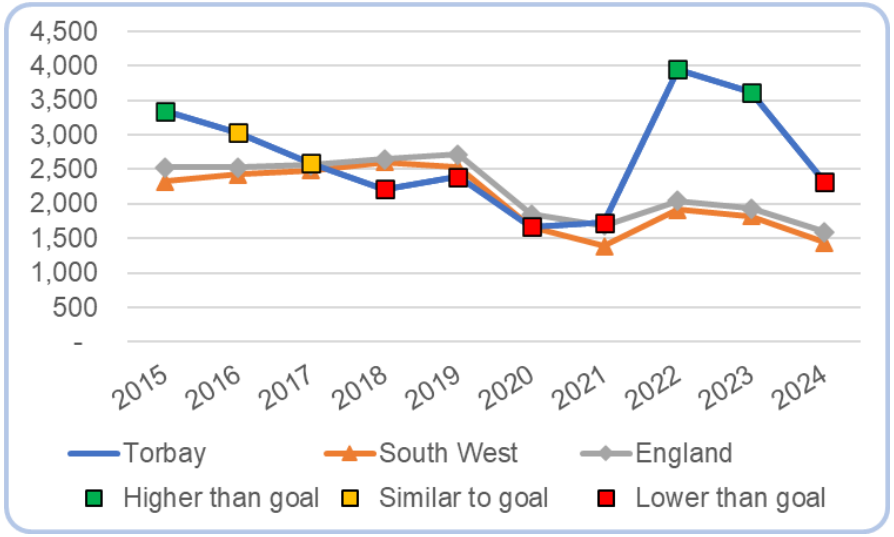
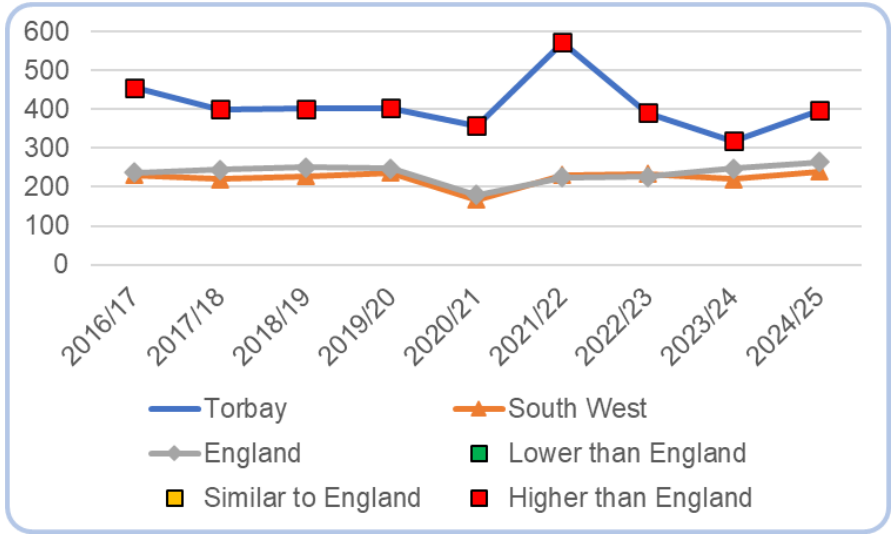


Fig 94: Rate of hospital admissions for pelvic inflammatory disease, aged 15 to 44, per 100,000 females
Source: Hospital Episode Statistics



Pelvic inflammatory disease

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

Torbay's hospital admissions rate for pelvic inflammatory disease has been much higher than the England rate for all the years shown (Fig 94). In 2024/25 Torbay's rate equated to 85 admissions. The peak in 2021/22 was 125 admissions (these are rounded to the nearest 5) Note on Hospital admissions and SDEC – page 9.

Human Papillomavirus (HPV)

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

From September 2023 the 2 dose immunisation schedule changed to a 1 dose schedule. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England.

In females (and in males) Torbay's percentage remains well below the target of 90% coverage as do the South West and England percentages (Fig 95). Torbay's female coverage is similar to England in 2023/24 at 71.6% (England is 72.9%).

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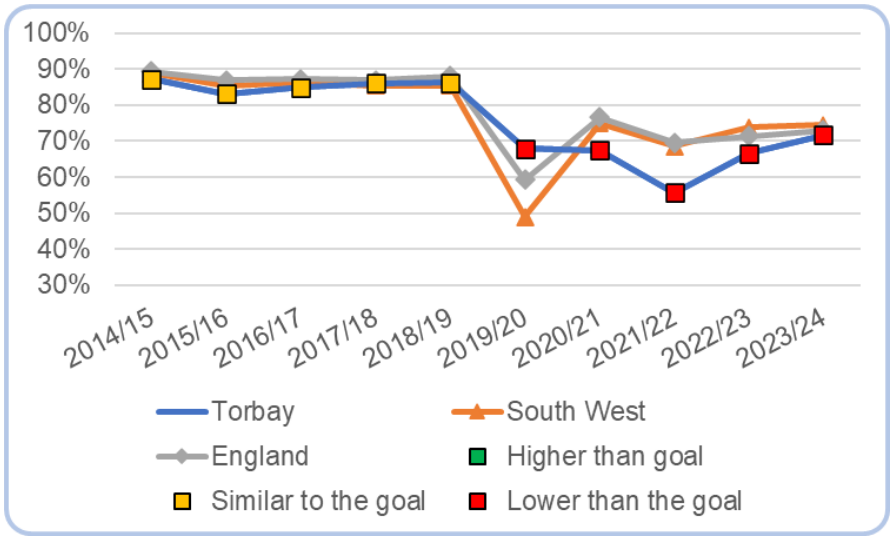
Fig 95: HPV vaccine, females, percentage receiving 1 dose, aged 12 to 13 years
Source: OHID – Public Health Profiles (Fingertips)



Contraception

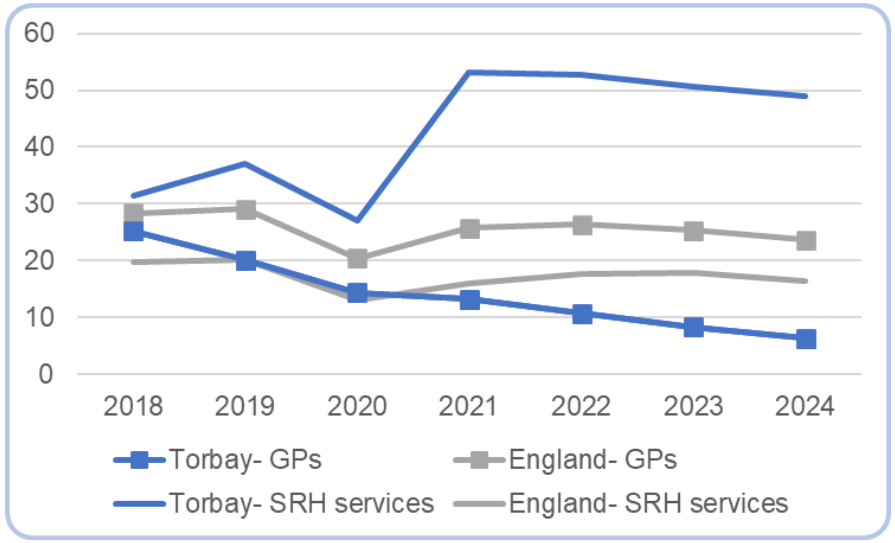
Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device and the intrauterine system. A higher level of LARC provision is used as a proxy measure for wider access to the range of contraceptive methods available.

The rate of prescribing of LARC excluding injections (this is prescribing by GPs and Sexual and Reproductive Health services) in Torbay is significantly higher than England for at least the last 11 years. There was a drop in 2020- from April 2020 during the COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 the rate increased sharply in Torbay but since then has been decreasing. The rate encompasses women of all ages prescribed LARC and in 2024 is 55.5 per 1,000 female population of 15 to 44 year olds (England's rate is 40.0). (Data from OHID- Public Health profiles)

Fig 96 shows that in Torbay the rate of GP prescribed LARC (excluding injections) is steadily decreasing, it has been significantly below the England average throughout the time period. Fig 96 also shows that, conversely, the rate of Sexual and Reproductive Health (SRH) services prescribed LARC (excluding injections) has increased significantly from 2018 in Torbay and has been significantly above the England average throughout the period.

The differences in GP and SRH prescribing rates shows the location of LARC provision moving away from local GP settings and more into specialist settings in Torbay. The data shows that this is not the case nationally.

Fig 96: Rate of prescribed LARC (excluding injections) by GPs and by Sexual and Reproductive Health Services, all ages, per 1,000 females aged 15 to 44
Source: OHID – Public Health Profiles (Fingertips)



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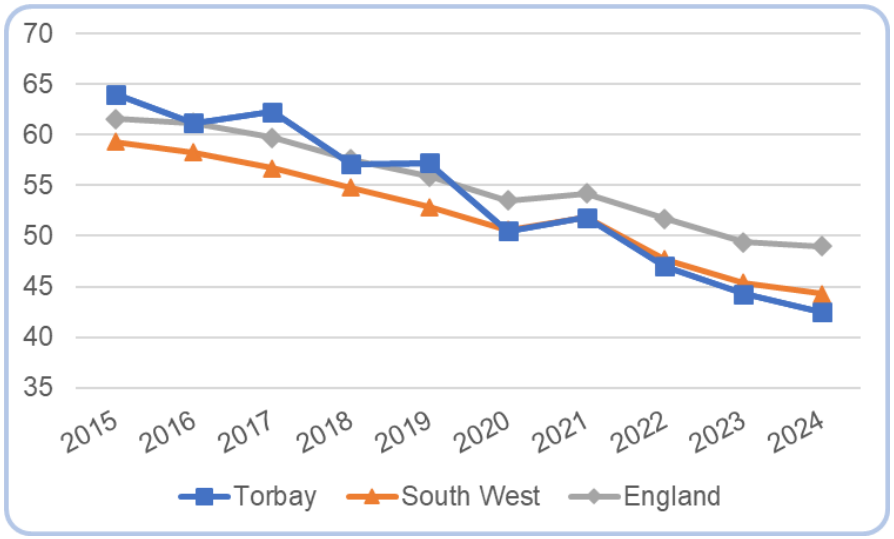
Fertility and conceptions

Torbay's general fertility rate (Fig 97) is on a downward trend in the years from 2015 to 2024. This is the number of live births per 1,000 female population aged 15 to 44. In the last 5 years this has dropped below the England rate with the gap widening. In 2024 Torbay's rate is 42.5 compared to the 49.0 England rate.

Fig 97: General fertility rate
Source: NOMIS (ONS)

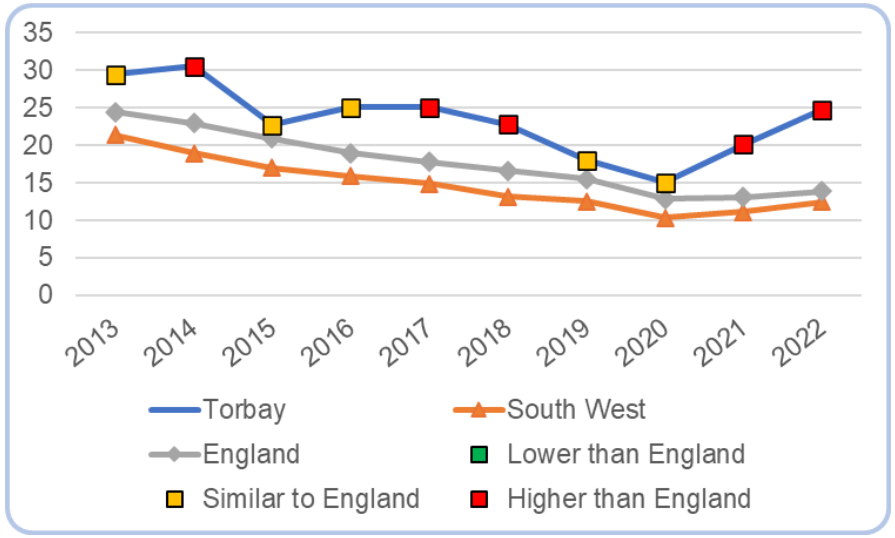


Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty (UK Health Security Agency).

The under 18s conception rate (Fig 98) includes pregnancies that result in 1 or more live births or stillbirths or a legal abortion. The national trend is of a falling under 18s conception rate which has levelled out in the last couple of years of data. Torbay has been on a generally decreasing trend but with an increase in the last couple of years of data to a rate of 24.8 in Torbay compared to 13.9 in England in 2022.

There were 53 under 18s conceptions in 2022 with 12 of these aged under 16. Torbay's rate of under 16s conceptions fluctuates over the last 10 years but is significantly higher than England in 2022 for the first time in this period. Torbay has a rate of 5.6 compared to the 2.2 England rate. The rate is for all conceptions amongst under 16 year olds per 1,000 population aged 13 to 15. (Data from OHID- Public health profiles).

Fig 98: Under 18s conception rate per 1,000 females aged 15 to 17
Source: OHID – Public Health Profiles (Fingertips)



Abortions

Torbay has consistently had a significantly higher rate of abortions than the England average throughout the 10 years shown (Fig 99). The Torbay, South West and England rates have all increased notably in the last couple of years of data.

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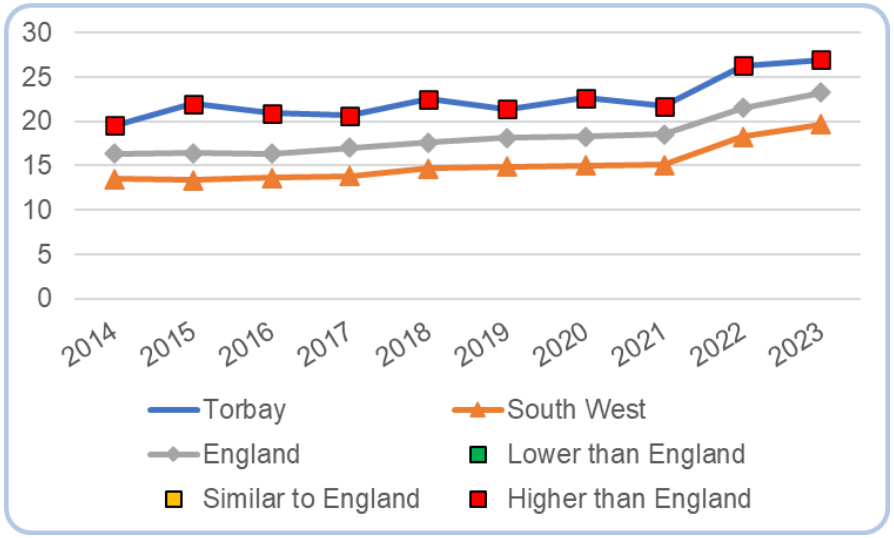
Fig 99: Abortion rate, all ages, per 1,000 females aged 15 to 44
Source: Department of Health and Social Care (2014 to 2020,2023), OHID (2021,2022), ONS mid-year population estimates



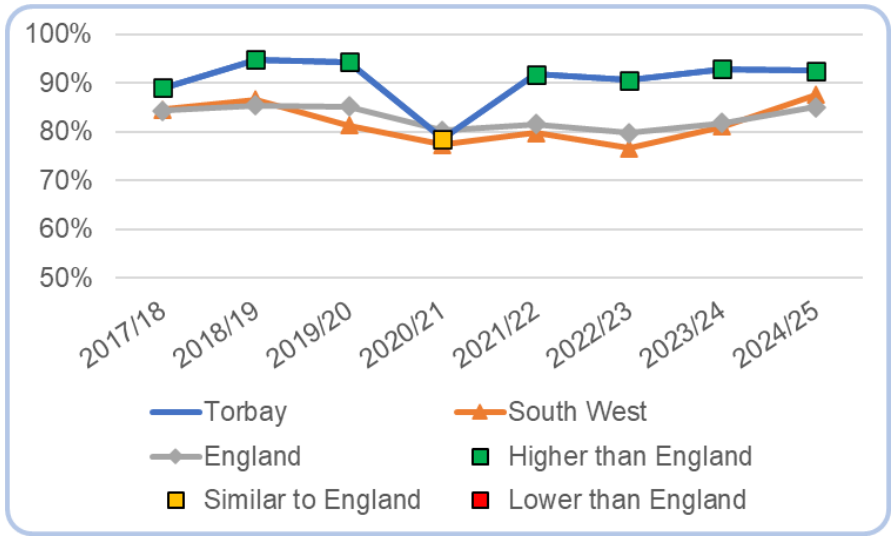
In relation to under 18s abortion rates, over the last 10 years Torbay's rate is higher than the England average. In women aged 25+ the abortion rate has increased over the last 10 years in Torbay with England also increasing.

Infant 6 to 8 week review

This measures whether a review by a health visitor has taken place by the time a baby is 8 weeks old. This review can assess the mother's mental health, provide support with breastfeeding where required, ensure the mother has had a 6 week postnatal check, ensure the baby has received the infant physical examination, discuss vaccinations and entitled benefits etc.

Torbay has had a significantly higher proportion than England and the South West of babies receiving the 6 to 8 week review before they reach 8 weeks old, in all but 1 year (Fig 100) and has remained quite level, between 90.6% and 92.8% in the last 4 years of data.

Fig 100: Percentage of infants who received a 6 to 8 week review by 8 weeks
Source: OHID – Public Health Profiles (Fingertips)



Sexual assault and domestic abuse

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

The Crime Survey for England and Wales for the year ending March 2025 shows 25.6% of women and 5.9% of men saying that they had experienced at least 1 sexual assault (including attempts) since the age of 16 (Fig 101), over 4 times the percentage of women than men. Within the last year (2024/25), 3.0% of women said they had experienced this which is around 4 times the percentage of men.

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Fig 101: Prevalence of sexual assault (including attempts) among adults aged 16+ – England and Wales (Year to March 2025)
Source: ONS Crime Survey for England and Wales

	Since the age of 16		In April 24 to March 25	
	Female	Male	Female	Male
Any sexual assault (including attempts)	25.6%	5.9%	3.0%	0.7%
Rape or assault by penetration (including attempts)	8.2%	0.7%	0.4%	0.1%
Indecent exposure	11.5%	1.8%	0.8%	0.3%
Unwanted sexual touching	19.9%	4.4%	2.3%	0.4%

The Crime Survey for England and Wales in 2025 reports on domestic abuse and there is a new set of questions used as below. Fig 102 shows that 3 out of 10 females (29.6%) and over 2 in 10 males (21.8%) aged 16+ said they had experienced domestic abuse (by partner or family) at least once since the age of 16. If these figures were applied directly to Torbay's 2024 population, approximately 18,150 women aged 16+ will have been subjected to domestic abuse at some point since the age of 16. A higher proportion of women than men had experienced domestic abuse, the difference is particularly pronounced in domestic sexual assault.

Fig 102: Prevalence of domestic abuse (by partner or family) among adults aged 16+ since the age of 16 – England and Wales (Year to March 2025)
Source: ONS Crime Survey for England and Wales

	Female	Male
Any domestic abuse	29.6%	21.8%
Emotional abuse	21.0%	15.1%
Economic abuse	13.5%	8.4%
Health abuse	5.5%	2.9%
Marital status-related abuse (by family)	0.7%	0.5%
Threats	17.9%	9.7%
Physical abuse	13.1%	6.4%
Domestic sexual assault	11.8%	2.6%
Domestic stalking	12.6%	7.1%

Fig 103 shows the number of sexual offences and the number of domestic abuse crimes recorded by the police in Torbay and the percentages of male and female victims. The victims are counted more than once if they are victims of multiple offences. Not all crimes have a victim identified and some crimes have more than 1 victim. Fig 103 shows that the majority of those recorded who experienced these crimes are female- more than 8 out of 10 for sexual offences and around 7 out of 10 for domestic abuse crimes. The police also record the number of domestic abuse incidents but these do not provide gender data so are not included in Fig 103.

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Fig 103: Sexual offences and domestic abuse crimes – percentage of female and male victims (where gender known), Torbay
Source: Torbay Council Community Services (Police data)

	2023/24	2024/25
Number of sexual offences	507	558
Female	86%	84%
Male	14%	16%
Number of domestic abuse crimes	2,339	2,665
Female	74%	71%
Male	26%	29%

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Please note that domestic abuse crime figures only relate to those that are reported. Domestic abuse is often not reported to the police so data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.

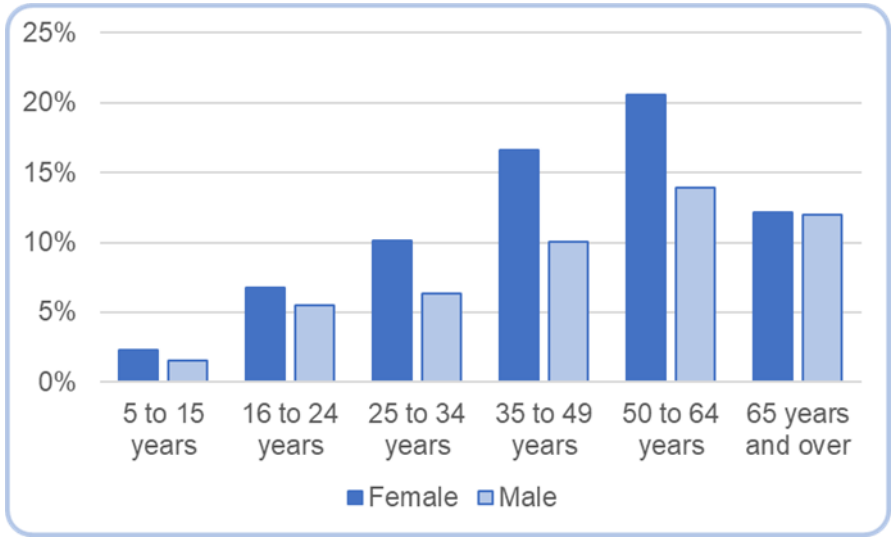
Torbay's Director of Public Health annual report, 2024, focuses on women's health. Included within the report is a section: Working with vulnerable women which discusses domestic abuse and sexual violence both nationally and within Torbay.

Two multi-agency strategies provide data and cover the issues in Torbay- the Domestic Abuse and Sexual Violence Strategy, 2023-2030 and the Safer Torbay Serious Violence Strategy 2024/29.

Unpaid care

The 2021 census shows that unpaid carers are significantly more likely to be female with 13.0% of usually resident Torbay females providing unpaid care compared to 9.5% of males. The difference is most stark in the 35 to 49 year age group where 1 in 6 females and 1 in 10 males undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age (Fig 104). Torbay is significantly higher than England in all age groups in relation to the proportion of females providing unpaid care.

Fig 104: Percentage of unpaid carers, by age group, by sex - Torbay
Source: Census 2021



Cancer

The percentage of eligible women screened for breast cancer at least once in the previous 3 years has increased since 2023 in Torbay (Fig 105). However, Torbay's coverage is significantly lower than England because England has been increasing more. Torbay is still over 7 percentage points below the peak of 77.0% coverage in 2020. In 2025 Torbay's coverage was 69.4% whilst England was 71.7%. It must be noted that COVID-19 restrictions will have affected figures from 2020 during the affected period.

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Fig 105: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years
Source: OHID – Public Health Profiles (Fingertips)

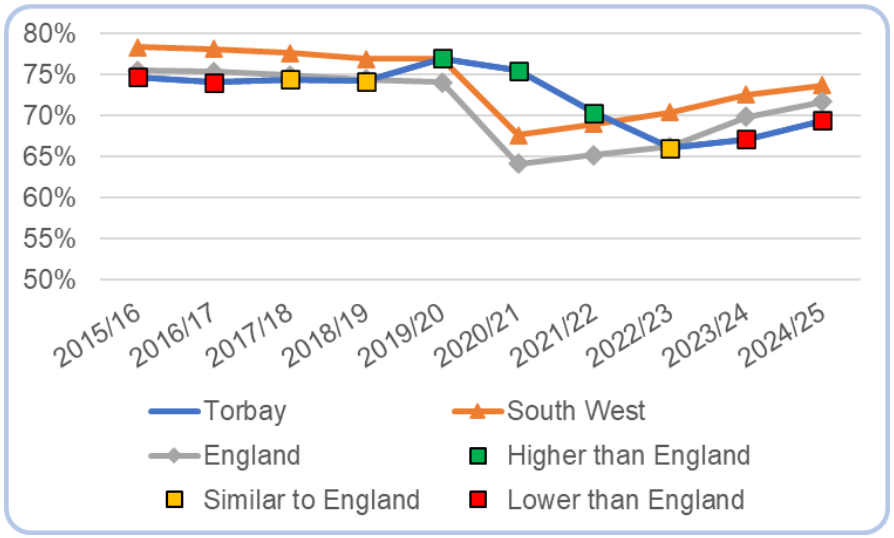
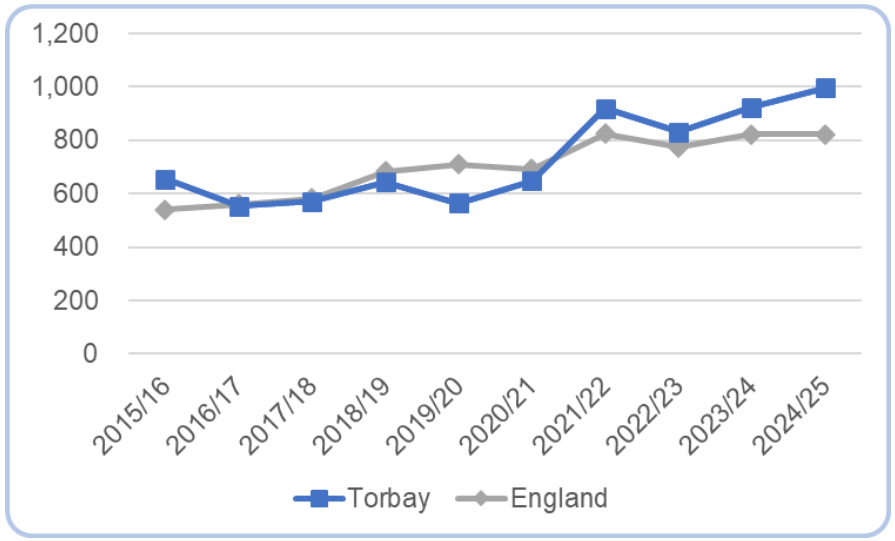


Fig 106: Breast cancer – rate of urgent suspected cancer referrals, per 100,000 GP practice population
Source: OHID – Public Health Profiles (Fingertips)



Urgent suspected cancer referrals are referrals to secondary care when cancer is suspected although may not be subsequently diagnosed. Fig 106 shows an increasing trend in urgent suspected referrals for breast cancer in Torbay and is significantly higher than England for the last 4 years. Torbay has a rate of 996 per 100,000 in 2024/25 (England's rate is 821). This is per 100,000 people registered with a GP practice so their recorded local authority is based on their GP practice location whereas Fig 105 is based on their actual place of residence.

Torbay's mortality rate from breast cancer of those aged under 75 is on a general decline over the last 20 years as is the case in England. Torbay is broadly in line with England during this time. In 2022-24 (3 years combined) the rate is 13.4 per 100,000 population in Torbay which equates to 30 women.

Gynaecological cancers include ovarian, womb, cervical, vaginal and vulval. Figs 107 and 108 relate to cervical cancer screening coverage. It must be noted that coverage will have been impacted by COVID-19 restrictions.

Fig 107 shows the percentage of eligible women aged 25 to 49 screened for cervical cancer in the previous 3½ years. For Torbay this is significantly higher than the England average throughout. As with England, the last few years of data show a decreasing trend with the last 2 years levelling out to 69.5% in Torbay in 2023/24 (66.1% in England).

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Fig 108 shows those aged 50 to 64 screened within the previous 5½ years. In this case Torbay is significantly lower than the England average for 6 of the last 7 years of data and is on a stepped decline. It has been level for the last 3 years at 73.0% in 2023/24 compared to 74.3% in England.

Fig 107: Percentage of women eligible for cervical cancer screening who have had a test in the previous 3½ years – Aged 25 to 49
Source: OHID – Public Health Profiles (Fingertips)

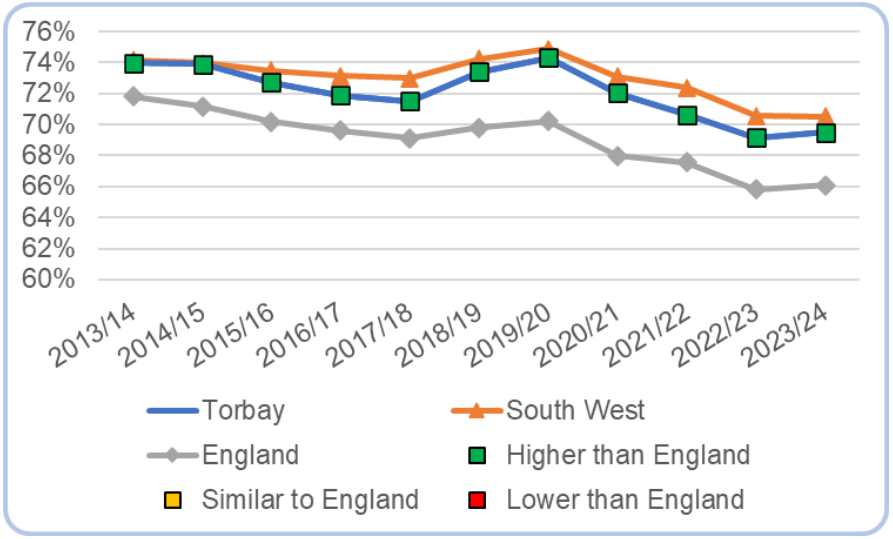
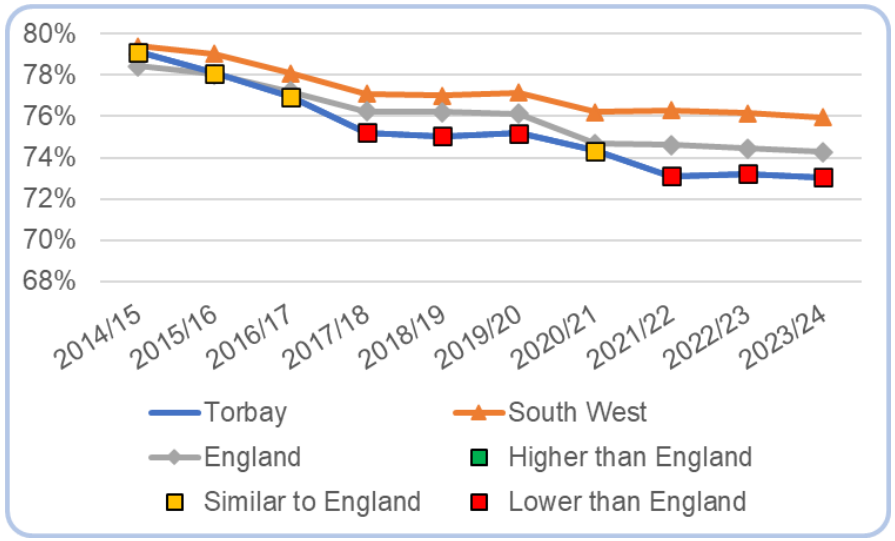


Fig 108: Percentage of women eligible for cervical cancer screening who have had a test in the previous 5½ years – Aged 50 to 64
Source: OHID – Public Health Profiles (Fingertips)



Endometriosis

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

Endometriosis can be treated outside of hospital but can require admission to hospital for treatment. Torbay has had significantly higher rates of admissions than England for at least the last 9 years (Fig 109). Torbay was on a reducing trend but has started to increase in the last few years, with a sharp increase in 2024/25. Numbers of admissions range from around 55 to around 115 a year

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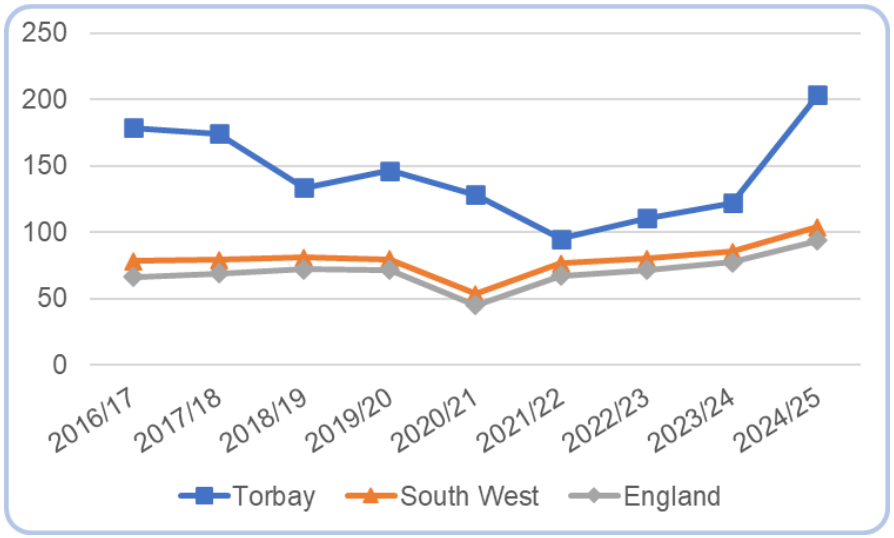
with the highest number in 2024/25 Note on Hospital admissions and SDEC – page 9.

Fig 109: Rate of hospital admissions due to a primary diagnosis of endometriosis, per 100,000 females (Age standardised)
Source: Hospital Episode Statistics



Further information on endometriosis can be found in the NICE (National Institute for Health and Care Excellence) guideline NG73, Endometriosis: diagnosis and management which was reviewed in November 2024 and contains new and updated recommendations. A further review took place in September 2025 leading to minor changes.

Menopause

The menopause is when women stop having periods and can no longer get pregnant naturally. It is normally experienced between the ages of 45 and 55 and the average UK age is 51. The Women's Health Strategy for England, 2022, was informed by a call for evidence with responses from women, individuals with a woman or women in mind, health or care professionals, and individuals/organisations with expertise in women's health. There was a public survey, invitation to submit written evidence, and a women's focus group study. Key findings include:

- Less than 1 in 10 (9%) said they have enough information on the menopause
- Less than 2 in 3 (64%) said they feel comfortable talking to healthcare professionals about the menopause
- Many reported difficulty in accessing appropriate menopause care, reported as due to lack of recognition of menopause symptoms by both women and healthcare professionals
- Lack of support in the workplace was an important theme with many respondents and organisations describing menopause as feeling like a 'taboo' subject which can't be openly talked about so making symptoms management more difficult

(Department of Health and Social Care)

Torbay's Director of Public Health annual report, 2024, which focuses on women's health, includes a section: Reproductive health which includes the menopause.

The NICE guideline NG23, Menopause: identification and management was reviewed in November 2024 and contains new and updated recommendations. Some minor changes were made in May 2025.

Gender Equality Index UK

The Gender Equality Index UK was developed by the Global Institute for Women's Leadership (GIWL) in King's College London. It measures and maps women's and men's socioeconomic outcomes across UK local authorities. It captures gender gaps as well as

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differences amongst women and amongst men. It uses data from 2021 to 2023 and has 6 key domains: Paid Work, Unpaid Work, Money, Power and Participation, Education, Health.

It found that full gender equality has not been achieved by any UK local authority and that gender equality is lowest in areas where both women and men are falling behind.

- Gender equality measure- captures gaps between women's and men's outcomes irrespective of the direction of (dis)advantage:
    - Torbay is in the 3rd decile (1 is lowest equality)
- Women's outcomes measure- captures gaps between women locally compared to nationally:
    - Torbay is in the 4th decile
- Men's outcomes measure- captures gaps between men locally compared to nationally:
    - Torbay is in the 2nd decile

Torbay is categorised as having 'deep disparities' due to low scores in the 3 measures. 26% of UK local authorities are in this category.

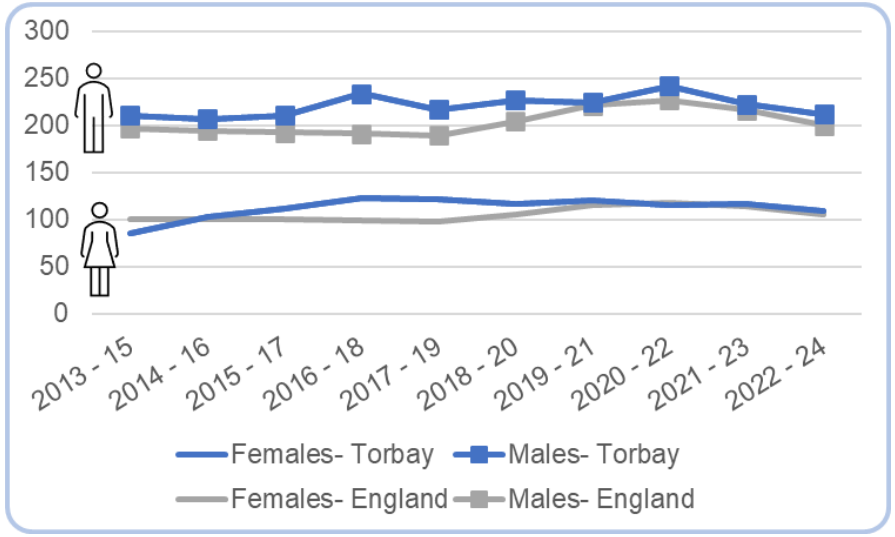
Further information, data, reports and interactive maps can be found at Gender Equality Index UK .

Preventable mortality

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

Torbay females have had significantly lower rates of preventable mortality than males in each period, as is the case in England (Fig 110), with the male rate double the female rate. Torbay's female rate is similar to the England rate in the last 5 periods but significantly higher than the South West in the last 9 periods.

Fig 110: Under 75 mortality rate from causes considered preventable, by sex, per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips)



In 2022-24, 40% of Torbay's female deaths aged under 75 were considered preventable which is in line with the England figure.

Main causes of preventable mortality in under 75 year old females:

- Cancer- 38% of Torbay's preventable female deaths in 2022-24
    - The rate per 100,000 population has shown no particular trend over the last decade (2013-15 to 2022-24) and remains broadly in line with England's female rate, although England is decreasing. Torbay's female rate is

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lower than the male rate throughout the period (2022-24- females- 39.7 per 100,000, males 68.2)

- Respiratory disease- 18% of Torbay's preventable female deaths in 2022-24
    - Torbay's female rate was broadly in line with England over the last decade and neither area shows a particular trend. Torbay's rate is slightly lower than for males except in 2021-23 where it is slightly higher (2022-24- females- 18.8 per 100,000, males- 20.2)
- Liver disease- 15% of Torbay's preventable female deaths in 2022-24
    - For 3 periods (2016-18 to 2018-20) the female rate was significantly higher than England. In the following 4 periods Torbay decreased and levelled out but remained higher than England and higher than previous to 2016-18. England is increasing. Torbay's male rate is higher than for females over the decade (2022-24- females- 18.4 per 100,000, males- 30.5)
- Cardiovascular disease- 15% of Torbay's preventable female deaths in 2022-24
    - Torbay's rate is broadly in line with England over the last decade with neither area seeing any particular movement. As in England, the male rate is more than double the female rate in Torbay over that time, in the last 3 periods Torbay's male rate is more than triple the female rate (2022-24- females- 15.4 per 100,000, males- 49.6)

Women's health is the focus of:

Torbay's Director of Public Health Annual Report 2024

Women's Health Strategy for England, Department of Health and Social Care, 2022, due to be refreshed and relaunched this year (2026)

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Healthy life expectancy at birth - Female (2022 - 24)	Years	61.9	60.2	62.4	61.3	🟡	↓
Emergency hospital admissions as a result of self-harm - Female (2024/25)	DSR per 100,000	246	181	197	128	🔴	↓
Hospital admissions for eating disorders - Female (2024/25)	DSR per 100,000	78	18	31	13	🔴	↑
Chlamydia detection rate, aged 15 to 24 - Female (2024)	Rate per 100,000	2,312	1,686	1,436	1,589	🔴	↓
Abortion rate (2023)	Rate per 1,000	27	24	20	23	🔴	↑
Unpaid carers aged 5 and above - Female (2021)	%	13.0%	11.4%	10.7%	10.3%	🔴	Not comparable
Breast screening coverage, aged 53 to 70 (2024/25)	%	69%	74%	74%	72%	🔴	↑
Cervical screening coverage, aged 50 to 64 (2023/24)	%	73%	75%	76%	74%	🔴	↓
Hospital admissions due to endometriosis (2024/25)	DSR per 100,000	204	112	104	94	Not relevant	↑

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Economy and Employment

Overview

- Torbay has a lower proportion of working age people compared to England and this is projected to fall slightly over the next 20 years.
  Source: Office for National Statistics
- Lower level of economically active 16 to 64 years olds than England and South West.
  Source: NOMIS (Annual Population Survey)
- Lower level of unemployment claimants than England average.
  Source: NOMIS (Claimant Count)
- Average earnings significantly lower than regional and national average.
  Source: NOMIS (Annual Survey of Hours and Earnings)
- More of the workforce is in a part-time job compared to England and South West.
  Source: NOMIS (Business Register and Employment Survey)
- Fewer residents hold higher level qualifications than England and South West.
  Source: NOMIS (Annual Population Survey)
- Better residential Full Fibre and Ultrafast coverage than England average.
  Source: Ofcom Connected Nations

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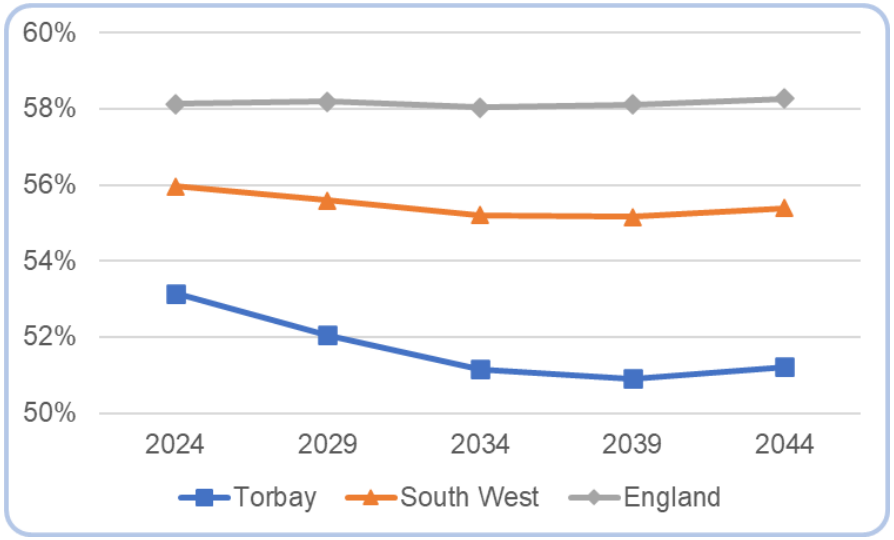
The levels and quality of employment underpin a community. A person who cannot find adequate employment which pays them enough to live without overwhelming financial worries is likely to have an increased risk of physical and mental ill health. Those with higher incomes can expect to have a higher life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

Demographics

The 2024 ONS mid-year population estimates show 53% of Torbay's population is aged between 20 and 64, this is significantly lower than the England average of 58%. Current projections indicate that Torbay's 20 to 64 year old population is set to slightly fall to approximately 51% by 2044 (Fig 111). This is combined with significant projected falls over the same period in the proportions of Torbay's population aged 19 and under (20% falling to 15%) and projected rises in those aged 65 and over (27% rising to 34%).

Fig 111: 20 to 64 population as a share of total population

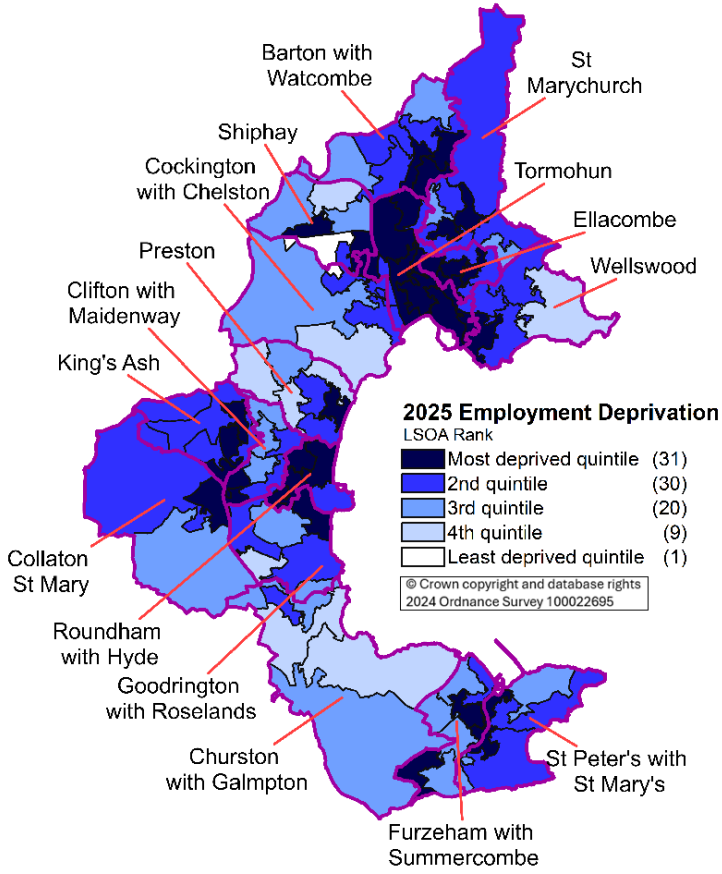
Source: ONS 2022-based migration category variant edition. 2024 based on ONS mid-year population estimates



Employment Deprivation from the 2025 Index of Multiple Deprivation measures the proportion of the working age population involuntarily excluded from the labour market (sickness, unemployment, disability or caring responsibilities). At 20th worst out of 153 in England this was Torbay's equal worst performing sub-domain along with Education, Skills and Training (Fig 112).

Fig 112: Rank of Employment Deprivation

Source: English Indices of Deprivation 2025



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Economic activity

Over the last 5 years, the proportion of those aged 16 to 64 classified as being economically active (in employment or actively seeking employment) has been lower than the South West, England and our statistical comparators by a statistically significant margin (Fig 113). Male economic activity is a little higher than female economic activity in Torbay, but male rates are below England male rates whilst female rates are slightly higher than England female rates. The Annual Population Survey upon which this data is based has suffered from falling sample sizes in recent years, as such additional caution should be used in interpreting data at a local authority level although the rate for economic activity has been broadly consistent from year to year.

The most common reason in Torbay for economic inactivity over the last 5 years has been long-term sickness at 36% of those who are economically inactive, compared to 26% in England. For England, the most common reason was being a student (Fig 114). The categories of temporary sickness and those feeling 'discouraged' are not included as numbers are low and supressed for Torbay. In England these reasons make up 2.5% of the total.

Fig 113: Percentage of 16 to 64 economically active (October 2020 to September 2025)
Source: NOMIS (Annual Population Survey)

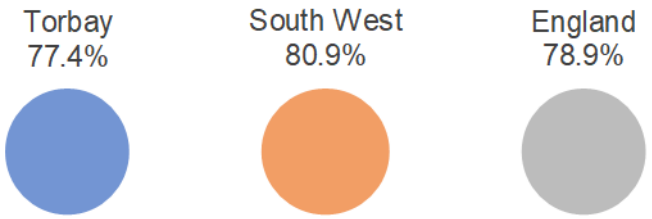
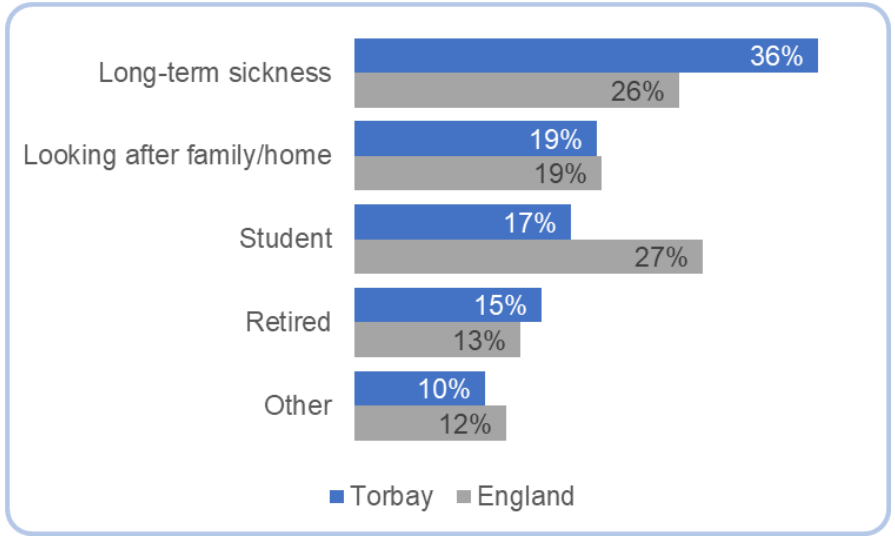


Fig 114: Percentage of economic inactivity reasons for those aged 16 to 64 (October 2020 to September 2025)
Source: NOMIS (Annual Population Survey)



The Office for National Statistics conducts a Business Register & Employment Survey. This shows significantly lower proportions of workers engaged in full-time (30 hours or more) as opposed to part-time employment for Torbay over the last 5 years when compared to England (Fig 115). The 2021 Census showed higher rates of full-time employment, however the difference is due to the Census asking workers how many hours they work, the Business survey asks businesses about employee hours. Also, the Census asks all employees including the self-employed rather than a sample of businesses.

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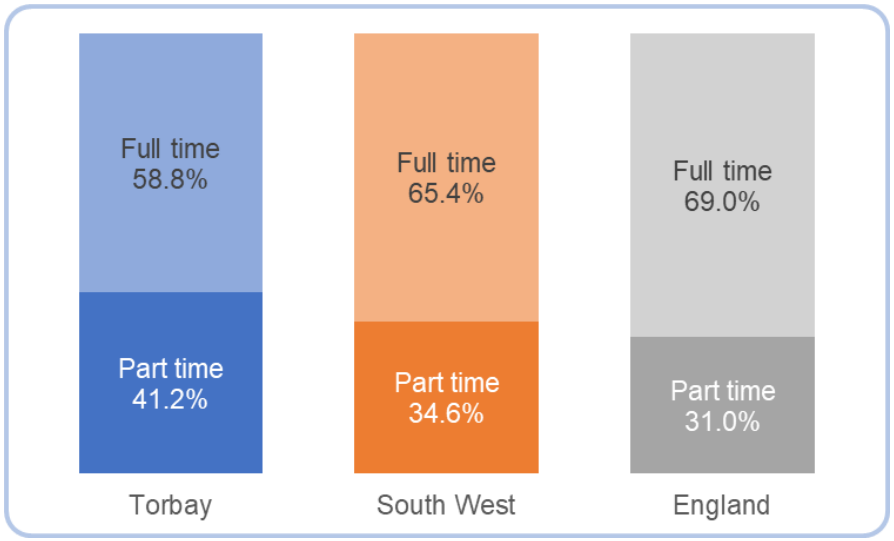
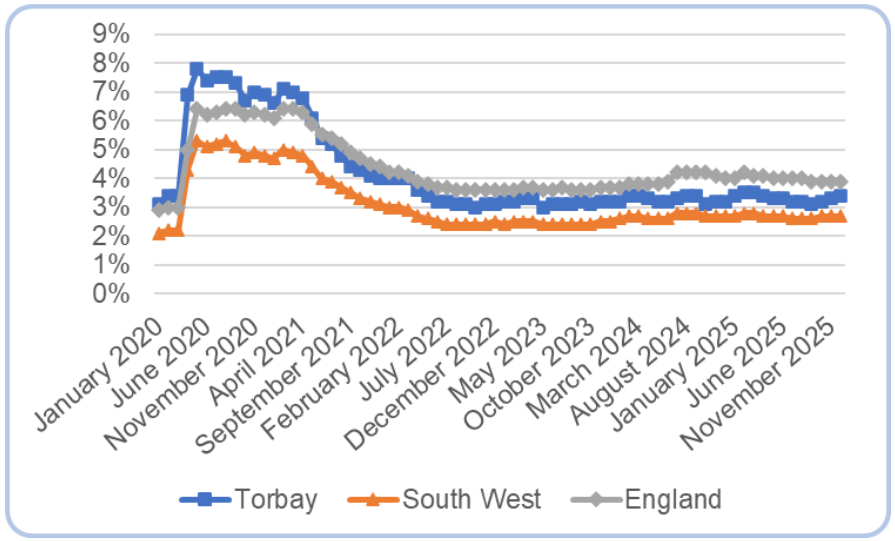
Fig 115: Percentage of full-time and part-time workers (2020 to 2024)
Source: NOMIS (Business Register and Employment Survey)



The unemployment claimant rate in Torbay rose significantly along with the rest of the country during 2020. For Torbay, rates have more than halved from their 2020 peak to current periods (late 2025). Rates for Torbay are lower than England but above the South West average (Fig 116). The unemployment count does not show the broader picture of those who would like to find paid employment but are unable to because of caring responsibilities, sickness or disability. As of December 2025, 2,760 people in Torbay were claiming unemployment benefit.

By August 2025, provisional data showed that 15,900 Torbay households had Universal Credit claims which equates to approximately 1 in 4 of all Torbay households (Source: Stat Xplore). This includes a number of 'nil' awards where earnings in the particular month led to no payment being made, for August 2025 this accounted for 1,300 of the 15,900 household claims. Universal Credit is still in the process of being fully 'rolled out' to the population, it is hoped that Universal Credit will soon be fully rolled out and will replace the individual legacy benefits. This will allow for full comparison across geographies and from year to year.

Fig 116: Percentage of those claiming unemployment benefit as a proportion of residents aged 16 to 64
Source: NOMIS (Claimant Count)



Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood (OHID). It is required that all young people remain in education, employment or training until the end of the academic year in which they turn 17. For 2025, 175 (5.5%) of Torbay 16 to 17 year olds were classified as not being known to be in education, employment or training (NEET), this is lower than 2 years ago and broadly in line with regional and national averages (Fig 117).

The percentage of care leavers aged 17 to 21 years not in education, employment or training is much higher than the rate in the general population. For the period 2021 to 2025, 38.3% of Torbay care

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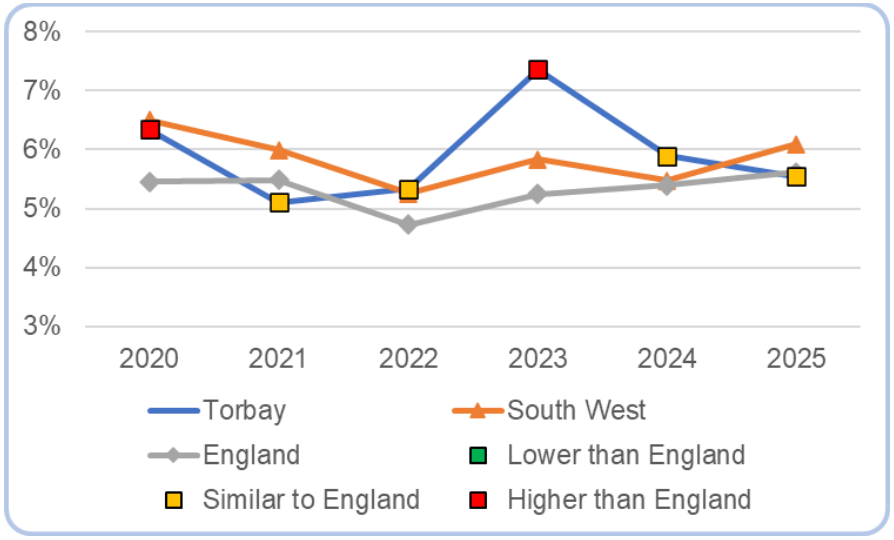
leavers were not in education, employment or training which is broadly in line with national rates. Rates are higher for those aged 19 to 21 years when compared to those aged 17 to 18 years.

Fig 117: Percentage of 16 and 17 year olds not known to be in education, employment or training
Source: Department for Education – explore education statistics

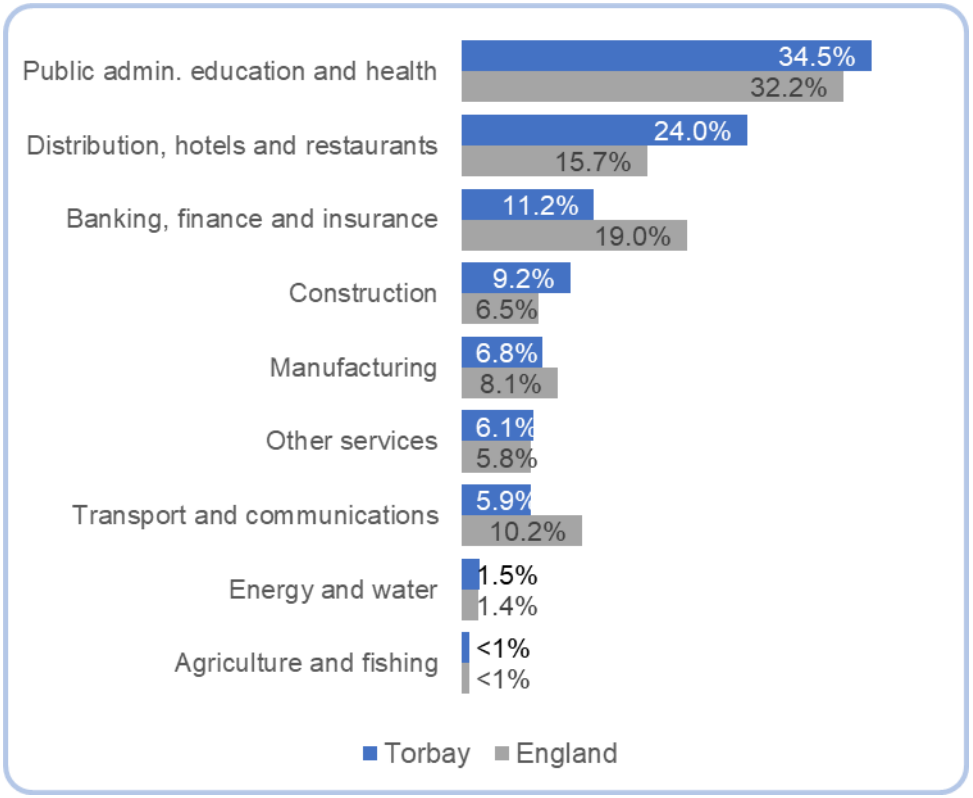


Workforce

The Annual Population Survey, covering the 4 years to September 2025 (Fig 118) shows the largest employment sector in Torbay is 'Public administration, education and health' at 34.5%, it is also the largest sector across England at 32.2%. In Torbay, this is followed by 'Distribution, hotels and restaurants' (24.0%), 'Banking, finance and insurance' (11.2%) and 'Construction' (9.2%). Compared to England, Torbay has much higher levels of employment in the 'Distribution, hotels and restaurants' and 'Construction' sectors. 'Banking, finance and insurance' and 'Transport and communications' are the 2 most significant areas of difference where Torbay has significantly lower percentages of the workforce when compared to England.

The Annual Population Survey upon which this data is based has suffered from falling sample sizes in recent years, as such a level of caution should be used in interpreting data at a local authority level.

Fig 118: Percentage of workforce within each employment sector (October 2021 to September 2025)
Source: NOMIS (Annual Population Survey)



The Annual Population Survey, covering the 4 years to September 2025 (Fig 119) shows the largest occupational group in Torbay belonged to 'Professional occupations' at 18.4%, this was significantly lower than the England average of 26.8%. The second

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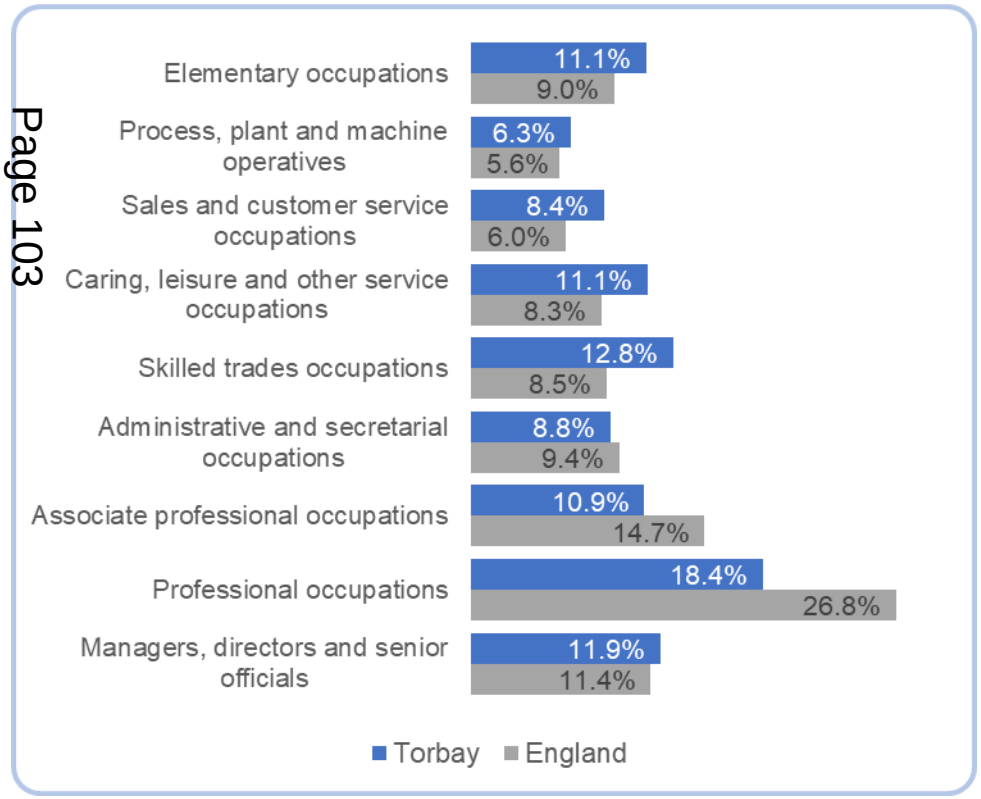
highest proportion related to 'Skilled trades occupations' at 12.8%, this was significantly higher than the England average of 8.5%. The areas of 'Caring, leisure and other service occupations' and 'Sales and customer service occupations' had significantly higher workforce levels in Torbay when compared to England.

The Annual Population Survey upon which this data is based has suffered from falling sample sizes in recent years, as such a level of caution should be used in interpreting data at a local authority level.

Fig 119: Percentage of workforce within each occupation group (October 2021 to September 2025)
Source: NOMIS (Annual Population Survey)



Torbay has consistently had lower average salaries than the national and regional average. The results of the 2025 annual survey of hours and earnings showed that median full-time annual salaries (30 hours or more) in England were 17.2% higher than those for **Torbay residents** (Fig 120) and 27.3% higher in England than those for people who **worked in Torbay** (Fig 122). The South West average was 12.1% higher than those for Torbay residents and 20.5% higher than for those people who worked in Torbay.

The hourly rate of pay for full-time workers was significantly higher in England and the South West when compared to Torbay, there was less difference to England and the South West in relation to part-time workers (Figs 121 and 123).

Fig 120: Average (Median) Full-time salary (2025) - **Residents**
Source: NOMIS (Annual Survey of Hours and Earnings)

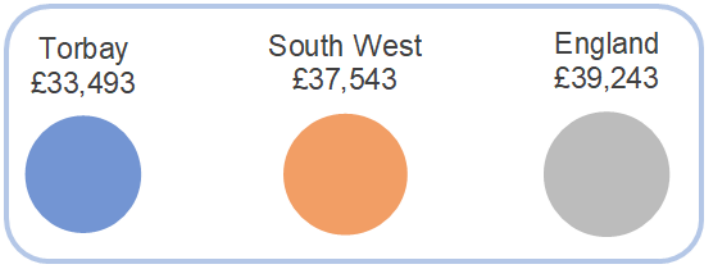


Fig 121: Average (Median) Hourly Rate (2025) - **Residents**
Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£15.03	£15.97	£13.48
South West	£17.22	£18.75	£14.28
England	£18.06	£19.85	£14.10

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Fig 122: Average (Median) Full-time salary (2025) - **Workplace**
Source: NOMIS (Annual Survey of Hours and Earnings)

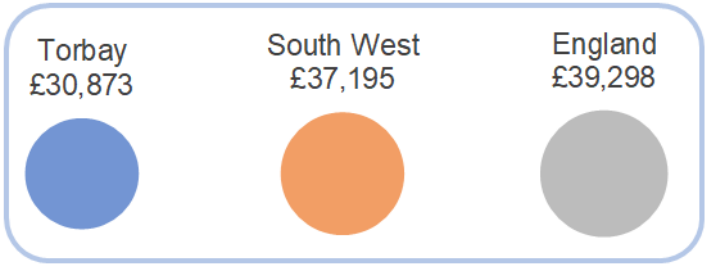
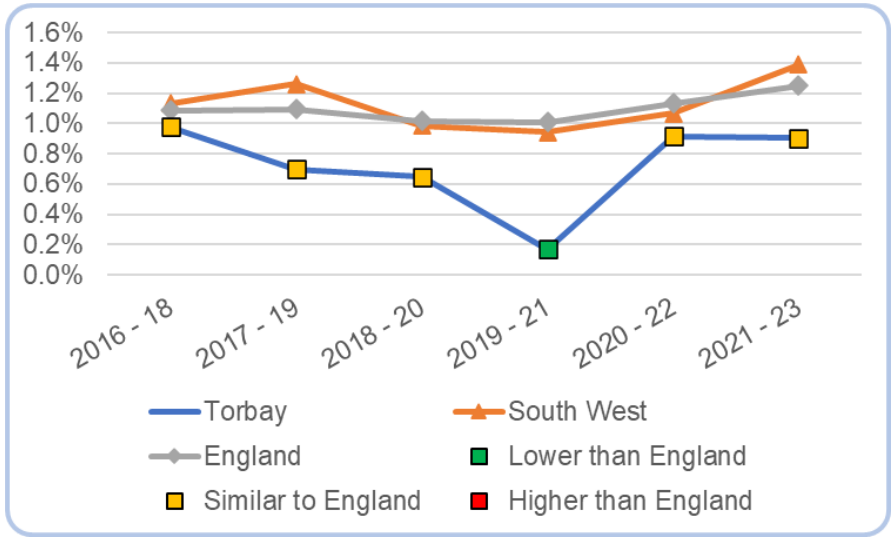


Fig 123: Average (Median) Hourly Rate (2025) - **Workplace**
Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£14.89	£15.25	£13.97
South West	£17.06	£18.65	£14.18
England	£18.09	£19.88	£14.10

The Labour Force Survey asks questions around the number of working days lost due to absence in the previous week. Compared to the early middle 2010s, Torbay has seen reported falls in the percentage of working days lost to sickness (Fig 124). Data for 2019 to 2021 was particularly low but may be considered an outlier in the general trend.

Fig 124: Percentage of working days lost due to sickness absence
Source: OHID – Public Health Profiles (Fingertips)



Rates of Torbay children under 16 living in low-income families as assessed by the Department for Work and Pensions have risen over the last 2 years. Just under 1 in 4 Torbay children under 16 lived in a low income family during 2023/24, the rate was significantly higher than England and the South West (Fig 125). A family must have income less than 60% of median income (adjusted for family size and composition), have claimed Child Benefit and one or more of Universal Credit, Tax Credits or Housing Benefit to be classified as low income. The statistics do not take housing costs into account and also would not include any families not claiming one of the benefits listed.

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Fig 125: Children in relative low income families
Source: OHID – Public Health Profiles (Fingertips)

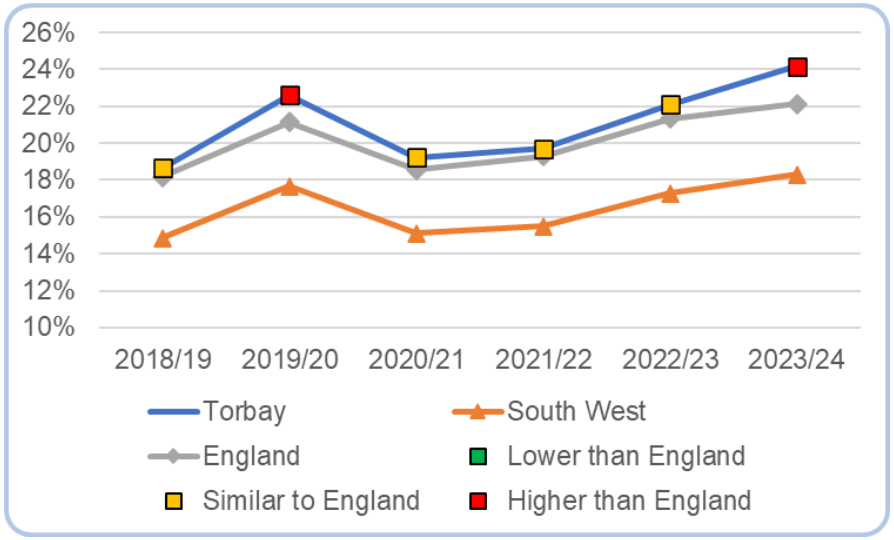
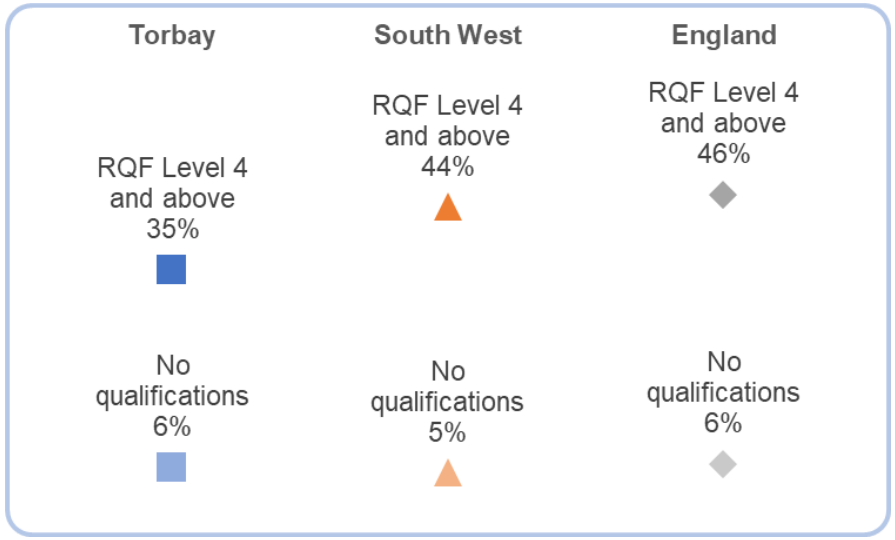


Fig 126: Highest level of qualification, aged 16 to 64 (2022 to 2024)
Source: NOMIS (Annual Population Survey)



The Annual Population Survey asks for the highest qualification level of those aged between 16 and 64. For the 3 year period 2022 to 2024, 5.9% of Torbay residents had no qualifications which was slightly higher than the South West (5.1%) and slightly lower than the England average (6.4%). Torbay also had a significantly lower proportion of residents with an RQF Level 4 qualification (equivalent to first year of a bachelor degree) or above (Fig 126) with an 11 percentage point gap between Torbay and England.

The Annual Population Survey upon which this data is based has suffered from falling sample sizes in recent years, as such a level of caution should be used in interpreting data at a local authority level.

Business, Broadband Connectivity and Insolvencies

The number of active business enterprises in Torbay stood at 4,375 for 2024. There were 420 births and 415 deaths of enterprises within 2024 (Fig 127). For the 470 new Torbay enterprises born in 2019, 190 (40.4%) survived for 5 years, this is a better rate of survival than England (38.3%) but lower than the South West (43.5%).

Gross Value added is an economic productivity metric that measures the contribution to the economy of each sector (for our purposes, each local authority district). It is the value of the amount of goods and services that have been produced, less the cost of all inputs and raw materials that are directly attributable to that production. For the last few years available, Gross Value added per filled job for Torbay has been amongst the lowest in England with only 3 local authorities having a lower GVA per filled job in England for 2023 (West Devon, Rother, Torridge).

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

Fig 127: Torbay enterprises (2024)
Source: Business Demography (ONS)

As more of our leisure and work is conducted on-line, good broadband connectivity is essential to serve both customers and workers. The latest Connected Nations July 2025 data from Ofcom shows that 99% of Torbay residences have Superfast broadband availability, 91% Ultrafast broadband availability and 84% full-fibre availability. Torbay has a significantly higher proportion of residential premises able to connect to Ultrafast (UK 88%) and Full Fibre (UK 78%). It is a different story in relation to Commercial premises with Torbay having significantly lower levels of availability of Superfast (83% to 91%), Ultrafast (62% to 69%) and Full Fibre (56% to 67%) compared to the UK. Also, slightly more commercial premises are unable to receive decent broadband compared to UK (6% to 4%) (Fig 128). For commercial premises, figures quoted by 'Ofcom Connected Nations' for Torbay have fallen in comparison to last year, there is no explanation given for the fall in rates.

Whilst there are high rates of broadband residential connectivity available in Torbay, that is not necessarily indicative of lower levels of digital exclusion. Someone may have access to a good broadband connection but significant difficulties may still exist around navigating apps, websites and on-line forms for many members of the population, whether on a laptop, tablet or mobile phone.

Fig 128: Broadband connectivity availability (July 2025)
Source: Ofcom Connected Nations

Residential	Torbay	UK
Full Fibre	84%	78%
Ultrafast	91%	88%
Superfast	99%	98%
Unable to receive decent broadband	<1%	1%
Commercial	**Torbay**	**UK**
Full Fibre	56%	67%
Ultrafast	62%	69%
Superfast	83%	91%
Unable to receive decent broadband	6%	4%

The rate of Individual Insolvencies per 10,000 adults in Torbay reached its lowest level in the last decade during 2023, this was the continuation of a trend over the decade with a drop from 457 Individual Insolvencies in 2014 to 347 in 2023, for the latest year there was a rise to 385. However, rates have remained consistently significantly higher than the South West and England (Fig 129). The make-up of Individual Insolvencies has changed significantly since 2014 with a significant increase in Individual Voluntary Arrangements but falls in Debt relief orders and bankruptcies.

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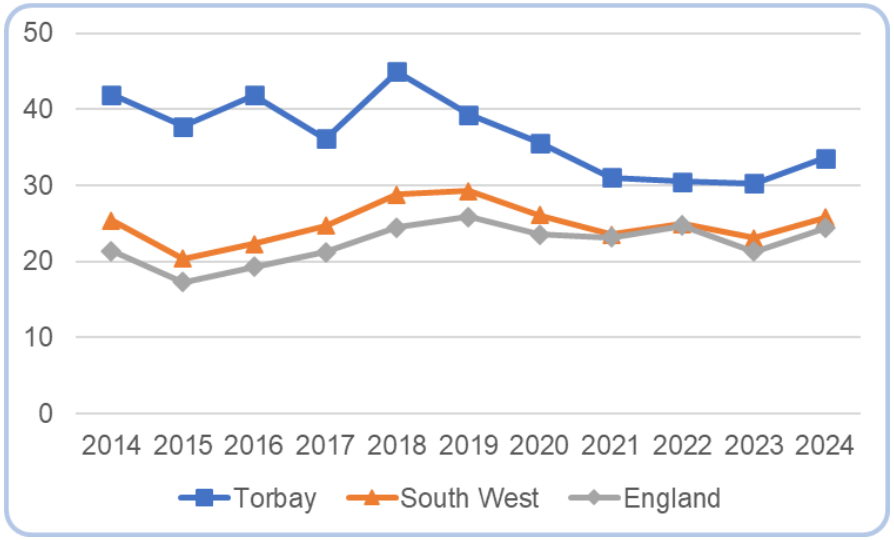
Fig 129: Individual Insolvency Rates per 10,000 adults
Source: Insolvency Service



Documents held at the following site hold more detailed information in relation to the economic growth strategy, town centre transformation and destination management plan:

Economic Regeneration and Tourism - Torbay Council

There is also a more detailed look at Economic inactivity and unemployment at:

Economic inactivity and unemployment- Torbay, September 2025

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
20 to 64 year old population (2024)	%	53%	55%	56%	58%	🔴	↓
16 to 64 year olds who are economically active (October 2020 to September 2025)	%	77%	79%	81%	79%	🔴	↑
Of those employed, in full-time employment (2020 to 2024)	%	59%	66%	65%	69%	🔴	↑
Unemployment (Dec 2025)	%	3.4%	3.2%	2.7%	3.9%	🟢	↑
16 and 17 year olds not known to be in education, employment or training (2025)	%	5.5%	5.4%	6.1%	5.6%	🟡	↓
Median full-time salary - Residents (2025)	£	£33,493	£38,243	£37,543	£39,243	🔴	Not relevant
Level 4+ Qualification (2022 to 2024)	%	35%	42%	44%	46%	🔴	↓
Children in relative low income families (2023/24)	%	24%	20%	18%	22%	🔴	↑
Individual Insolvency Rate (2024)	Rate per 10,000 adults	34	27	26	24	🔴	↑

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Housing

Overview

- More than 1 in 4 (27%) Torbay households privately rent which is significantly higher than England. This is combined with the lowest level of socially rented accommodation in the South West.
  Source: Census 2021
- Rate of dwellings classified as long-term vacants twice as high as England.
  Source: Council Tax base statistics
- Since the start of 2020, 46% of Torbay dwellings had an Energy Performance Certificate (EPC) rating of C or better.
  Source: Ministry of Housing, Communities & Local Government
- Affordability of housing to buy has improved in recent years.
  Source: Office for National Statistics
- Rate of homelessness has been consistently higher in Torbay when compared to England.
  Source: OHID – Public Health Profiles (Fingertips)
- As of 31st March 2025, 1,819 households were on Torbay Council housing waiting lists, this represents a smaller proportion of households than the England average.
  Source: Ministry of Housing, Communities & Local Government

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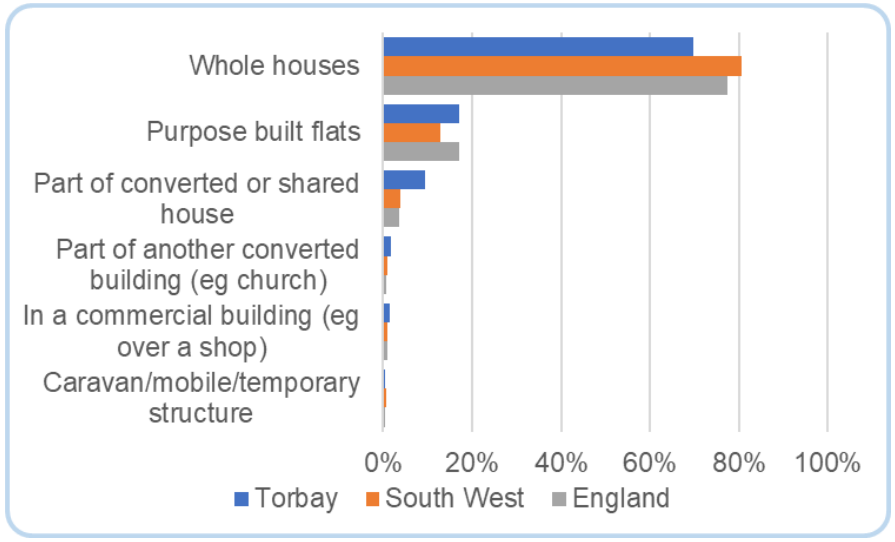
Many parts of the UK have a significant problem in relation to the affordability, availability and quality of their housing stock. Torbay also has significant issues in relation to the points above, these issues will be particularly pronounced among younger and less affluent members of our community.

Households and housing mix

In the 2021 Census, Torbay had just under 63,000 households. 70% of these households lived in a whole house which was significantly lower than the South West and England (Fig 130). Torbay had significantly higher numbers of people who lived in part of a converted or shared house, including bedsits which accounted for 9.3% of households (South West 3.8%, England 3.5%). There were very significant differences between wards, for instance just over 1 in 5 (21%) households in Roundham with Hyde lived in a converted or shared house including bedsits compared to less than 1% in Churston with Galmpton, Collaton St Mary and Barton with Watcombe.

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

Fig 130: Accommodation type of households (2021)
Source: Census 2021



Torbay, in line with England had 69% of its properties classified as underoccupied (more bedrooms than required), 33% had an underoccupancy rate of 2 or more bedrooms. Half of Torbay's wards have at least 75% of households underoccupied, rates of under occupation range from 49% of households in Tormohun to 87% in Churston with Galmpton. Under occupation and over occupation are calculated by comparing the number of bedrooms a household requires to the number of available bedrooms. This is based on criteria such as the age and sex composition of the household.

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

Almost 2 in 3 households own their property, either outright or with a mortgage. This rate of home ownership in Torbay has been on a steady decline from 78% of Torbay households in 1991 to 65% in 2021. There has been a decline in home ownership across the

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South West and England but the rate of decline is shallower (Fig 131).

Torbay has high rates of privately rented accommodation, 27% of Torbay households live in the privately rented sector (Fig 132) which is significantly higher than the South West and England rates of 20%. Roundham with Hyde (47%), Tormohun (45%) and Ellacombe (40%) have the highest rates of households living in privately rented accommodation. Conversely, Torbay has low rates of households living in socially rented accommodation at 8%, this is the lowest rate in the South West.

Fig 131: Percentage of households who own their own home
Source: Census

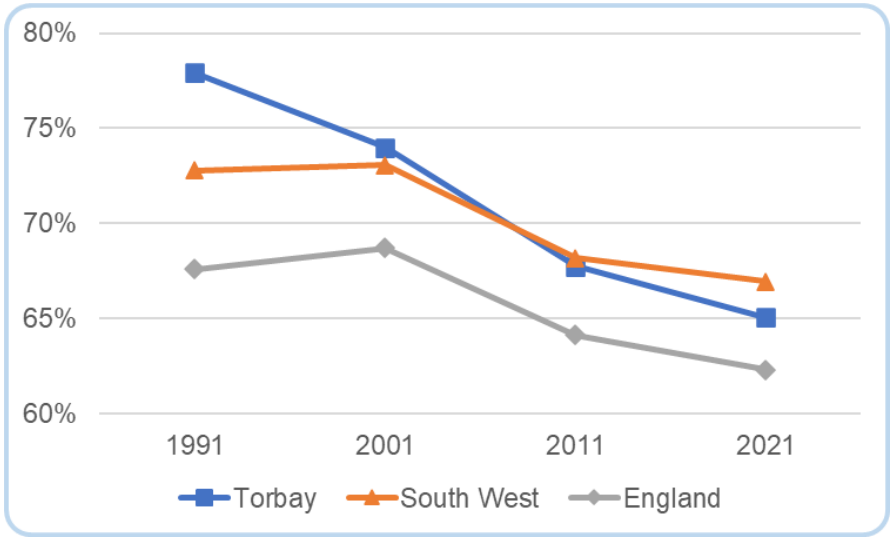
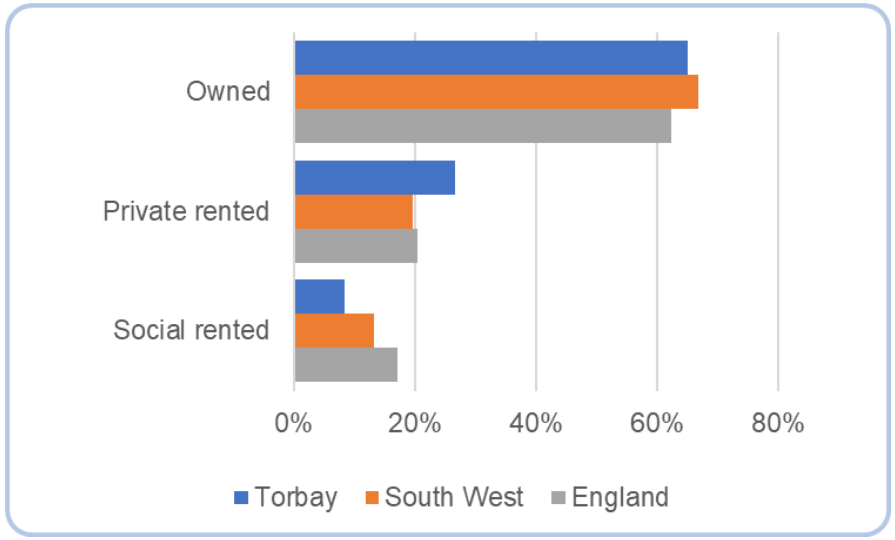


Fig 132: Housing Tenure (2021)
Source: Census 2021



House prices and rents

Over the last decade, the median house price (including flats) in Torbay has risen at a broadly similar rate to the South West and England although rates post-COVID have risen at a slightly higher rate than the South West and England. For the year ended September 2025, the median house price paid in Torbay was £250,000 which was a 23% rise when compared to 5 years before as prices rose after the 2020 COVID-19 lockdowns. The lower quartile house price paid (including flats) for the year ended September 2025 was £186,000 in Torbay, lower quartile refers to median of the lower half of house prices. These prices have risen 19% over the previous 5 years. Within Torbay, the lower quartile prices have risen slightly slower than median prices over the last 20 years (Fig 133).

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Fig 133: Median and lower quartile house prices (£, year ending September)
Source: Office for National Statistics

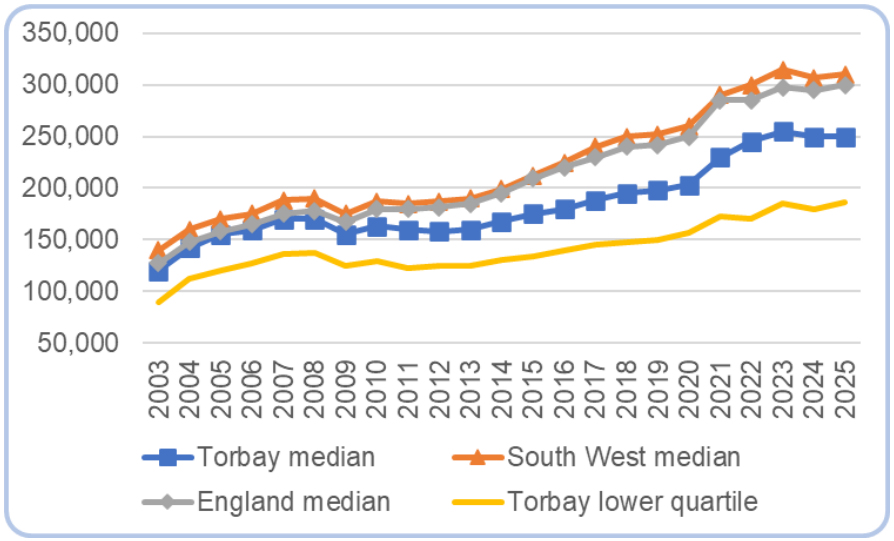
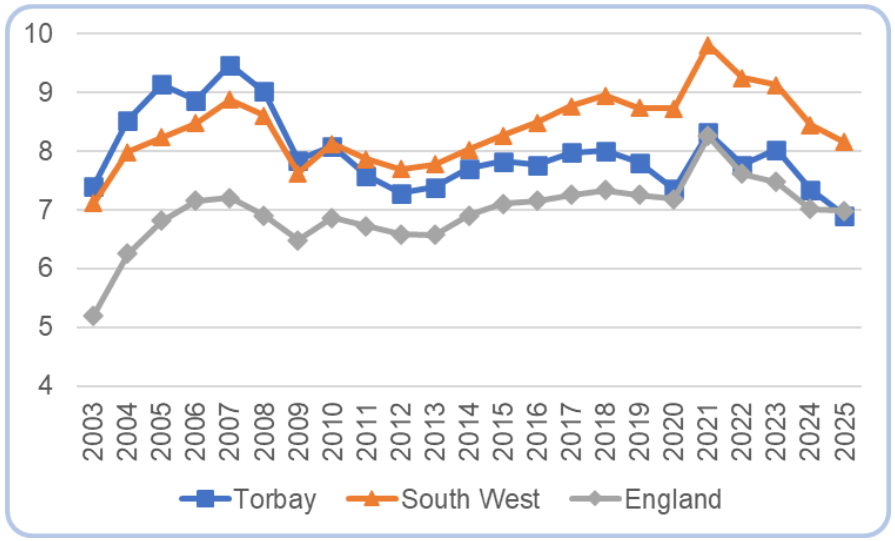


Fig 134: Ratio of lower quartile house price to lower quartile gross annual residence-based full-time earnings
Source: Office for National Statistics



House prices by themselves only tell part of the story around housing affordability. A measure of affordability lies in the ratio of lower quartile house prices to lower quartile earnings of residents. Although Torbay house prices are lower when compared to England, wages are also lower in Torbay which means that over the last 20 years, affordability has been a more significant issue than across England. However, over the last few years affordability has been closer to England but significantly better than the South West (Fig 134). For the year ended September 2025, the ratio of lower quartile house price to lower quartile residence-based full-time earnings was 6.91 (South West – 8.16, England – 6.99). It should be noted that these ratios are calculated against those in full-time employment, for the large amount of those who are employed part-time these ratios will be significantly worse.

For many people, buying a house is not currently or is unlikely to ever be a choice they can make due to the affordability of property. According to the 2021 Census, 27% of Torbay households currently rent privately which is significantly higher than the South West and England. Whilst average private rents are significantly lower in Torbay compared to the South West and England, it should also be noted that wages are lower. We only have access to data around average rents, private rental properties in Torbay were notably more affordable based on full-time earnings of residents than averages for the South West and England (Fig 135). Overall, Torbay average monthly rents increased by 4.6% from the previous year, they are higher than the Local Housing Allowance rate which is the maximum amount of housing benefit that eligible private renters would be able to get to help with rent Private tenancies - Torbay Council. It should also be noted that levels of social housing are comparatively low in Torbay.

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Fig 135: Average monthly rents (January 2026)
Source: Office for National Statistics Price Index of Private Rents

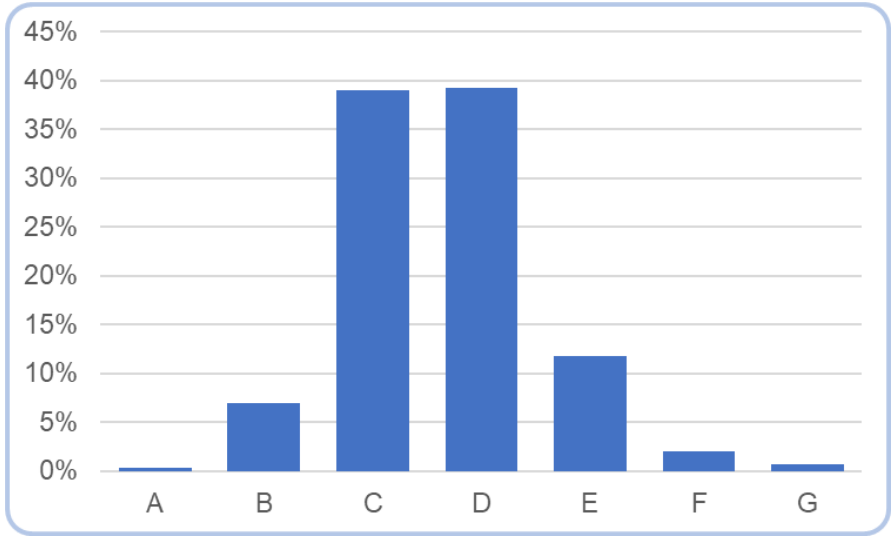
Area	Torbay	South West	England
1 bed	£602	£816	£1,164
2 bed	£793	£1,046	£1,300
3 bed	£968	£1,272	£1,450
4+ bed	£1,265	£1,850	£2,115

Housing quality and efficiency

Cold and damp homes can worsen asthma and respiratory conditions. Cold homes can worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can also have a significant impact on mental health. Higher levels of depression and anxiety are more common among people living in these conditions Health inequalities: Cold or damp homes - House of Commons Library (parliament.uk).

An Energy Performance Certificate (EPC) measures how energy efficient a property is, these are needed for new-build properties and if you wish to sell or let your property. An EPC is graded from A for the most energy efficient properties to G for the least energy efficient. As well as the environmental need for more energy efficient houses, there is a financial imperative in the face of higher energy bills. Grades A to C are seen as the target to reach, although this can be particularly difficult in older properties. For the period January 2020 to December 2025 (data collection started in late 2008), 46% of Torbay dwellings were rated as EPC Band C or better (Fig 136). Rates were significantly better in flats than houses, and 95% of new properties were rated A to C. By comparison, 43% of existing dwellings since January 2020 were Band C or better. Energy efficiency for existing dwellings has improved when compared to the 32% achieving Band C or better since 2008, with 2025 showing 53% of existing dwellings achieving Band C or better. Socially rented properties have been more than twice as likely to be Band C or higher than privately rented or owner occupied. Latest data for the number of EPC lodgements during the period January 2020 to December 2025 is shown in Fig 136, 39% of Torbay lodgements returned a Band D and a further 39% returned a Band C.

Fig 136: Percentage of grades for EPC lodgements - Torbay (January 2020 to December 2025)
Source: Ministry of Housing, Communities & Local Government



Indoor deprivation is a sub-section of the Index of Multiple Deprivation 2025. Indoor deprivation measures housing in poor condition, housing energy performance and housing lacking private outdoor space. There are significant concentrations of indoor deprivation in the central areas of Torquay, Paignton and Brixham (Fig 137)

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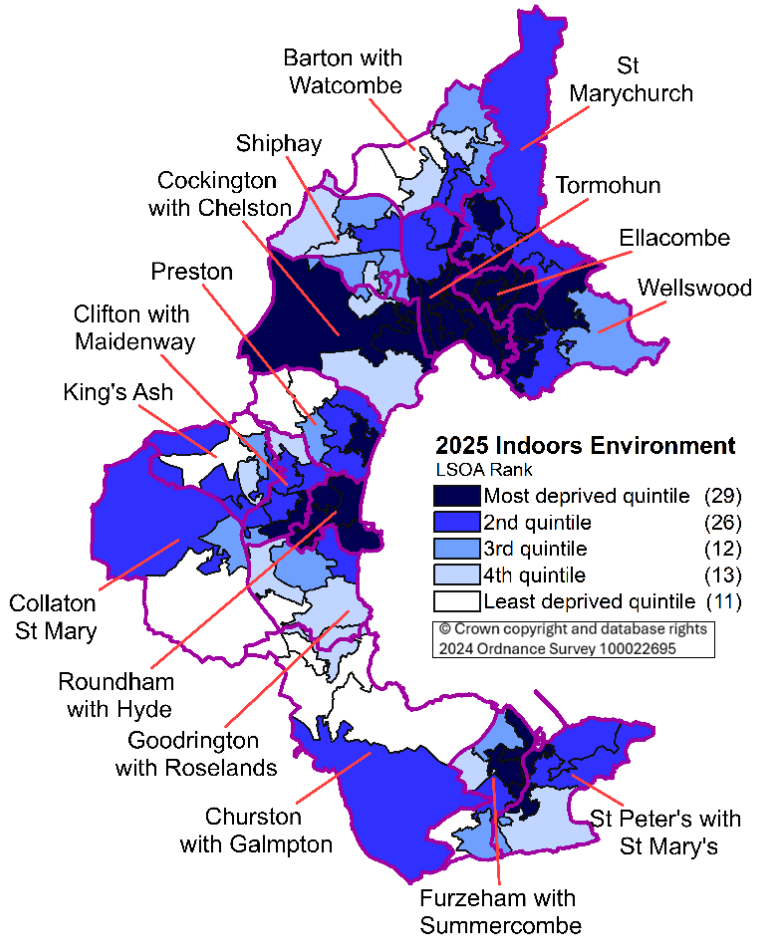
Fig 137: Rank of Indoor Deprivation
Source: English Indices of Deprivation 2025



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

The 2023 English Housing Survey has modelled estimates of the number of 'non-decent' homes by local authority English Housing Survey: local authority housing stock condition modelling, 2023 - GOV.UK. 'Non-decent' homes are those that have a hazard or immediate threat to someone's health, are not in a reasonable state of repair, lacking modern facilities or not effectively insulated or heated. 17.8% of Torbay's homes (almost 12,000 homes) were estimated to be 'non-decent' which was higher than the England rate of 14.5%. There were higher rates of non-decent homes in the private rented sector within Torbay at 24.6% (Social rented 11.2%, Owner occupied 15.6%).

The Department for Energy Security and Net Zero uses the low income, low energy efficiency methodology to measure fuel poverty. Under this, a household is considered to be fuel poor if they are living in a property with an EPC rating of Band D or worse and when they spend the required amount to heat their home and other housing costs, they are left with a residual income below the official poverty line (less than 60% of median disposable income). It should be noted that this methodology discounts anyone living in a property with a Band A to C rating as being in fuel poverty.

As of late March 2026, there were no available records at local authority level beyond 2023. As of 2023, 11.4% of Torbay households were in fuel poverty which was similar to England and higher than the South West rate of 10.2% (Fig 138). This is a significant fall from the figure of 15.5% of Torbay households in 2022. Across England, fuel poverty is significantly more prevalent amongst those with dependent children than those without, in particular lone parents with dependent children. Updates to fuel poverty statistics will be published at Fuel poverty statistics - GOV.UK (www.gov.uk) .

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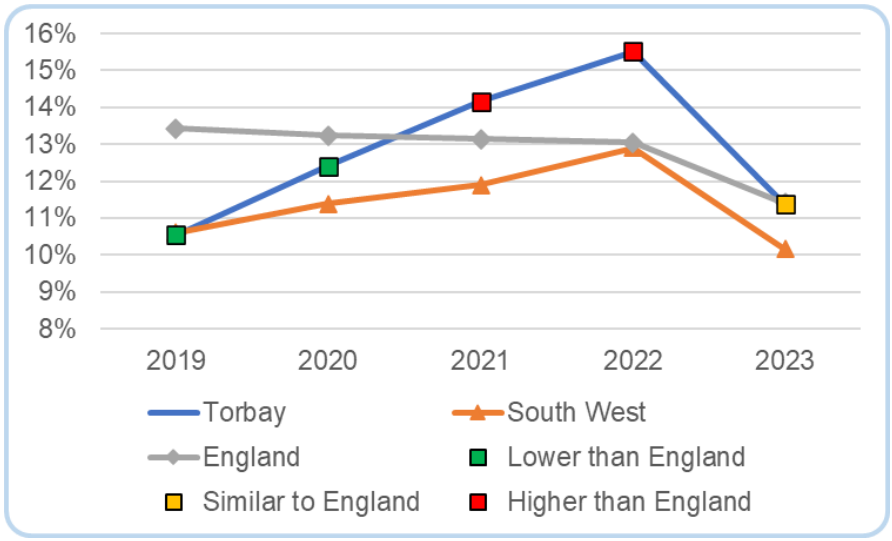
Fig 138: Percentage of households in fuel poverty (Low income, low energy efficiency methodology)
Source: OHID – Public Health Profiles (Fingertips)

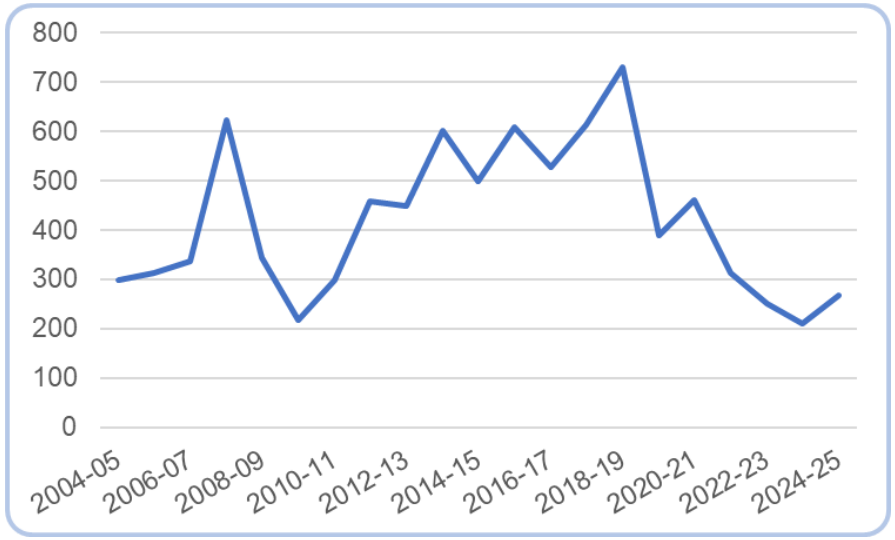


Housing needs and homelessness

On 31st March 2025, Torbay Council had 1,819 households on its housing waiting lists which was higher than the previous year of 1,639, this is a significant increase compared to 31st March 2019 when there were 1,045 households on the list. However, rates are much lower than the beginning and middle of the last decade. Of the 1,819 households, 971 required 1 bedroom, 417 required 2 bedrooms, 295 required 3 bedrooms and 136 required more than 3 bedrooms. The housing waiting list equates to an estimated 2.9% of Torbay households compared to the England rate of 5.5%.

Statistics around net additional dwellings for the period 2011-12 to 2020-21 were significantly revised last year after the release of the 2021 Census, leading to a significant uplift in the number of net additional dwellings in Torbay during this period. The number of net additional dwellings added to Torbay housing stock during 2024/25 was 267 (Fig 139), this is significantly below the 5 year and 10 year averages of 300 and 437 respectively. Torbay had originally been set a target by central government of 600 additional dwellings a year to be built between 2022/23 and 2039/40. However, more recently the draft Torbay Local Plan (as of March 2026) set a target of 400 additional dwellings per year to be built over the period 2025 to 2045, updates to policy and plans can be found at Local Plan Update - Torbay Council.

Fig 139: Torbay net additional dwellings
Source: Ministry of Housing, Communities & Local Government



The Ministry of Housing, Communities and Local Government provide data in relation to the additional annual supply of affordable housing. For the 8 years 2017/18 to 2024/25, 406 additional affordable units were completed in Torbay, most of these relating to affordable rent or shared ownership (Fig 140). These statistics consist of those funded through Homes England funded providers or a Section 106 nil grant. 2023/24 saw just 9 affordable housing completions which was the lowest of any of the 8 years covered, this

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rose to 66 for 2024/25. The largest number of affordable housing completions during the period was 156 in 2018/19.

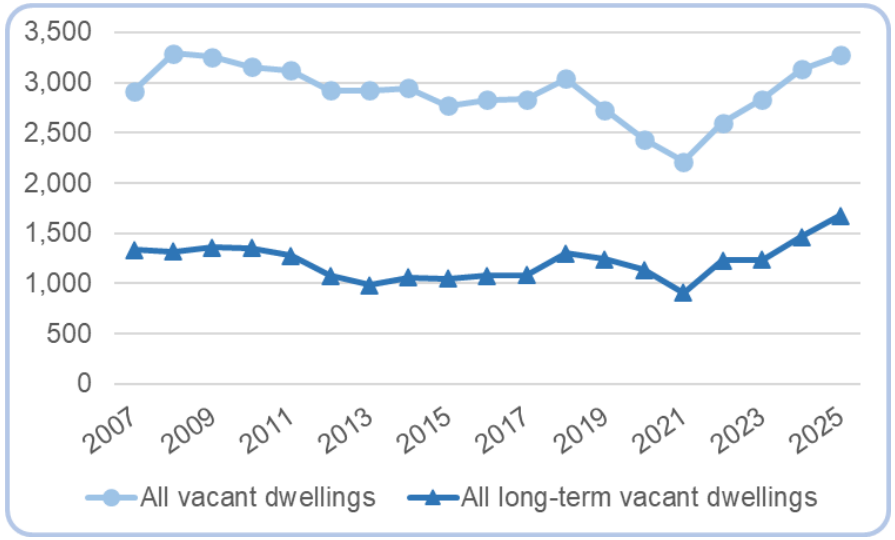
Fig 140: Affordable housing completions – Torbay (2017/18 to 2024/25)
Source: Ministry of Housing, Communities & Local Government

Affordable housing completions type	Number
Affordable Home Ownership	5
Affordable Rent	213
Shared Ownership	135
Social Rent	53
TOTAL	**406**

As of October 2025, Torbay had 3,273 vacant dwellings, 1,675 of these have been vacant for at least 6 months which is classified as long-term. Torbay Council Tax base for October 2025 showed 68,868 dwellings on the valuation list, this indicates that 2.4% of Torbay dwellings were long-term vacants, this compares to 1.2% for England. Until 2022, vacancy rates in Torbay had been on a broadly downward trend for a number of years (Fig 141).

Over the period 2020/21 to 2024/25, approximately 6 in 7 (84.6%) of Torbay care leavers aged 17 to 21 were deemed to have 'suitable' accommodation, this is significantly lower than the England rate of 88.7%. However, it should be noted that there are no hard and fast rules on whether accommodation is deemed 'suitable'; the decision made by local authorities when reporting accommodation information will depend on the circumstances of the individual case (Department for Education).

Fig 141: Vacant dwellings – Torbay
Source: Council Tax base statistics Table 615



Torbay consistently has a significantly higher number of households who have been owed a duty under the Homelessness Reduction Act when compared to the South West and England (Fig 142). An annual rate for 2024/25 was not available for Torbay due to data not being available for the 3 month period of January to March 2025.

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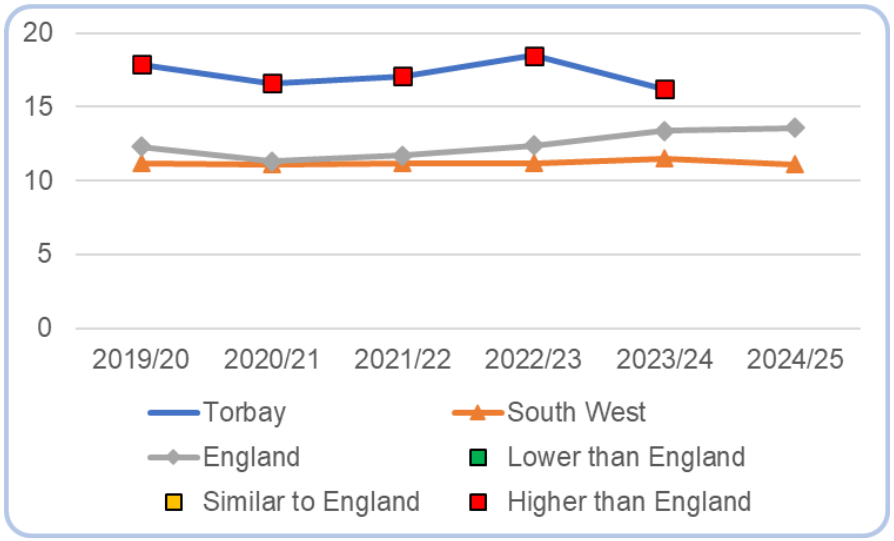
Fig 142: Homelessness: Rate of households owed a duty under the Homelessness Reduction Act, per 1,000
Source: OHID – Public Health Profiles (Fingertips)



For the period April 2024 to December 2024, 714 out of the 717 Torbay households assessed were owed a homelessness duty, including 440 households owed a relief duty (because they were already homeless), and 274 threatened with homelessness who were owed a prevention duty. Figures were taken from the homelessness tables held at Tables on homelessness - GOV.UK (www.gov.uk) .

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

- Friends or family no longer willing or able to accommodate – 21%
- End of private rented tenancy (assured shorthold) – 20%
- Domestic Abuse – 19%
- End of private rented tenancy (not assured shorthold) – 10%

By far the main reason for the threat of loss of last settled home for those owed a *prevention duty* was the end of a private rented assured shorthold tenancy (54%). This is much higher than the England average which is 39%.

For the period April 2024 to December 2024, 73% of Torbay households owed a duty had support needs, in many cases multiple support needs, this was significantly higher than the rate of 57% across England over the same period. Of all Torbay households owed a duty the 5 most common support needs were:

- History of mental health problems – 44%
- Physical ill health and disability – 37%
- At risk of or had experienced domestic abuse – 21%
- Offending history – 19%
- Learning disability – 18%

All of these support needs were more common in Torbay than across England over the same period, for instance 28% had a history of mental health problems across England, 21% experienced physical ill health and disability.

45% of Torbay households owed a duty had 3 or more support needs, this was much higher than the England rate of 18%.

Just over half (51%) of the main applicants during the period April 2024 to December 2024 owed a prevention or relief duty were between 25 and 44 years old (Fig 143).

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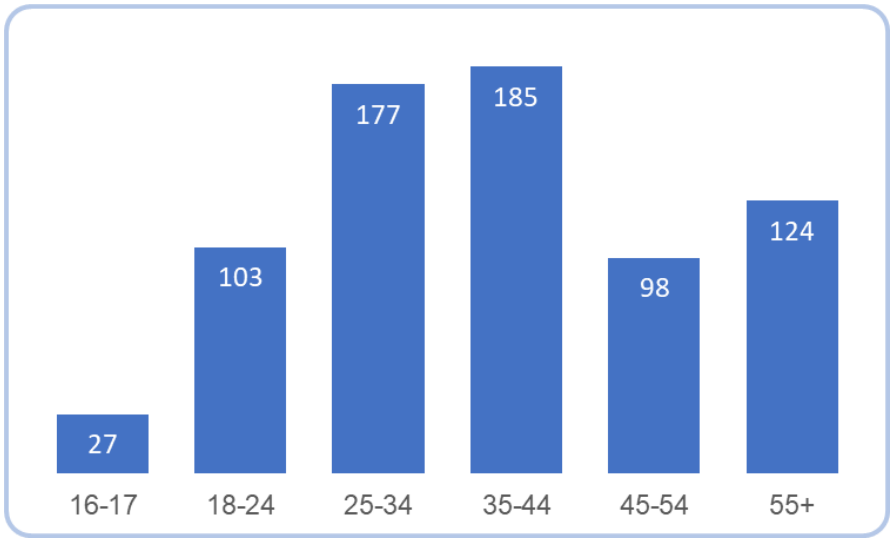
Fig 143: Age breakdown of those owed a homelessness duty – Torbay (April to December 2024)
Source: Ministry of Housing, Communities & Local Government



70% of people owed a *relief duty* during the period April 2024 to December 2024 (already homeless) were either single males (45%) or single females (25%). 24% of people owed a relief duty had dependent children (14% were single mothers, 4% single fathers, 6% couples or 3 or more adults).

For those owed a *prevention duty* the main groups consisted of 50% who were single adults (31% male, 19% female), 23% single female parents with dependent children, 12% couples with dependent children and 8% couples/two adults without dependent children.

If homelessness is not successfully prevented or relieved, the local authority will owe a 'main' duty to applicants who are homeless, have a priority need for accommodation and are not homeless intentionally. Certain groups of people have a priority need if homeless including pregnant women, families with children, those homeless as a result of domestic abuse, events such as a house fire or a number of other physical or mental vulnerabilities Homelessness code of guidance for local authorities - Overview of the homelessness legislation - Guidance - GOV.UK . During the period April 2024 to December 2024, 166 out of 315 (53%) main duty decisions resulted in acceptance of the local authority having a 'main' duty. The remaining 47% were almost all homeless but not assessed as having both a priority need and being unintentionally homeless. Of those assessed as being owed a 'main' duty in Torbay, the main 2 priority needs were of being a household that includes dependent children (42%) and physical disability/ill health (17%).

The average number of households in temporary accommodation in Torbay over the period July 2024 to December 2024 (only 2 quarters data was available for 2024/25) was 168, of these, on average, 57 were households with children. The most common form of temporary accommodation was hostels which accounted for 25% of temporary accommodation followed by self-contained privately managed accommodation (24%), local authority/housing association stock (19%), bed and breakfast hotels (18%) and private sector accommodation leased by LA or leased/managed by a registered provider (15%). For those households with children, they were most likely to be placed in local authority/housing association stock (55%), followed by self-contained privately managed accommodation (22%) and hostels (20%).

The rough sleeping data framework shows the number of people estimated to have slept rough during the month. The data is not independently verified but shows a direction of travel in Torbay over the period 2021 to 2025 with the estimated average numbers sleeping rough each month rising over the period (Fig 144). Previously, data was sourced from the annual rough sleeping

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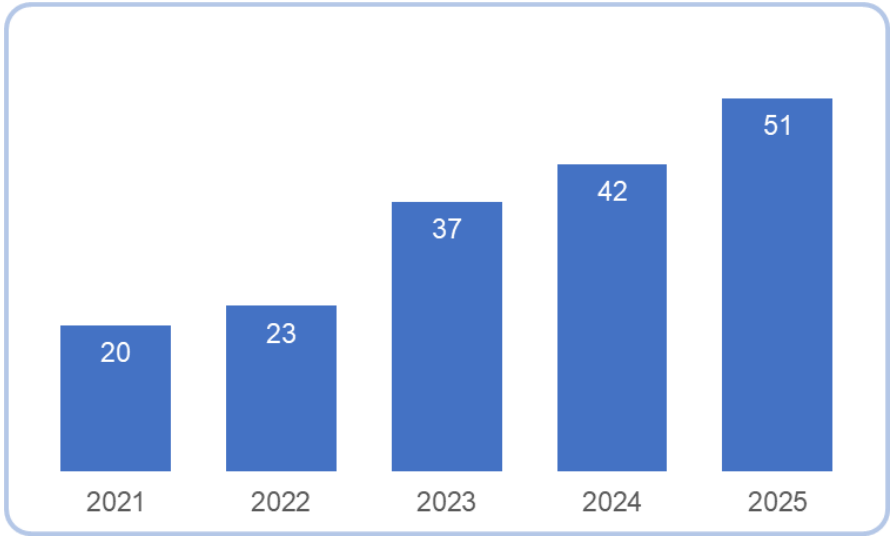
snapshot which was based on the count of a single night each Autumn.

Fig 144: Estimated number sleeping rough over the course of the month, monthly average – Torbay
Source: Ministry of Housing, Communities & Local Government



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

Local Plan Update - Torbay Council

Housing Strategy - Torbay Council

Ending rough sleeping for good - GOV.UK (www.gov.uk)

Proposed reforms to the National Planning Policy Framework and other changes to the planning system - GOV.UK

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Environment and Climate Change

Overview

- Torbay's percentage of household waste sent for reuse, recycling or composting has been increasing for several years. Torbay is back to around 2019/20 levels in 2024/25.

Source: Department for Environment, Food and Rural Affairs

- Torbay's greenhouse gas emissions are on a reducing trend and remain considerably lower than England in 2023, with the transport sector overtaking the domestic sector as the highest emitter.

Source: Department for Energy Security and Net Zero

- The percentage of Torbay residents reporting walking (of at least moderate intensity) for travel at least twice in the last 28 days is lower (up to 2023/24) than the South West and England in the last 2 years.

Source: Sport England - Active Lives Survey

- Torbay has much energy inefficient housing, less than half (43.1%) of dwellings with Energy Performance Certificates are in the higher bands of A to C in the 10 years to March 2025, 21st from bottom out of 296 local authority districts.

Source: Office for National Statistics

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

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

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Torbay is a coastal area with a beautiful natural environment. Being outside in green and blue spaces can positively affect health and wellbeing. Climate change is a global, national and local issue with serious health, social and financial risks and impacts.

A Greener Way for Our Bay, published in 2024, is a framework and action plan developed by the Torbay Climate Partnership. It aims to 'collaboratively help achieve a fair for everyone, deliverable plan to tackle climate change and help Torbay become net-zero carbon by 2050 at the latest'. The document can be found at: https://www.torbay.gov.uk/council/greener-way-for-our-bay/.

Access to green and blue space

It is evidenced that being in green and blue spaces is valuable to our health. These areas also support biodiversity and maintain or improve the wider environment. There is less good quality public green space in areas that are the most economically deprived. Due to this inequality, people at the highest risk of poor health may have the lowest likelihood of gaining the health benefits. (Public Health England, 2020)

The Environmental Improvement Plan (Defra, 2025) has a commitment to ensure that 'everyone has access to green or blue spaces within a 15 minute walk from home', known as the '15 minute commitment'.

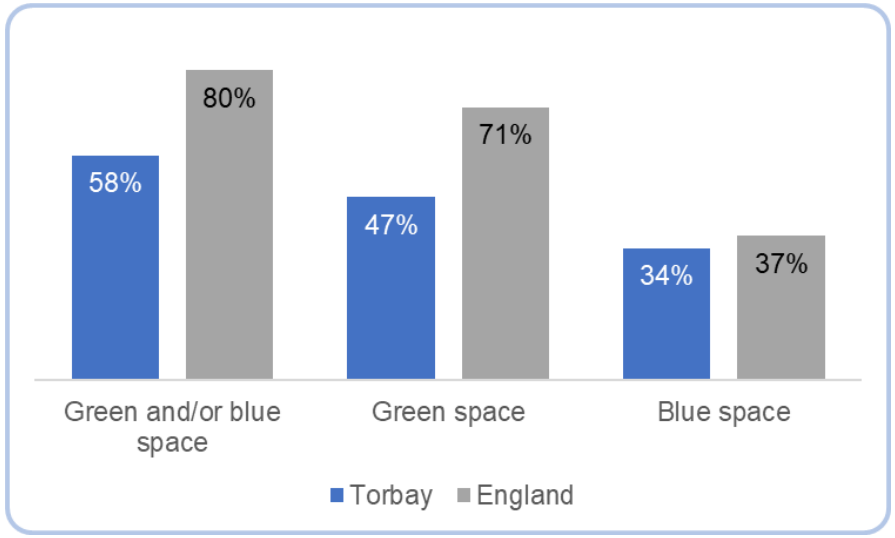
Fig 145 calculates the distance to publicly accessible green and blue space for each household in England measured along walkable streets and paths (so not a straight line from a to b). There are various criteria for what constitutes a green or blue space, how big the spaces need to be, the distance they need to be within 1km (15 minutes walk), with different combinations of these factors required. These are detailed in: Access to green and blue space in England.

These statistics are categorised as official statistics in development. It is acknowledged in the statistics that the data is not exhaustive and that for some green and blue spaces they have not acquired or created data.

Fig 145 shows that Torbay is lower than the England average for access to green and blue space within the 15 minute commitment. Torbay is lower than England but with a smaller difference when it comes to blue space.

Fig 145: Percentage of households with access to green and/or blue space within 15 minutes walk (with certain criteria for type, size and distance), 2025

Source: Department for Environment, Food and Rural Affairs



ONS, using Ordnance Survey data, reports on the number and rate of parks and play areas within England and Wales, 2024. Included are play areas, playing fields, public parks and gardens, and recreation grounds. Torbay is reported with 106 of these amenities at a rate of 76 per 100,000 people. England's rate is 84 per 100,000 people.

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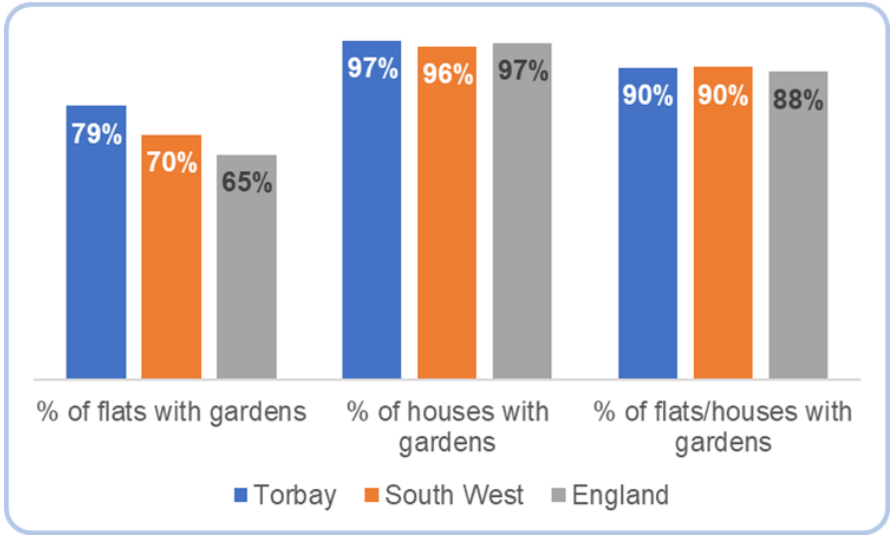
Homes with gardens

As has been noted, access to outdoor green space is associated with benefits to health and wellbeing. Torbay has a higher percentage of flats with gardens (Fig 146) than the South West and England- 79% in 2020. Relating to houses, 97% of Torbay's houses have gardens. Combining houses and flats shows that 90% had access to a garden in 2020 which is slightly higher than the England average.

Fig 146: Percentage of houses and flats with a garden, 2020
Source: ONS (Ordnance Survey Greenspace)

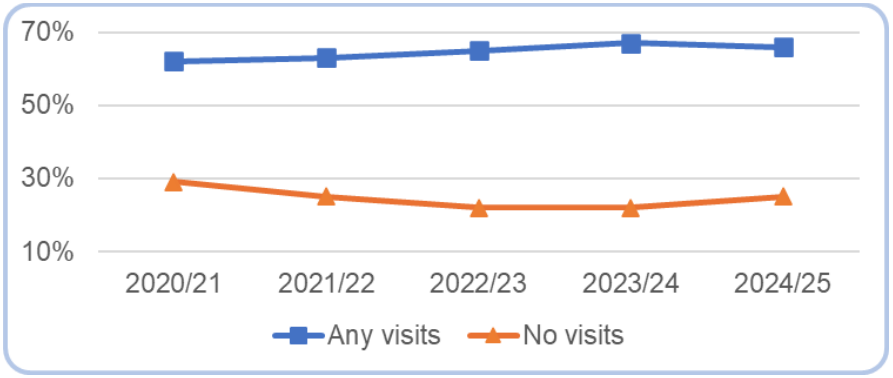


Visits to green and natural spaces

The Adults' People and Nature Survey for England collects information on people's experiences of and views about the natural environment and how it contributes to health and wellbeing. Fig 147 shows that in 2024/25, 66% of people said they visited green and natural spaces in the last 14 days, the percentage has been around the mid 60s for the last 4 years. The percentages don't sum to 100% as some respondents stated they didn't know or preferred not to say.

Of those who visited green and natural spaces in the last 14 days just over 9 in 10 said it was good for their physical health (91%) and 9 in 10 (90%) said it was good for their mental health.

Fig 147: Percentage who had visited green and natural spaces in the last 14 days, aged 16+ (England)
Source: Adults' People and Nature Survey Annual Report, Natural England



Those who had not visited green and natural spaces in the last 14 days were asked if they were concerned and worried about certain issues. In 2024/25, the highest number had no concerns and issues- 33.6%. The biggest concerns/worries were: anti-social behaviour- 25.9%, lack of facilities (toilets, benches, baby changing etc)- 25.3%, and visiting after dark- 24.9%. This remains the same top 4, in slightly varying orders, for the last 5 years.

All survey respondents were asked how often on average they had spent free time outside in green and natural spaces in the last 12 months. Fig 148 shows that weekly was by far the most usual frequency of visits in 2024/25. The frequency of visits follows broadly the same pattern in the last 5 years.

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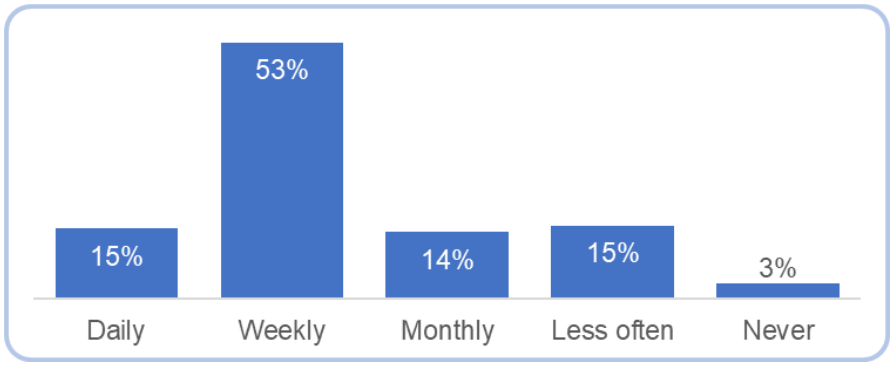
Fig 148: Frequency of visits to green and natural spaces in the last year, aged 16+, 2024/25 (England)
Source: Adults' People and Nature Survey Annual Report, Natural England



Nature and biodiversity

The Environmental Improvement Plan 2025 is a cross-government plan with goals, commitments and actions on the themes of: restored nature, environmental quality, circular economy, environmental security, and access to nature.

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

Some key findings from the report include:

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

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

Waste and recycling

Torbay's percentage of household waste sent for reuse, recycling or composting has been increasing for several years after a drop in 2020/21 (Fig 149). The disruption caused by the COVID-19 pandemic will have impacted the generation and collection of waste in this period. Torbay is back to around 2019/20 levels in 2024/25 at 40.7% and rising towards the England percentage which is 42.0%.

Torbay's household waste collected (ex BVPI 84a measure) rate has risen in the last 2 years to 423kg per person in 2024/25 whereas previously the rate had been on a downward trend. Torbay is higher than the South West and England in 2024/25 (England- 387kg per person).

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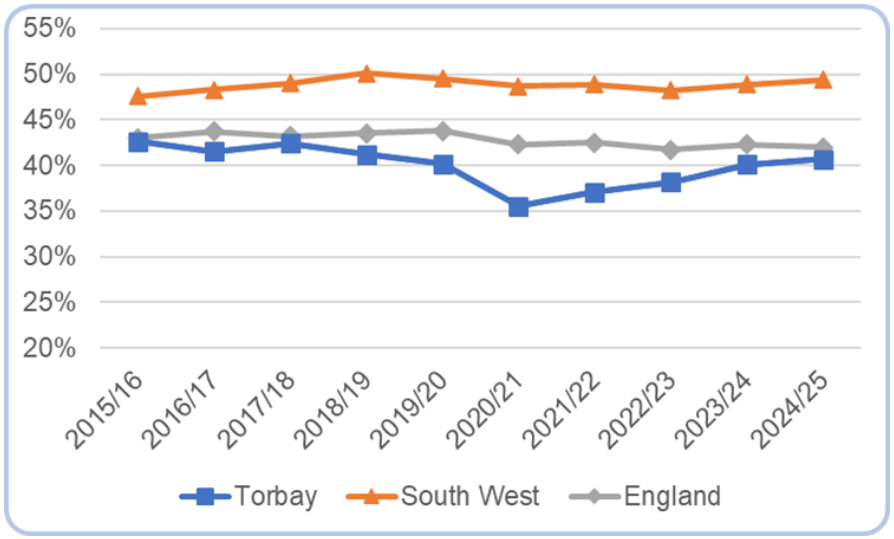
Fig 149: Percentage of household waste sent for reuse, recycling or composting (Ex NI192 measure)
Source: Department for Environment, Food and Rural Affairs

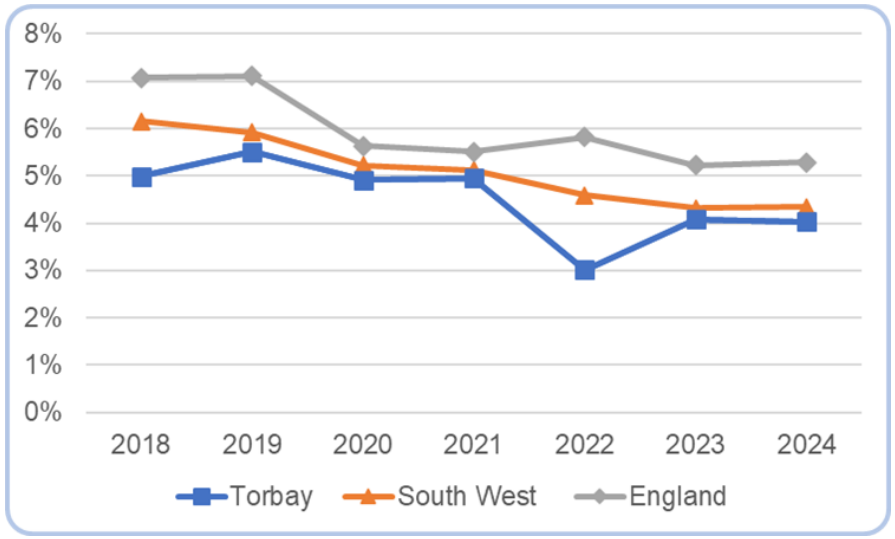


Air pollution

Poor air quality affects physical and mental health. Air pollution can cause or exacerbate health conditions including asthma, stroke, chronic heart disease and chronic bronchitis (Public Health England, 2020). Particularly affected will be those who live in polluted areas, those whose daily life exposes them to air pollution at higher levels, and those who are more susceptible to health conditions caused by air pollution (OHID- Public health profiles).

Fig 150 shows the percentage of mortality attributed to long term exposure to particulate air pollution (fine particulate matter). Air pollution levels are modelled. Torbay's percentage has been on a reducing trend over the years shown in Fig 150 and has been lower than England throughout. It should be noted that mortality data in calculations will have been affected by the COVID-19 pandemic in that period and air pollution levels year to year will be affected by weather as well as by emissions.

Fig 150: Fraction of mortality attributable to particulate air pollution, age 30+
Source: OHID – Public Health Profiles (Fingertips)



Greenhouse gas emissions

The planet is warming, linked by scientific evidence to human induced greenhouse gas emissions. Consequences of climate change include rising sea levels and increased likelihood of severe weather events such as storms, heatwaves, drought and wildfires. The goal of the 2015 Paris agreement, the international treaty on climate change, is to keep global temperatures well below 2°C above pre-industrial levels with efforts to limit increase to 1.5 °C.

Globally, last year (2025) has been calculated to be the third warmest year on record after 2024 and 2023. Each of these 3 years exceeded 1.4°C above the global average for the pre-industrial period (1850 to 1900) according to the HadCRUT5 temperature

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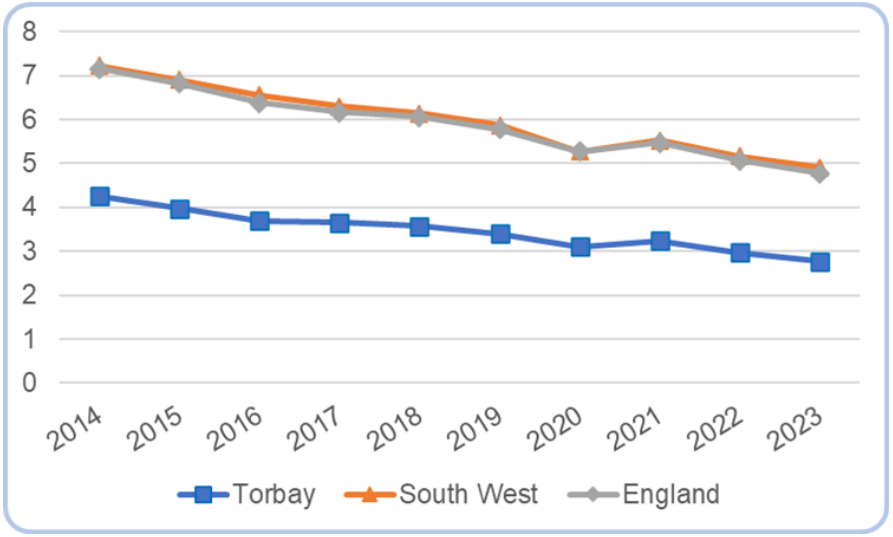
series collated by the Met Office, the University of East Anglia and the National Centre for Atmospheric Science. For the Paris Agreement, temperatures are measured over a longer period- in the State of the Global Climate 2024 report the World Meteorological Organization estimated the current long term global warming level to be 1.37ºC above the average of the 1850 to 1900 period with a range of 1.34ºC to 1.41ºC. (Met Office news report, Jan 2026)

In 2019 the UK committed to reaching net zero emissions by 2050. Carbon budgets are legally binding 5 year caps on emission levels set 12 years in advance of when they will start. Currently the UK is in Carbon Budget 4 which runs from 2023 to 2027. The UK Government's Carbon Budget and Growth Delivery Plan, October 2025, focuses on this area.

The greenhouse gases in Fig 151 are carbon dioxide, methane and nitrous oxide. Fig 151 shows a reducing trend in greenhouse gas emissions with Torbay having lower emissions throughout. COVID-19 pandemic restrictions will have impacted 2020 emissions. There was an increase in 2021 but a decrease in the 2 following years sees a continuation of the long term reduction.

Fig 151: Greenhouse gas emissions – tonnes of CO_2 equivalent units (tCO_2e) per capita (per person)
Source: Department for Energy Security and Net Zero

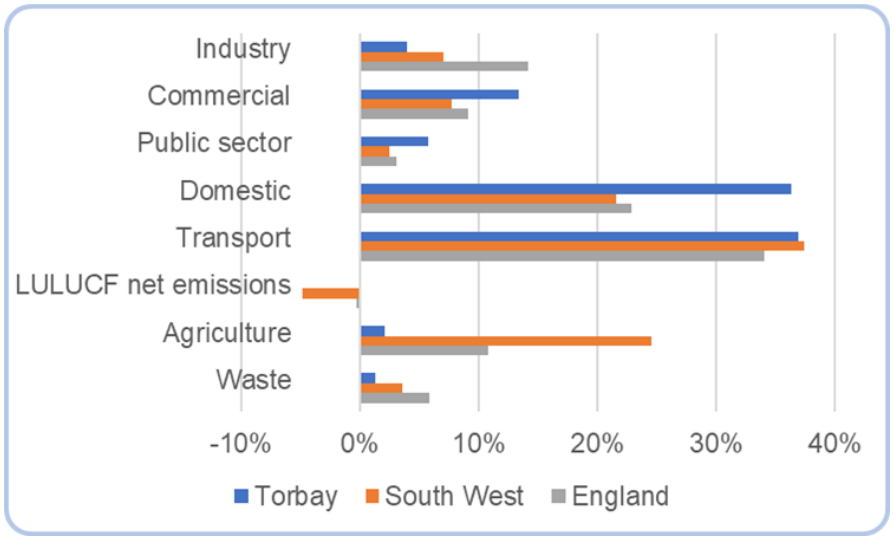


Please note: The statistics are largely consistent with the UK national Greenhouse Gas Inventory but there are some minor methodological differences.

Fig 152 splits the 2023 emissions into sectors. The sector emitting the largest proportion of Torbay's emissions is transport at 37.0%, closely followed by the domestic sector (energy consumption in and around the home) at 36.3%. In previous years the domestic sector had a higher proportion of emissions than transport in Torbay but domestic sector emissions have been reducing faster than those of transport so the domestic sector now has a slightly lower proportion than the transport sector. Compared to the South West and England, Torbay has a far higher proportion of emissions that are from the public sector (5.8%) which is not far off double the England proportion, and domestic sector emissions are also considerably proportionally higher. Industry (4.0%), agriculture (2.1%) and waste (1.3%) are far lower proportionally than the South West and England.

Land use, land use change and forestry (LULUCF) are net emissions at -0.01% in Torbay.

Fig 152: Percentage of greenhouse gas emissions allocated to each sector, 2023
Source: Department for Energy Security and Net Zero



Please note: The statistics are largely consistent with the UK national Greenhouse Gas Inventory but there are some minor methodological differences.

Climate change and health

The UK Health Security Agency's report Health effects of climate change in the UK, 2023, brings together the evidence, potential implications for public health, and gaps in evidence. The report states that the 'potential impacts of climate change on health will be significant and wide ranging' with strongest evidence for adverse effects on health due to heat and cold, flooding, and vector-borne disease. Strong evidence shows that rising temperatures will be of highest risk to those with pre-existing health conditions and to people aged 65 and over. The report says that the risks to health from climate will 'map onto existing gradients in health and inequality. Those less able to control their environment, adapt their behaviours, or respond to new risks will be particularly vulnerable' which it says includes children, people who are homeless, people with disabilities, and people in certain settings such as schools, social care and prisons, stating that this aligns closely with CORE20PLUS priorities. These are priorities around reducing health inequalities.

Transport

The largest emitter of greenhouse gases in Torbay and England is transport (Fig 152).

The Department for Transport publishes the annual average daily flow of motor vehicles- the number estimated to pass a given point. Torbay has lower levels than England over the years. In Torbay, numbers were relatively level for several years with a steep drop in 2020- COVID-19 will have affected figures. The average daily flow rose in 2021, and as is the trend in England, Torbay's figure in 2024 (3,579 vehicles) is back to the pre COVID-19 levels of the year 2019.

The use of electric vehicles is encouraged as a way of reducing emissions. Fig 153 shows publicly available electric vehicle chargers per 100,000 population. Zapmap, who compile the data, have coverage of over 95% of the public charging network. These statistics are classified as official statistics in development. Chargers included are those reported as operational at a certain time on 1 January 2026. At this point Torbay's rate is less than two thirds of the England rate. In Torbay this equates to 140 chargers.

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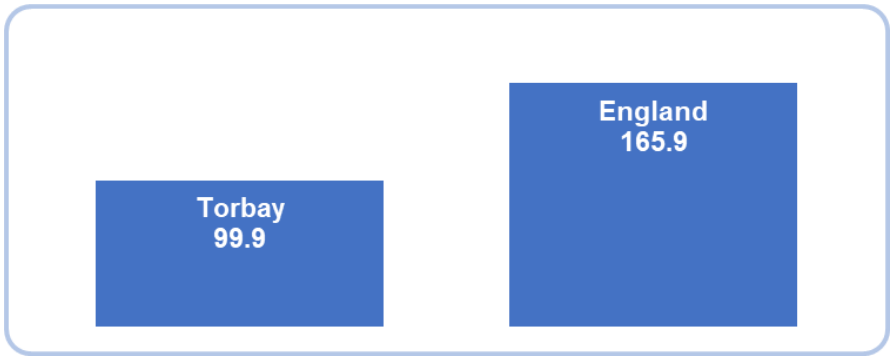
Fig 153: Public electric vehicle chargers, per 100,000, 1 January 2026
Source: Department for Transport, ONS mid-year population estimates



Using public transport rather than a motor vehicle where possible reduces emissions. The number of passenger journeys on local buses per head of population is reported by the Department for Transport. In Torbay the rate dropped steeply in the year ending March 2021 before rising in 2022 but since then the rate has stayed pretty level. The 2025 rate (39.8) is much lower than the decade before COVID-19, as is the case in England. From 2020 during the period of the COVID-19 pandemic, figures will have been impacted by restrictions, guidance and public concern. (Figures from 2022 to 2025 are provisional)

March 2026 marked the launch of a fleet of fully electric buses in Torbay, the start of a phased transition to a fully electric fleet. Further information can be found on the Torbay Council website: Torbay marks major milestone as first electric buses enter service - Torbay Council

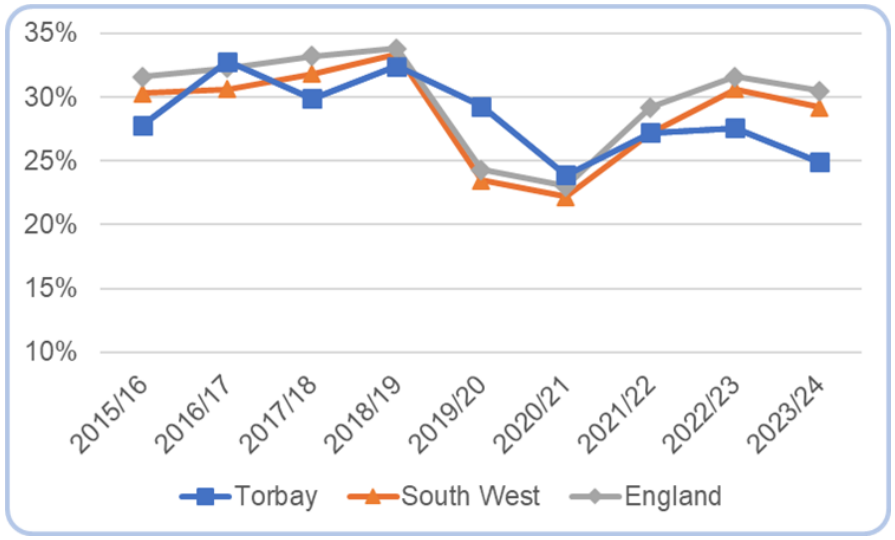
Walking and cycling

Walking and cycling are good for physical and mental health and the climate. Fig 154 shows the percentage of Torbay residents aged 16+ who reported walking for travel at least twice in the last 28 days- for this measure this needs to be walking of at least moderate intensity and equal to at least 60 minutes in total over the 28 days (it can be in sessions of at least 10 minutes). Torbay's percentage has been lower from 2020/21 than it was previously. Both the South West and England are higher than Torbay in the last 2 years of data. In 2023/24 Torbay shows a quarter (24.9%) of residents reported as walking for travel (as defined by the measure) whilst the England average is 30.5%.

Cycling for travel uses the same definition as walking in terms of time spent and intensity. Torbay figures are suppressed due to small sample size not permitting data analysis. The England figure for 2023/24 was 6.2% and the South West figure was 7.6%.

Time periods are from November to November in each year and results are weighted to match the population as closely as possible.

Fig 154: Percentage of residents walking for travel at least twice in the last 28 days, age 16+
Source: Sport England - Active Lives Survey



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Housing

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

Energy Performance Certificates (EPCs) are required when buildings are constructed, sold or let and measure how energy efficient they are. EPCs are valid for 10 years. Ratings range from A (best) to G (worst). Records for the 10 years up to March 2025 show that 43.1% of EPCs for dwellings in Torbay were in the higher bands of A to C (Fig 155) which is 21st from the bottom out of 296 Local Authority districts in England.

As would be expected, older properties are far less energy efficient than newer properties- 23.5% of pre 1930 properties with EPCs were in Band C or above in Torbay compared to nearly all (99.0%) of those built from 2012 onwards. Fig 156 shows that new dwellings are much more energy efficient in both Torbay and England compared to existing dwellings. All property types in Torbay with EPCs have a lower proportion in Band C or above compared with England. In Torbay, detached houses with EPCs have the lowest proportion in Band C or above and flats and maisonettes have the highest proportion.

Fig 155: Percentage of housing with Energy Performance Certificates at Band C or above, 10 years to March 2025 – All dwellings
Source: ONS

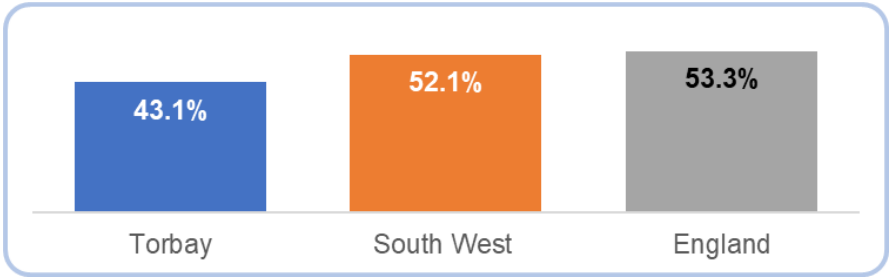
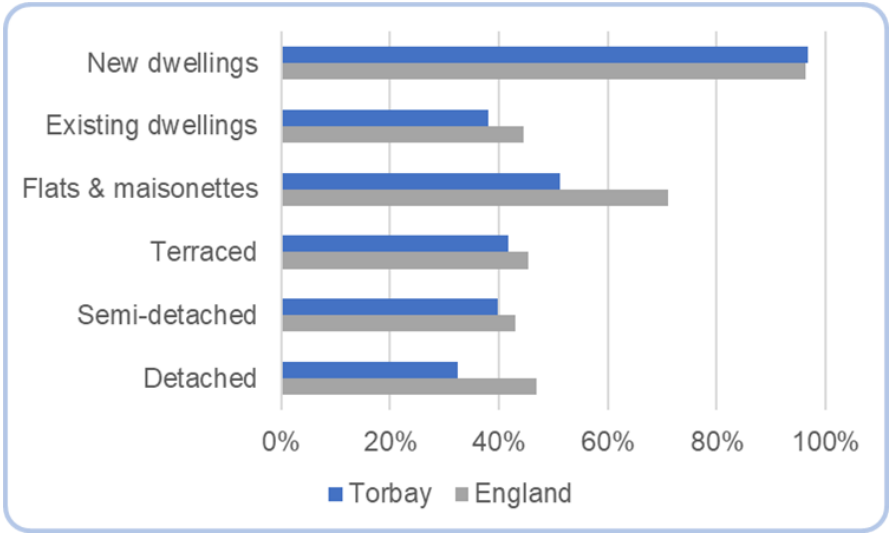


Fig 156: Percentage of housing with Energy Performance Certificates at Band C or above, 10 years to March 2025 – New, existing and different types of dwellings
Source: ONS



The Ministry of Housing, Communities and Local Government publish Environmental Impact Ratings (EIRs) of housing- these are part of EPCs and measure environmental impact in terms of CO_2 emissions, the higher the rating the less impact. In the 4 years of

2022 to 2025 combined, where an EPC was completed in this period, 40.3% of Torbay's buildings had an EIR in Band C or above, lower than England where it was 51.2%. Torbay had 37.5% in Band D and 17.2% in Band E in this period. It should be noted that these figures encompass all EPCs that were completed in the 4 years which could include more than 1 for the same property, except for new dwellings where data has been deduplicated. Figs 155 and 156, however, include only the most recent EPC for the property out of those completed within the 10 year period.

Renewable electricity

The use of renewable electricity sources contributes to reducing greenhouse gas emissions. At the end of 2024, Torbay's main renewable electricity installation type was photovoltaics (solar) which was the case for the UK as a whole. Torbay had 3,054 photovoltaic installations and 2 onshore wind installations at this point. In the UK, photovoltaics followed by onshore wind and then offshore wind provided the most installed capacity at the end of 2024. In terms of generation, offshore wind followed by onshore wind and then plant biomass generated the most renewable electricity in the UK during 2024. (Department for Energy Security and Net Zero)

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

- The Renewable Energy Planning Database - UK renewable electricity projects and electricity storage projects
- The Heat Networks Planning Database - UK communal and district heat networks

Trees and woodland

Trees absorb carbon dioxide so are a tool against climate change. They absorb air pollution so can prevent ill health. Some other services include providing shade against excess heat, helping to reduce flooding, and providing habitat for wildlife. Spending time in nature and green spaces can improve health and wellbeing.

It is calculated that 25% of Torbay's households are within 500m distance of woodland of at least 0.5 hectares in size while 59% are within 1km (15 minutes walk) of woodland which is at least 2 hectares in size (Fig 157). These are higher percentages of households than the England average. Access is along walkable streets and paths (therefore not measuring a straight line from a to b) to woodland with statutory or permissive access and corridors of at least 20m wide around public rights of way within woodland.

Fig 157 shows 2 scenarios out of a total of 6 woodland access scenarios consisting of different distances, woodland size, and combinations of these. This is taken from the dataset for the Forest Research report: Access to woodland in England, 2025.

Woodland covered an estimated 9.13% of Torbay in 2019 (ONS)- using the National Forest Inventory woodland map which covers woodland of at least 0.5 hectares. Forestry Statistics released in 2025 by Forest Research estimates woodland to cover 10% of total land area in England.

Torbay has carried out 2 urban forest studies, just over a decade apart. The second study, published in 2022, estimated 18.2% of Torbay as tree canopy cover compared to 11.8% in 2010 despite a reduction in the number of trees (Fig 158). This encompasses trees of over 7.5cm trunk diameter at breast height and over 3 metres tall. It is estimated that the ecosystem services provided by the trees of carbon storage, pollution removal and avoided run-off has increased while carbon sequestration has decreased.

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Fig 157: Percentage of households with access to woodland of at least 0.5 ha in size within 500 metres distance and/or of at least 2 ha in size within 1km distance, 2025

Source: Forest Research

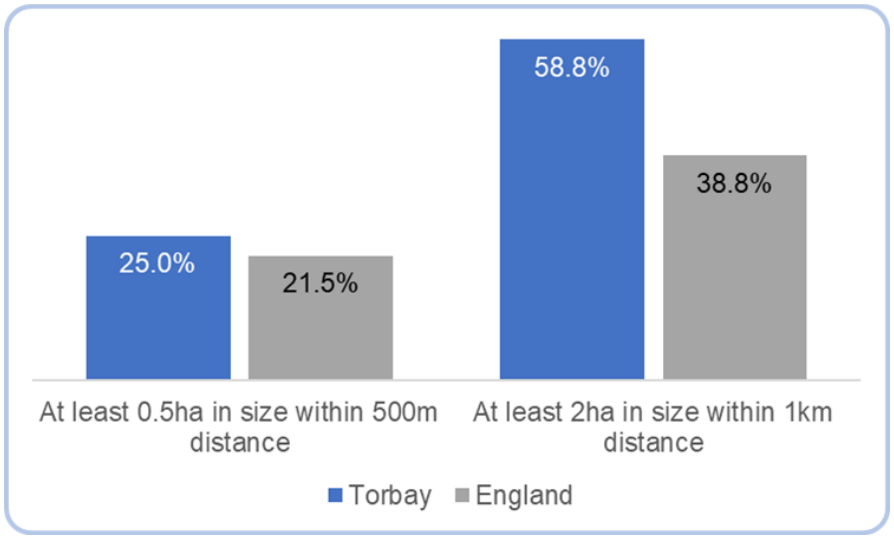

Fig 158: Figures from Torbay's urban forest surveys, 2010 and 2022

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

Measure	2010	2022
Number of trees (estimate)	692,000	459,000
Tree canopy cover	11.8%	18.2%
Shrub cover	6.4%	10.8%
Carbon storage	154,000 tonnes	172,000 tonnes
Annual carbon sequestration	5,680 tonnes	4,910 tonnes
Annual pollution removal	57 tonnes	67 tonnes
Annual avoided runoff	158,000m³	195,000m³

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

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

A Greener Way for Our Bay, framework and action plan, Torbay Climate Partnership, 2024

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

Torbay Council website: Open spaces, Waste management, Climate change, Transport, Active travel, Flooding and extreme weather

Further information at a national level can be found in:

Health effects of climate change (HECC) in the UK, UK Health Security Agency, 2023

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

State of nature 2023, Burns, F., Mordue, S., al Fulaij, N., et al. the State of Nature Partnership

Websites of the Climate Change Committee and United Nations-Climate change

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Sexual and Reproductive Health

Overview

- The all new sexually transmitted infection diagnosis rate sharply increased in Torbay in 2022 but has decreased in the 2 years since then, the rate is significantly lower than England in 2024.

Source: OHID – Public Health Profiles (Fingertips)

- Torbay's chlamydia detection rate in 15 to 24 year olds more than doubled in 2022. It has sharply reduced since but is significantly higher than England for the last 3 years. Detection rate is a measure of control activity (i.e. screening), not morbidity.

Source: OHID – Public Health Profiles (Fingertips)

- Torbay's STI testing and HIV testing rates are significantly lower than the England average throughout the 10 years shown.

Source: OHID – Public Health Profiles (Fingertips)

- The rate of provision of long acting reversible contraception (LARC) in Torbay has been higher than England for at least the last 11 years. Provision by GPs is decreasing whereas provision by Sexual and Reproductive Health services is increasing, this is not the trend nationally.

Source: OHID – Public Health Profiles (Fingertips)

- Significantly higher rate of abortions than England for at least the last 10 years.

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

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

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

Sexually transmitted infections (STIs)

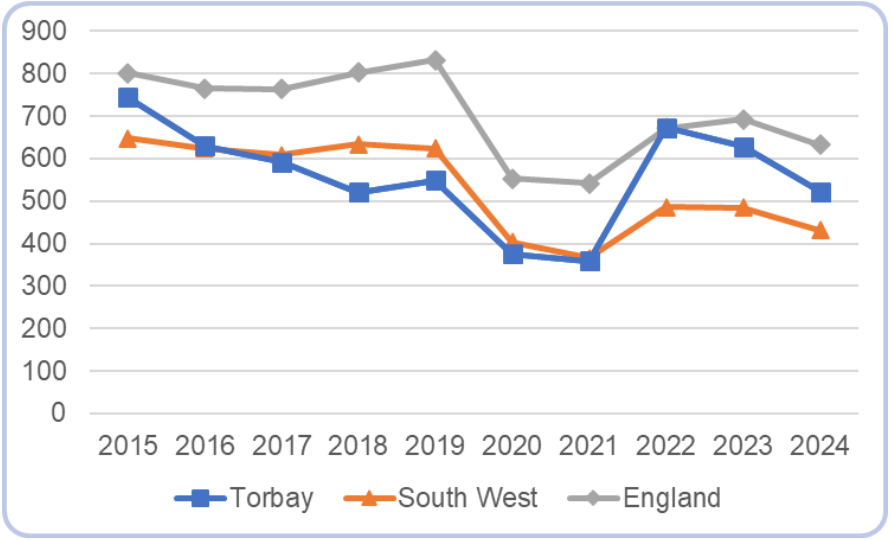
STIs can have serious longer-term impacts such as ectopic pregnancy and infertility. Therefore, early identification and treatment is important.

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

Torbay's diagnosis rate of STIs among people accessing sexual health services was on a decreasing trend until a sharp increase of not far off double in 2022 (Fig 159). In the couple of years since then the rate has decreased and become significantly lower than the England average with a rate of 523 in 2024 in Torbay (England average is 632 per 100,000).

Fig 159: All new STI diagnosis rate, all ages, per 100,000

Source: OHID – Public Health Profiles (Fingertips)



The diagnosis rate of new STIs excluding chlamydia in those aged under 25- the age group targeted by the National Chlamydia Screening Programme- was also on a reducing trend until a significant rise in 2022 from the year before in both Torbay and England. The years 2022 to 2024 have remained pretty level in Torbay. England rose again in 2023 but reduced back to 2022 levels in the most recent year 2024. Torbay remains significantly lower than England for at least the last 13 years.

Fig 160 encompasses tests for syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia in under 25 year olds) amongst people of all ages accessing sexual health services. The indicator measures the total number of people tested for one or more of these infections at a new consultation. Torbay has had a significantly lower testing rate than England throughout, with a rate of 3,339 in 2024 (England is 4,089).

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Fig 160: STI testing rate (excluding chlamydia aged under 25), all ages, per 100,000 population aged 15 to 64
Source: OHID – Public Health Profiles (Fingertips)

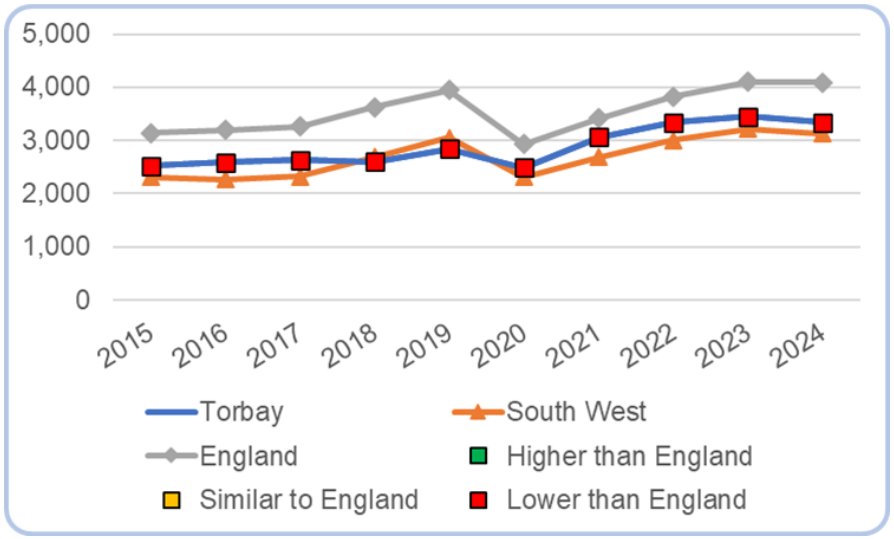

Fig 161: Percentage of STI testing positivity (excluding chlamydia aged under 25)
Source: OHID – Public Health Profiles (Fingertips)

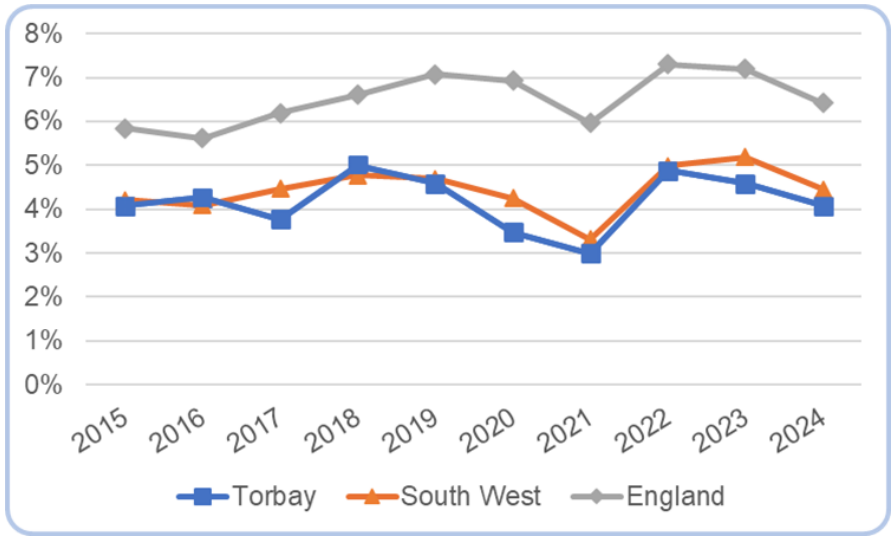

Fig 161, as in Fig 160, includes syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia in under 25 year olds). These are the standard tests recommended for people attending for a new episode of STI related care if indicated by sexual history (OHID-Public health profiles). The indicator measures new diagnoses amongst those accessing sexual health services as a percentage of people tested for one or more of these infections at a new consultation.

Torbay has been significantly lower than the England value throughout the 10 years shown but generally follows England's pattern of movement over the years. A lower positivity rate could indicate lower levels of STIs or can suggest that more of those most likely to have infections- the most at risk groups- are not being tested.

Specific STIs (amongst people accessing sexual health services):

- Gonorrhoea- Torbay's number of diagnoses- 72 in 2024- is lower than the previous 2 years (89 and 86) but still higher than at least the last 13 years. The rate per 100,000 has been far lower than the England average for this time.
- Genital herpes (first episode)- Torbay's rate per 100,000 equates to 68 diagnoses in 2024. The 3 years of 2022 to 2024 are almost level. Torbay's rate is similar to England from 2018 onwards with both areas experiencing a steep drop in 2020 and numbers have not gone back to pre COVID-19 levels
- Genital warts (first episode)- Torbay's rate per 100,000 equates to 67 diagnoses in 2024, there has not been much change in the rate in the last 5 years apart from a drop in 2022. It had been on a decreasing trend. For the majority of the last 9 years Torbay's rate has been similar to the England average

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- Syphilis (all infectious syphilis- primary, secondary and early latent)- Torbay numbers are low with 12 diagnoses in 2024.The rate per 100,000 has fluctuated over the years, slightly increasing for the last 3 years. Torbay's rate has been significantly below England for the last 7 years. England is on an increasing trend
- Mycoplasma genitalium- Torbay numbers are low with 11 diagnoses in 2024. The rate per 100,000 has fluctuated over the 6 years of data with Torbay varying between similar to and significantly lower than the England figure.
- Trichomoniasis- Torbay's numbers are very low with 5 diagnoses in 2024. The rate per 100,000 fluctuates but is significantly lower than England in all but 1 year in the 13 years shown. England is on an increasing trend after a steep drop in 2020

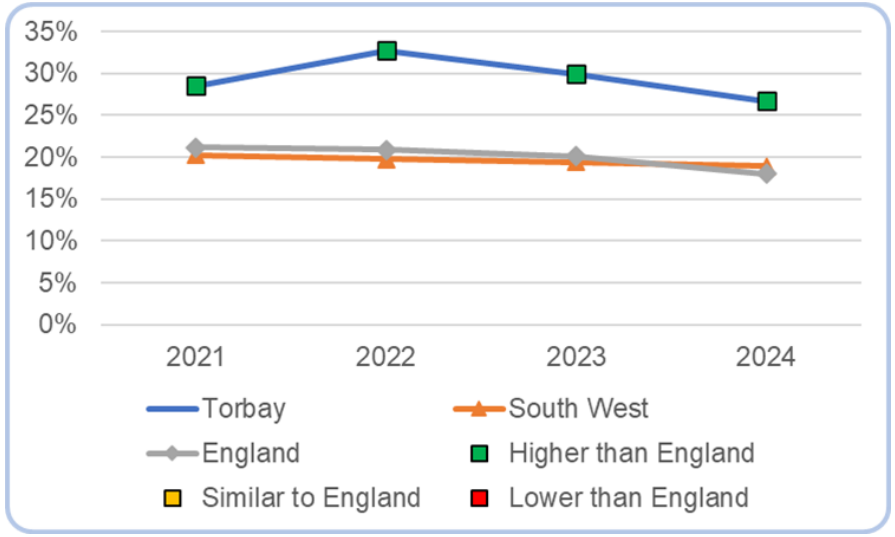
Chlamydia

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

The proportion of 15 to 24 year old females screened for chlamydia (asymptomatic screens and symptomatic tests) measures tests rather than people, as a percentage of the population. This encompasses young women accessing sexual health services and community-based settings. Torbay's percentage (Fig 162) is significantly higher than England for the 4 years shown. There is a reduction in the last 2 years but Torbay remains far higher than England at 26.7% in 2024 (England is 18.0%).

Fig 162: Chlamydia- proportion of 15 to 24 year olds screened, females

Source: OHID – Public Health Profiles (Fingertips)



The chlamydia detection rate (Fig 163) is a measure of control activity (i.e. screening) in the population rather than morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay's detection rate in 15 to 24 year olds more than doubled in 2022 from the year before but has sharply reduced in the 2 years since. It has remained, however, significantly higher than England for these 3 years. Torbay's rate in 2024 is almost the same as in 2019, equating to 250 diagnoses in 2024 and 242 in 2019. This is a rate of 1,939 per 100,000 population in 2024. These figures encompass young people accessing sexual health services and community-based settings.

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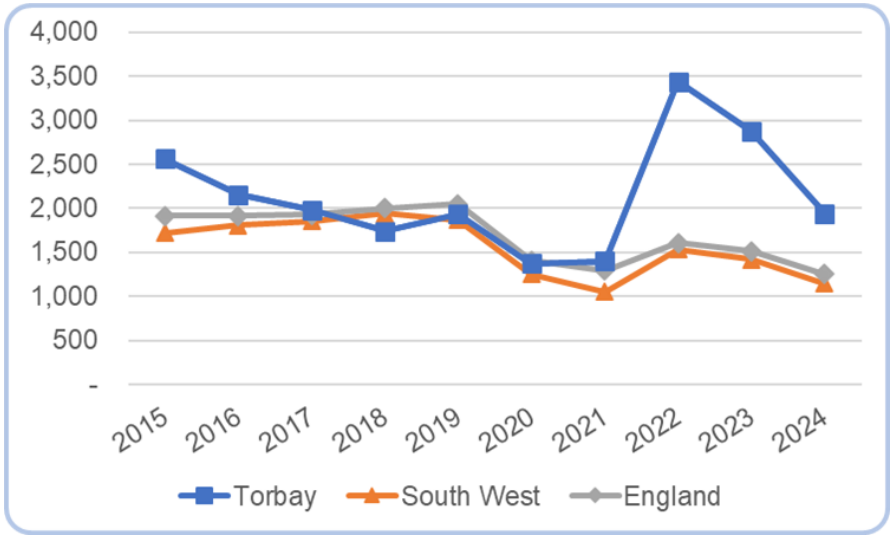
Fig 163: Chlamydia detection rate, aged 15 to 24, per 100,000
Source: OHID – Public Health Profiles (Fingertips)

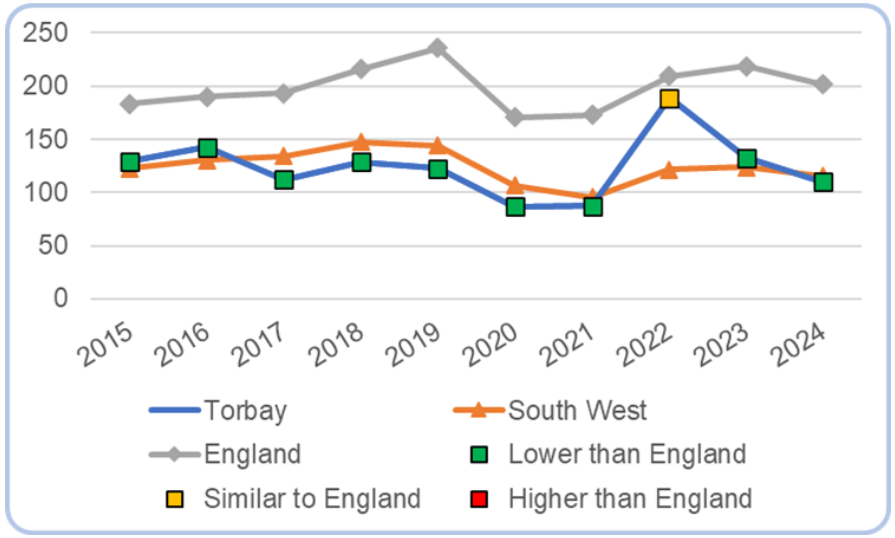


Females have a higher detection rate than males, as in England. In Torbay both sexes saw a steep rise in 2022 and then a steep fall in the 2 years since then. The UK Health Security Agency recommends working towards a detection rate of at least 3,250 per 100,000 in the 15 to 24 year old female population, reflecting the National Chlamydia Screening Programme's focus on reducing reproductive harm. Torbay exceeded this in 2022 and 2023 but not in 2024 when the rate was 2,312 per 100,000. The target was not reached nationally (England- 1,589 per 100,000 in 2024). Torbay is far higher than England's rate.

The screening programme goes up to the age of 24 but chlamydia also affects people aged 25 and over. Fig 164 shows the diagnostic rate of those aged 25+ who accessed sexual health services. As with 15 to 24 year olds Torbay's rate more than doubled in 2022 from the previous year and has significantly reduced in the 2 years since then.

Torbay's rate is 110 per 100,000 population in 2024, significantly lower than England as it has been for most of the decade shown.

Fig 164: Chlamydia diagnostic rate, aged 25+, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Pelvic inflammatory disease

Chlamydial infection and other STIs are considered major causes of pelvic inflammatory disease which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. Pelvic inflammatory disease may need a hospital admission but can be treated through primary care and outpatient settings so hospital admissions do not give a full picture. (OHID- Public health profiles)

Torbay's hospital admissions rate for pelvic inflammatory disease has been much higher than the England rate for all the years shown (Fig 165). In 2024/25 Torbay's rate equated to 85 admissions. The peak in 2021/22 was 125 admissions (rounded to the nearest 5).

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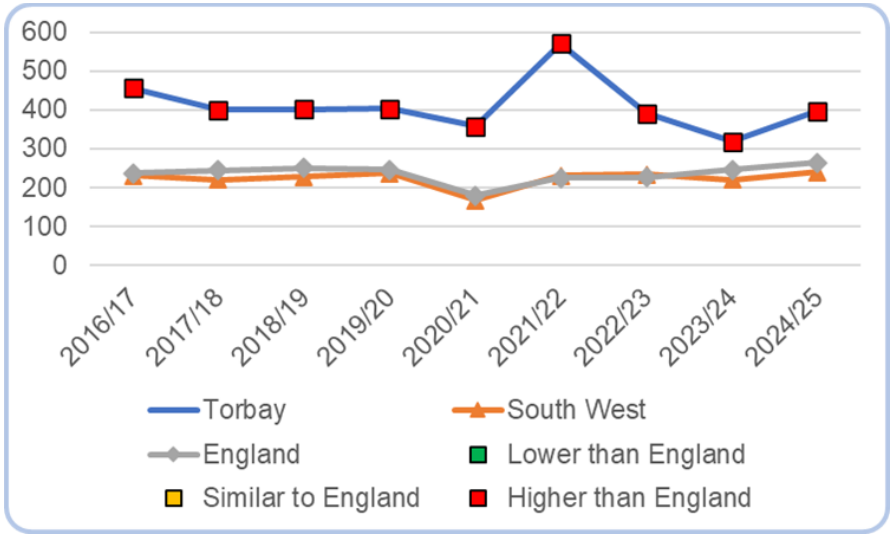
Note on Hospital admissions and SDEC – page 9.

Fig 165: Pelvic inflammatory disease hospital admissions rate, aged 15 to 44, per 100,000 females
Source: Hospital Episode Statistics, ONS mid-year population estimates



Human Papillomavirus (HPV)

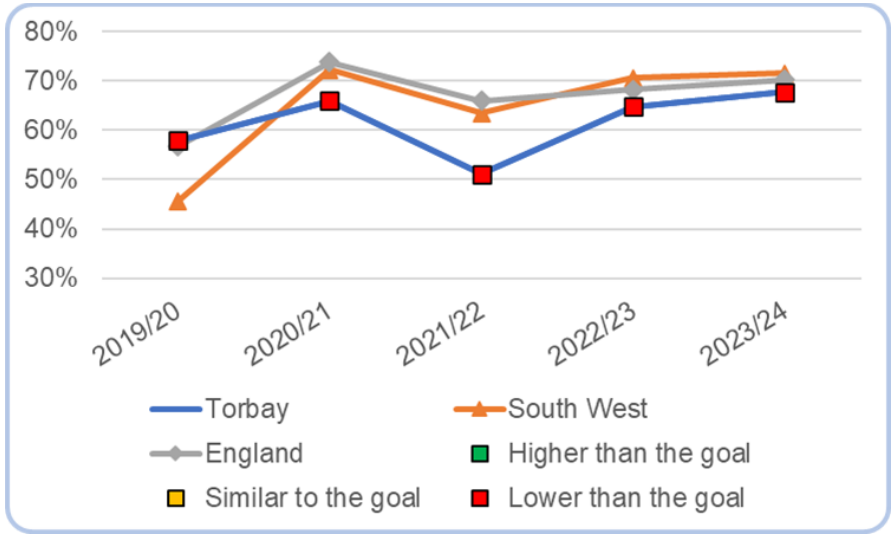
HPV is usually asymptomatic. Some types however can lead to genital warts. High risk types of HPV can cause some cancers including cervical cancer.

From September 2023 the 2 dose immunisation programme changed to a 1 dose programme. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England.

Fig 166 shows that the percentage of 12 to 13 year olds being vaccinated is well below the target of 90% throughout the 5 years. However, the percentage has risen since the drop in 2021/22 and is getting closer to the South West and England figures. In 2023/24, 67.7% were vaccinated compared to the 70.3% England average.

Amongst girls, Torbay has also increased since 2021/22 at 71.6% in 2023/24 compared to 72.9% in England. For boys the percentage is 64.0% in 2023/24 (England is 67.7%).

Fig 166: Percentage receiving the HPV vaccine for one dose, aged 12 to 13 years
Source: OHID – Public Health Profiles (Fingertips)



Human Immunodeficiency Virus (HIV)

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

High prevalence of HIV is defined by NICE (National Institute for Health and Care Excellence) guidance HIV testing: increasing uptake among people who may have undiagnosed HIV, 2016 with updates in 2025, as local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years while extremely high prevalence is defined as those with a diagnosed HIV prevalence of 5 or more per 1,000 15 to 59 year olds. Increased life expectancy as well as factors such as testing and

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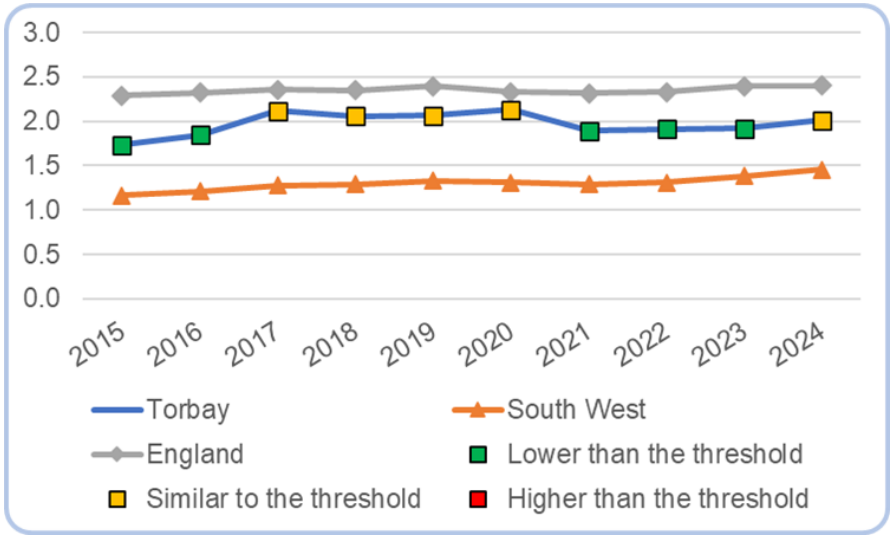
diagnosis rates mean that lower diagnosed prevalence rates are not necessarily better than higher rates and need to be interpreted alongside other information.

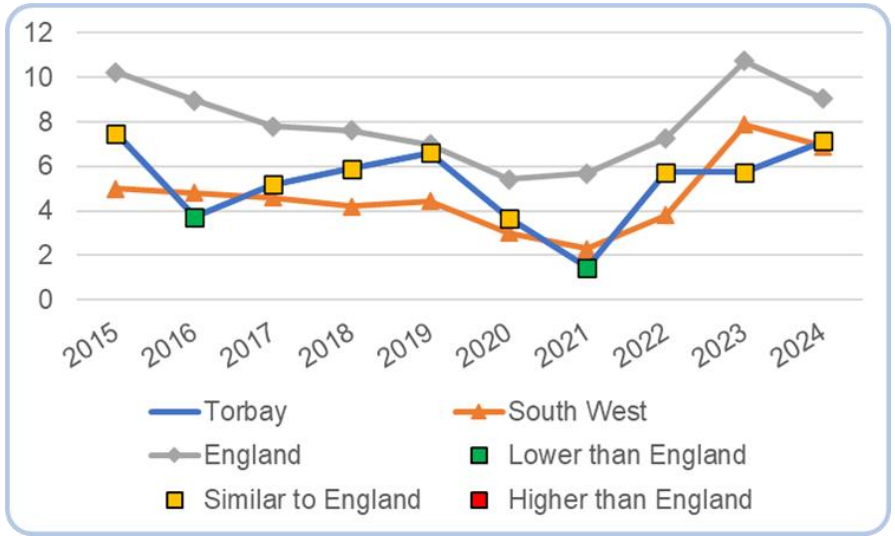
Torbay's diagnosed prevalence rate for those aged 15 to 59 (Fig 167) is 2.0 per 1,000 population in 2024 so hitting the threshold of high prevalence for the first time in 4 years. Torbay remains lower than England's rate throughout the decade shown but higher than the South West. Torbay's rate equates to 143 people living with diagnosed HIV and seen for HIV care aged 15 to 59. Altogether including all ages there were 218 people resident in Torbay in 2024, implying that there are a considerable proportion living with HIV who are aged 60 or over.

Fig 167: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000
Source: OHID – Public Health Profiles (Fingertips)



Diagnoses of HIV, including those who were previously diagnosed abroad, are shown in Fig 168. The rate fluctuates as numbers are very low- the count for Torbay is 10 in 2024 and lower than 10 for the previous 8 years. Torbay fluctuates between significantly lower than and similar to the England average. If the analysis only includes those where this first diagnosis is whilst resident in Torbay then the Torbay count is 4 in 2024 and lower than 5 for the previous 4 years.

Fig 168: All new HIV diagnoses rate, all ages, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Amongst people living with HIV, late diagnosis of HIV is the most important predictor of morbidity and mortality (OHID- Public health profiles). Fig 169 shows late diagnoses and excludes those previously diagnosed outside of England- this measures the extent that England HIV testing is identifying late stage infections. Torbay's percentage fluctuates as numbers are very low- Torbay in 2022-24 (3 years combined) equates to under 5 people late diagnosed which is two thirds of those first diagnosed whilst resident in Torbay. The goal is that less than a quarter of new diagnoses in England are late.

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Fig 169: Percentage of late HIV diagnoses in people first diagnosed with HIV in England, aged 15+
Source: OHID – Public Health Profiles (Fingertips)

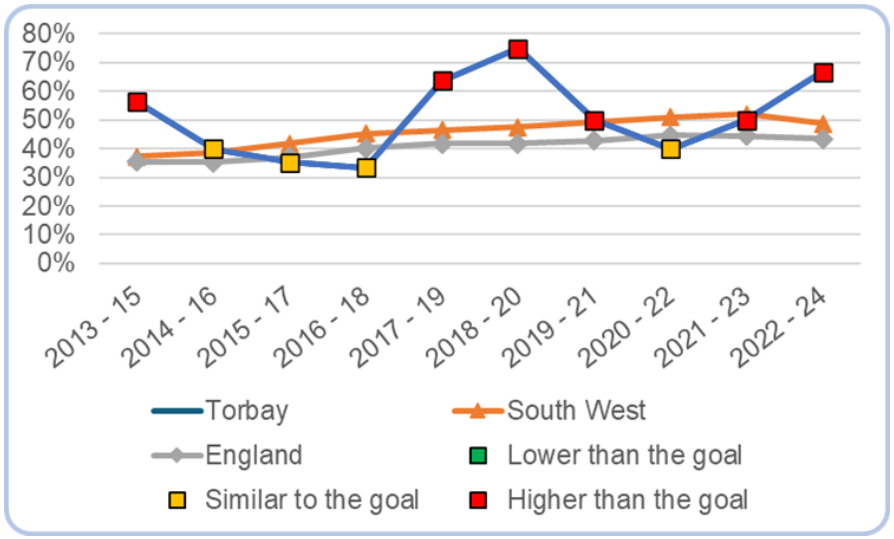
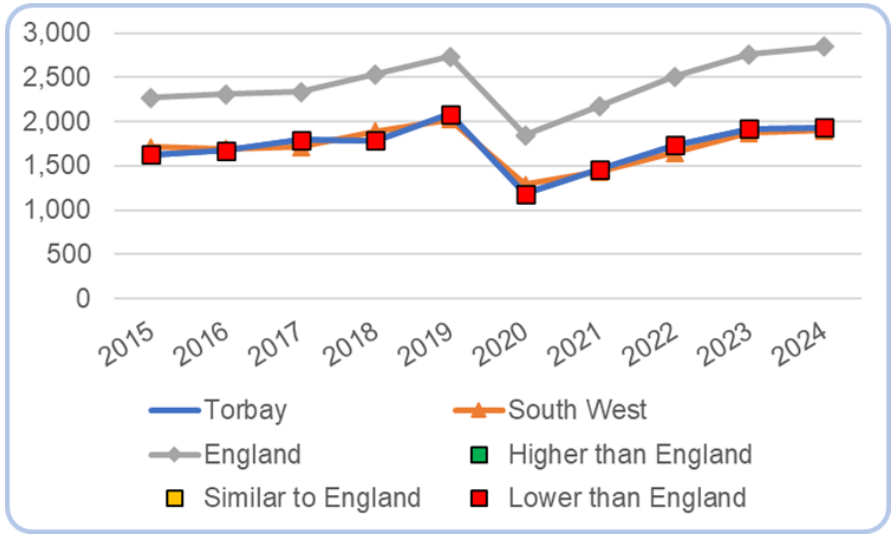


Fig 170 shows the HIV testing rate, these are tests taken by people accessing sexual health services, and is the number of tests per 100,000 population. Torbay's rate is significantly lower than the England average throughout the decade shown. The rate dropped in 2020, likely affected by the COVID-19 pandemic. The rate has risen since then and levelled out in the last 2 years. Torbay has followed England's general trend throughout the time period.

PrEP (pre-exposure prophylaxis) is a drug taken by HIV negative individuals before they have sex to stop them acquiring HIV. The responsibility for delivery of PrEP to those at higher risk of HIV lies with specialist sexual health services. (OHID- Public Health profiles)

73.8% of HIV negative Torbay residents accessing specialist sexual health services with a PrEP need started or continued using PrEP in 2024. The England average is 76.1%. These percentages are the highest of the 4 years of data (2021 to 2024). In Torbay the percentage has not shown any particular movement, ranging from 65.6% to 73.8%. The England percentage is on an increasing trend. (Data from OHID Public Health profiles)

Fig 170: HIV testing rate, all ages, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Contraception

Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device and the intrauterine system. A higher level of LARC provision is used as a proxy measure for wider access to the range of contraceptive methods available.

The rate of prescribing of LARC excluding injections (this is prescribing by GPs and Sexual and Reproductive Health services) in Torbay is significantly higher than England for at least the last 11 years. There was a drop in 2020- from April 2020 during the COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 the rate increased sharply in

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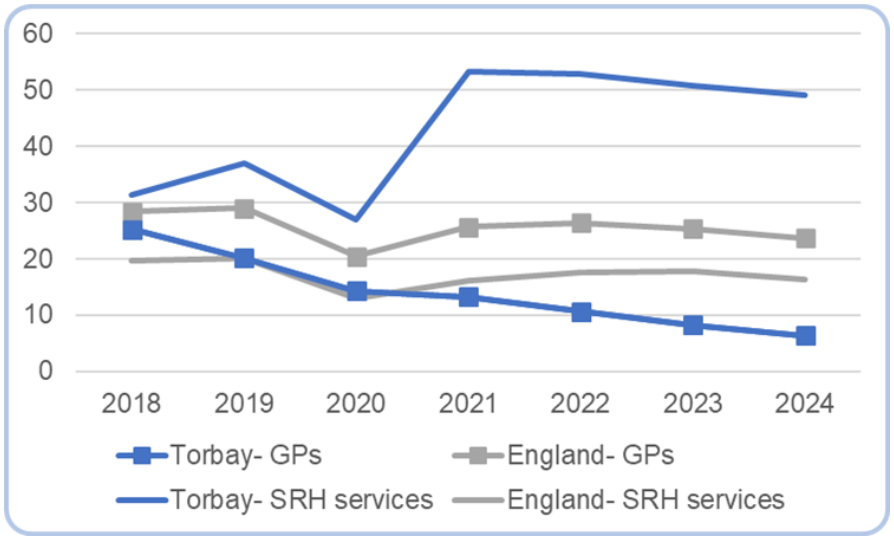
Torbay but since then has been decreasing. The rate is women of all ages prescribed LARC and in 2024 is 55.5 per 1,000 female population of 15 to 44 year olds (England's rate is 40.0). (Data from OHID Public Health profiles)

Fig 171 shows that in Torbay the rate of GP prescribed LARC (excluding injections) is steadily decreasing. It has been significantly below the England average for the time period shown. It shows that, conversely, the rate of Sexual and Reproductive Health (SRH) services prescribed LARC (excluding injections) has been on an increasing trend in Torbay, except for the expected drop in 2020. It has been significantly above the England average throughout.

The differences in GP and SRH prescribing rates shows the location of LARC provision moving away from local GP settings and more into specialist settings in Torbay. The data shows that this is not the case nationally.

Fig 171: Rate of prescribed LARC (excluding injections) by GPs and SRH services, all ages, per 1,000 female population aged 15 to 44

Source: OHID – Public Health Profiles (Fingertips)



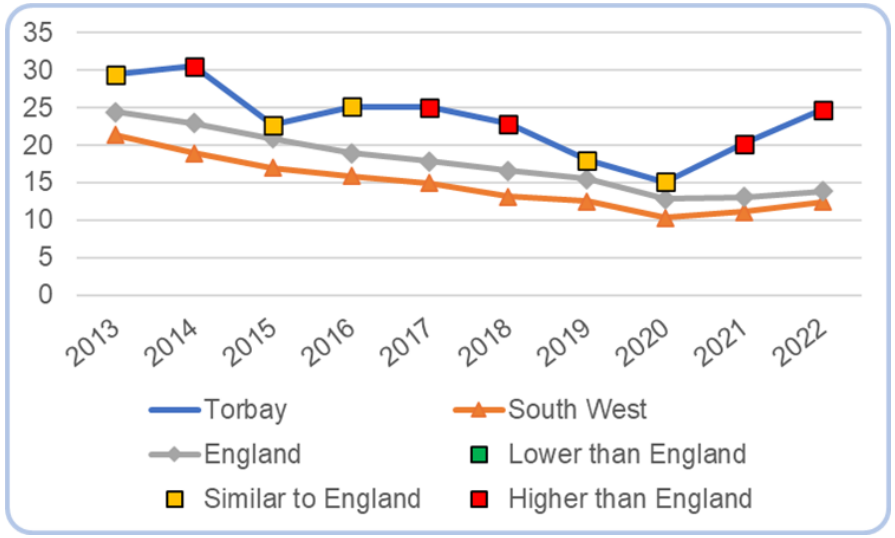
Under 18s conceptions

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

The under 18s conception rate (Fig 172) includes pregnancies that result in 1 or more live or still births or a legal abortion. The national trend is of a falling under 18s conception rate which has levelled out in the last couple of years of data. Torbay has been on a generally decreasing trend but with an increase in the last couple of years of data to a rate of 24.8 in 2022 (England is 13.9). There were 53 under 18s conceptions in 2022 with 12 of these aged under 16. Torbay's rate of under 16s conceptions fluctuates over the last 8 years but is significantly higher than England in 2022 for the first time in the period. (Data from OHID Public Health profiles)

Fig 172: Under 18s conception rate per 1,000 female population aged 15 to 17

Source: OHID – Public Health Profiles (Fingertips)



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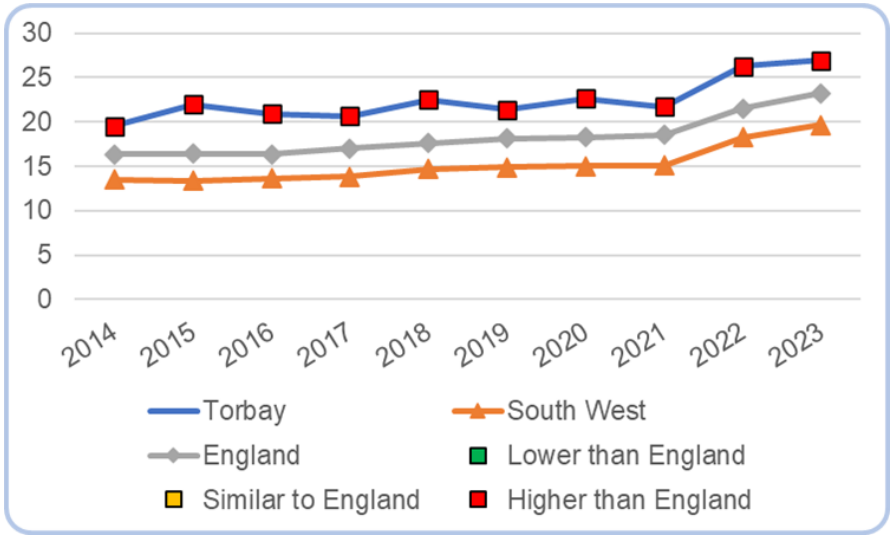
Abortions

Torbay has consistently had a significantly higher rate of abortion than the England average throughout the decade shown (Fig 173). The Torbay, South West and England rates have all increased notably in the last couple years of data.

Fig 173: Abortion rate, all ages, per 1,000 female population aged 15 to 44

Source: Department of Health & Social Care abortion statistics (2014 to 2020, 2023), OHID (2021,2022), ONS mid-year population estimates



In relation to under 18s abortion rates, over the last 10 years Torbay's rate is higher than the England average. In women aged 25+ the abortion rate has increased over the last 10 years in Torbay with England also increasing.

Further local information on sexual and reproductive health can be found in:

Sexual and Reproductive Health Needs Assessment - Torbay Council, December 2022

Summary profile of local authority sexual health (SPLASH), Torbay, UK Health Security Agency, March 2025

Torbay's Director of Public Health Annual Report on Women's Health, 2024- section on Reproductive health

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England or target (Latest Year) *	Direction of travel compared to previous period
All new STI diagnosis rate (2024)	Rate per 100,000	523	472	432	632	Not relevant	↓
STI testing rate (exc chlamydia under 25), all ages (2024)	Rate per 100,000	3,339	3,102	3,133	4,089	🔴	↓
Chlamydia screening coverage – Females aged 15 to 24 (2024)	%	26.7%	18.4%	18.9%	18.0%	🟢	↓
2 dose HPV coverage - aged 12 to 13 (2023/24) *	%	67.7%	71.1%	71.5%	70.3%	🔴	↑
HIV diagnosed prevalence - 15 to 59 (2024) *	Rate per 1,000	2.0	1.7	1.5	2.4	🟡	↑
HIV testing rate (2024)	Rate per 100,000	1,929	2,081	1,900	2,843	🔴	↑
Prescribed LARC (excluding injections) (2024)	Rate per 1,000	55.5	43.4	53.0	40.0	Not relevant	↓
Under 18s conception rate (2022)	Rate per 1,000	24.8	16.0	12.4	13.9	🔴	↑
Abortion rate (2023)	Rate per 1,000	27.0	24.1	19.7	23.2	🔴	↑

*RAG rating for HPV coverage is against a goal, not England. RAG rating for HIV diagnosed prevalence is against a threshold, not England.

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Substance Misuse, Gambling and Dependency

Overview

- Prevalence of smoking remains significantly higher than England.
  Source: OHID – Public Health Profiles (Fingertips)
- Tobacco use in England has fallen significantly among children over the last 2 decades. 15 year olds are almost 5 times more likely to be regular users of e-cigarettes than tobacco.
  Source: Smoking, Drinking and Drug Use Among Young People in England (SDD) survey
- Torbay has consistently had higher hospital admission rates than England or the South West in relation to alcohol.
  Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics
- Torbay has had a higher percentage of people successfully complete structured alcohol treatment over the last decade than England or the South West.
  Source: OHID – Public Health Profiles (Fingertips)
- Torbay has a higher percentage of estimated opiate and/or crack cocaine users in treatment than England.
  Source: National Drug Treatment Monitoring System (Public facing version)
- Torbay has consistently had higher hospital admission rates than England or the South West where drug-related mental and behavioural disorders were a factor.
  Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics

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Smoking, Alcohol, Drugs and Gambling are covered within this section, whether this is prevalence, the numbers of people admitted to hospital due to these factors, mortality and levels of dependency and treatment within the community.

Tobacco

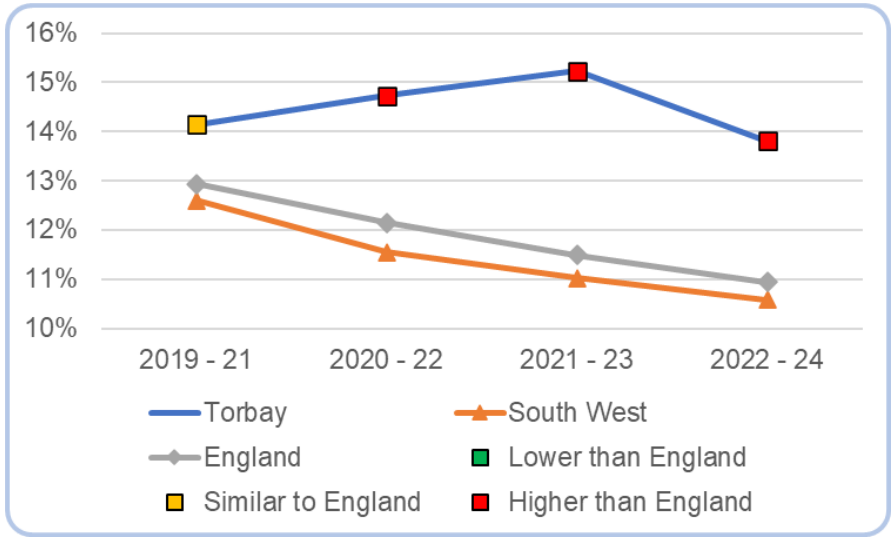
Smoking tobacco is the single most important entirely preventable cause of ill health, disability and death in England (OHID). It is also one of the most important drivers of health inequalities. Most related deaths are from lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. Smoking also increases the risk of developing other conditions including some cancers. The negative impact of passive smoking and smoking in pregnancy is well recognised.

The prevalence of adult smokers in Torbay according to the Annual Population Survey was 13.8% for the 3 year period of 2022 to 2024 which is significantly higher than England and the South West (Fig 174). Across England during 2022 to 2024, smoking prevalence was over 3 times higher in the most deprived areas of England when compared to the least deprived. It was also significantly higher amongst those working in 'routine and manual' occupations when compared to the average prevalence.

Smoking prevalence among adults with a long-term mental health condition in Torbay stood at approximately 1 in 5 (19.1%) for 2024/25. Whilst these rates are much higher than among the general adult population, there is only 1 year's worth of data available because of changes to the collection of this data through the GP Patient Survey. It is likely to take a couple of years before the true rate is found because of the relatively small sample size involved on an annual basis.

Fig 174: Smoking Prevalence in adults – Annual Population Survey

Source: OHID – Public Health Profiles (Fingertips)



Chronic Obstructive Pulmonary Disease (COPD) is a serious lung disease for which smoking is the biggest preventable risk factor (OHID). Emergency hospital admissions for COPD when adjusted to take account of differing areas' age profile have been significantly higher in Torbay than England for the last 2 years. Rates have been consistently significantly higher than the South West (Fig 175).

Across England for the last 2 years available, rates of emergency admissions for COPD are almost three times as high in the 10% most deprived areas of England when compared to the 10% least deprived Note on Hospital admissions and SDEC – page 9.

This data has replaced the smoking attributable admissions data used in previous JSNAs due to this data not being updated since 2019/20. Our understanding is that a review is being undertaken into calculating smoking attributable admission rates at a local authority level. This data had been underpinned by the Annual Population Survey which had suffered from a fall in response rates.

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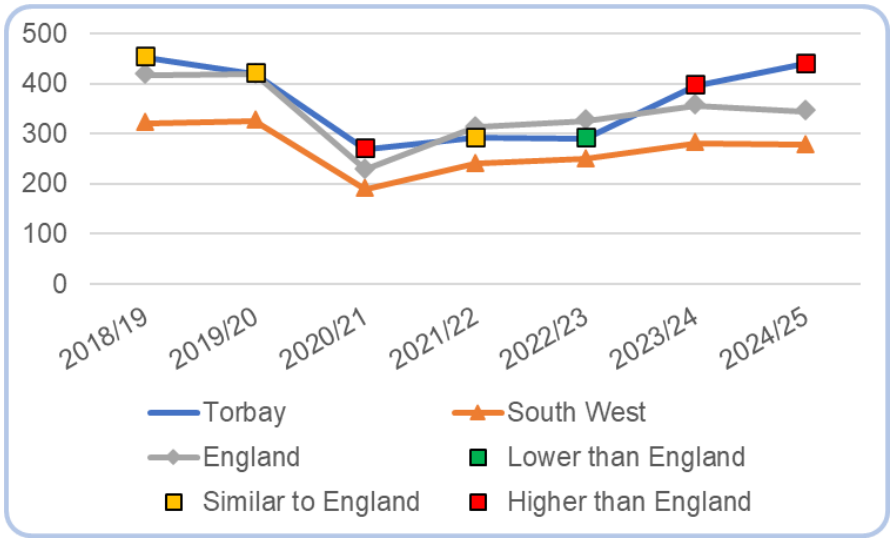
Fig 175: Rate of emergency hospital admissions for COPD, aged 35+, per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2024/25

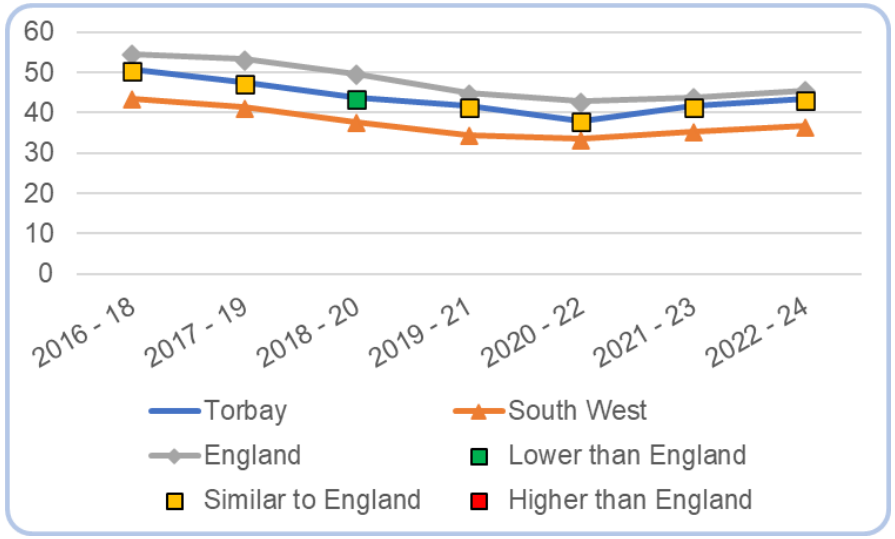


COPD mortality (adjusted to take account of differing areas' age profile) for Torbay has been broadly in line with England but significantly above the South West; rates have been broadly falling over the last decade but have seen a small uptick in the most recent periods (Fig 176). As with COPD hospital admissions, there is a very significant difference across England depending on the deprivation level of the area that you live in. COPD mortality rates are much higher in the 10% most deprived areas of England compared to the 10% least deprived. Rates are also higher among males.

This data has replaced the smoking attributable mortality data used in previous JSNAs due to this data not being updated since 2017 to 2019.

Lung cancer deaths are slightly more prevalent than COPD deaths in Torbay with 275 deaths recorded as having an underlying cause of lung cancer during 2022 to 24 (compared to 261 for COPD). 117 of these deaths occurred among those aged under 75 years. As with COPD, mortality rates amongst those living in the most deprived areas of England were much higher than those in less deprived areas.

Fig 176: Rate of COPD mortality per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips)



Attempting to stop smoking tobacco can be very difficult and there are a number of 'Stop Smoking' services to help people quit. Torbay has been broadly in line with England in the percentage of smokers who report that they have quit smoking 4 weeks after their 'quit date' (Fig 177). For the latest period of 2024/25, 378 out of the 744 (50.8%) smokers who set a 'quit date' counted as a successful quitter 4 weeks after their 'quit date'. This involves them declaring that they have not smoked in the previous 2 weeks, the figures relate to those who used a local NHS Stop Smoking Service.

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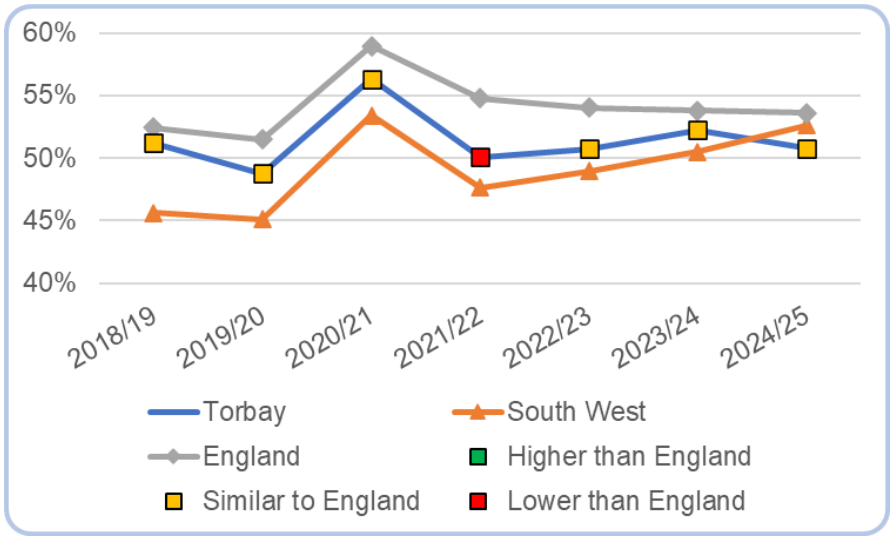
Fig 177: Percentage of those setting a quit date who successfully quit smoking (16+)
Source: OHID – Public Health Profiles (Fingertips)



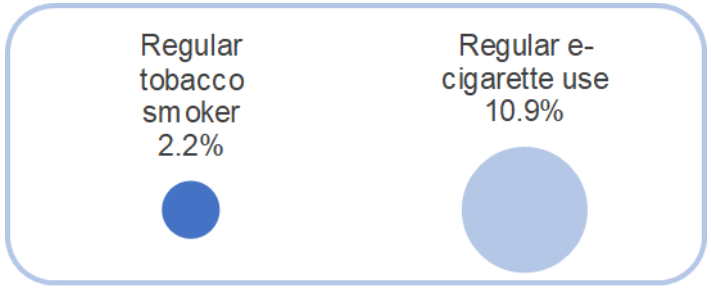
Smoking during pregnancy has significant and well-known detrimental effects for the growth of the baby and health of the mother. Rates for this data are no longer available at Torbay level, it is only published at Devon ICB level and therefore the data is of little use when attempting to identify Torbay rates and trends. Across England, mothers who live in the most deprived areas are much more likely to smoke at the time of delivery than those who live in the least deprived areas.

The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular tobacco smokers. For 2023 across England, 2.2% said that they were regular smokers which compares to 21% when the survey was undertaken in 2004. In the 2021 and 2023 surveys, regular smoking was higher amongst 15 year old boys than girls after previously being broadly similar, girls are more likely to be occasional smokers than boys. Regular tobacco smoking is now significantly less common among 15 year olds than regular use of e-cigarettes (Fig 178).

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

The SDD survey for 2023 indicates that 11% of 15 year olds are a regular user of e-cigarettes (Boys – 9%, Girls – 12%). 58% of 15 year olds said they had never used an e-cigarette (Boys – 62%, Girls – 55%). When looking at all ages in the SDD survey from 11 to 15 years, e-cigarette use (ever used an e-cigarette) has remained static between 2014 and 2023 at between 22% to 25%. For boys the rate has been broadly static when you compare 2014 to 2023, for girls it has risen from 20% to 27% over that time period.

Fig 178: Percentage of 15 year olds who regularly smoke tobacco or regularly use e-cigarettes – England (2023)
Source: SDD – NHS Digital



The Opinions and Lifestyle Survey conducted by the Office for National Statistics for 2024 indicates that 6.6% of people aged 16

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and over in England are a daily user of e-cigarettes (Men – 7.1%, Women – 6.2%), this is significantly higher than the 3.7% reported in 2020. The largest daily user age groups are aged 25 to 34 with 9.3% (Men – 8.1%, Women 10.4%), the largest daily user age group for men is for those aged 35 to 49 (10.7%). Just over half (54.1%) of all cigarette smokers have used an e-cigarette at least once, ex-smokers are slightly more likely to be daily users of e-cigarettes than cigarette smokers. Just 1.1% of people aged 16 and over who have never smoked are daily users of e-cigarettes.

Alcohol

Alcohol misuse increases the risk of serious medical conditions such as cirrhosis of the liver, heart disease, various cancers, strokes and depression. It can lead to family breakdown, domestic abuse and financial problems. If can often stem from poor mental health. The health and social consequences affect not only the individual but those around them and the wider community.

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol. Torbay has consistently had higher level of admissions to hospital in relation to alcohol-specific conditions (adjusted to take account of differing areas' age profile) than the South West and England (Fig 179). Rates for males in Torbay are approximately double the rate for females. Across England, those who live in the most deprived areas are approximately 80% more likely to be admitted to hospital for an alcohol-specific condition than those who live in the least deprived areas.

Torbay also has a much higher rate of admissions for alcohol-specific conditions amongst its under 18 population with rates currently more than double the England average, although rates have fallen from their peak. Amongst the under 18 population in Torbay, admission rates are much higher for females when compared to males, although overall numbers are relatively small with 53 admissions for females and 26 for males over the 6 year period 2019/20 – 2024/25 (Fig 180). Significant levels of these admissions also relate to self-harm Note on Hospital admissions and SDEC – page 9.

Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital (Fig 181). Rates are significantly higher in males when compared to females, for 2023/24 they are more than double female rates. The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code Note on Hospital admissions and SDEC – page 9.

Fig 179: Rate of admission episodes for alcohol-specific conditions per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2024/25

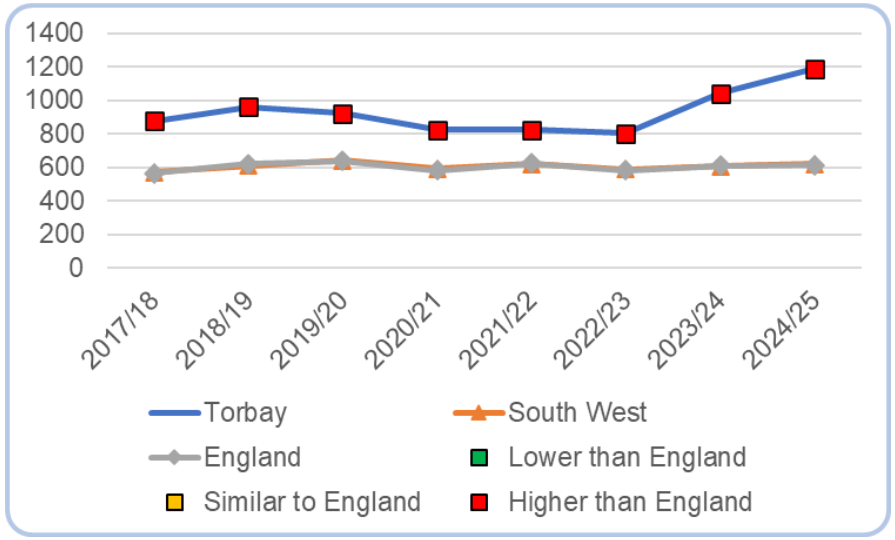

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Fig 180: Rate of admission episodes for alcohol-specific conditions for Under 18s per 100,000

Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2022/23 – 24/25

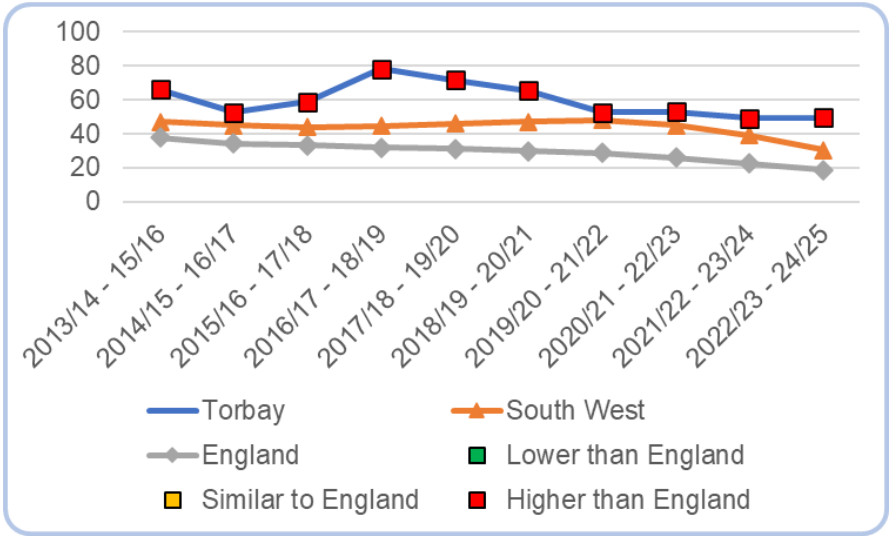
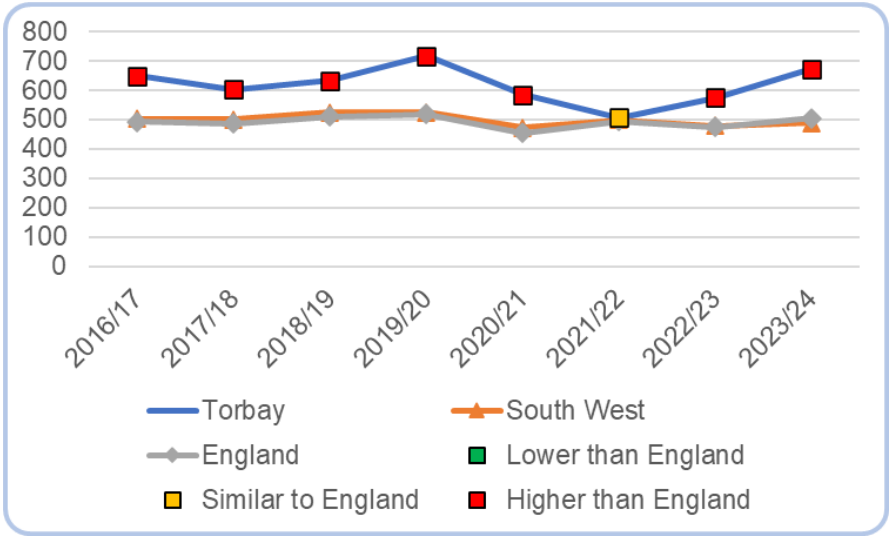


Fig 181: Rate of admission episodes for alcohol-related conditions (Narrow) per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)

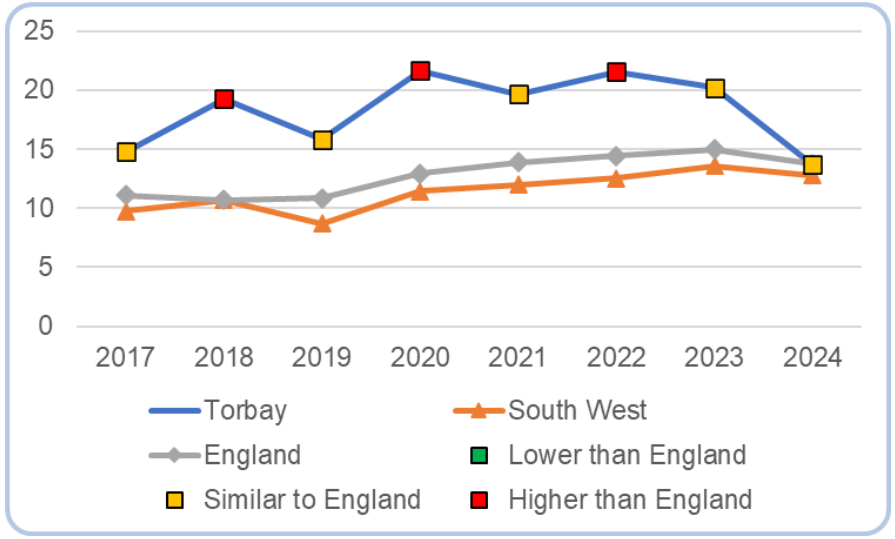


For the 7 years prior to 2024, alcohol-specific mortality in Torbay (adjusted for differing areas' age profile) had been broadly on an upward trajectory and was significantly higher than England for 3 of the previous 6 years (Fig 182). For 2024, Torbay's rate fell significantly from the 4 previous years, we await to see if this is a one-off occurrence or the start of a new trend.

Torbay consistently has a significantly higher level of under 75 mortality from alcoholic liver disease than the South West and England, more of these deaths occur amongst males than females in Torbay. Females in Torbay have a consistently higher rate of under 75 mortality from alcoholic liver disease than the female England average. The gap between Torbay and England females is consistently higher than the gap between Torbay and England males.

Fig 182: Rate of alcohol-specific mortality per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)



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Over the period 2015/16 to 2024/25, Torbay had a higher proportion of alcohol users that left structured treatment free of alcohol dependence who do not then re-present to treatment within 6 months than the South West and England (Fig 183). Over the period, this equates to 1,602 successful treatments.

The University of Sheffield made estimates in 2019/20 that there were approximately 1,634 adults (75% male, 25% female) in Torbay with alcohol dependency. Close to half of these people are estimated to be aged between 35 and 54 years. It should be noted that this was an estimate with lower and higher bounds of 1,313 adults and 2,084 adults, rates of those with alcohol dependency were estimated as slightly higher than the South West and England.

The estimated number of adults with alcohol dependency has been used as the basis to estimate the proportion of dependent drinkers who are not in treatment. Using treatment information from the publicly available version of the National Drug Treatment Monitoring System it has been estimated that for 2024/25, significantly more dependent drinkers were in treatment in Torbay (40%) when compared to England (27%).

Admission episodes for mental and behavioural disorders due to the use of alcohol had been broadly in line with rates across England until a significant rise in Torbay rates for 2023/24, we await to see if this increase in Torbay rates is maintained in future years. Across England, these admissions are approximately twice as likely in the 10% most deprived areas of England when compared to the 10% least deprived areas of England. Rates are also much higher among males than females within Torbay Note on Hospital admissions and SDEC – page 9.

Torbay has consistently had a lower percentage of clients entering alcohol treatment identified as having a mental health treatment need who are receiving treatment for their mental health when compared to the South West and England. For the latest year, Torbay's rate was 73.5% compared to 83.4% for both the South West and England (Fig 184).

As an urban area, Torbay has a significantly higher density of premises licensed to sell alcohol per square kilometre. For 2023/24, there were 709 premises licensed to sell alcohol which is a density of just over 11 premises per square kilometre, across England it is 1.3 premises per square kilometre (OHID Public Health Profiles).

Fig 183: Percentage of successful structured alcohol treatment – 2015/16 to 2024/25

Source: OHID – Public Health Profiles (Fingertips)

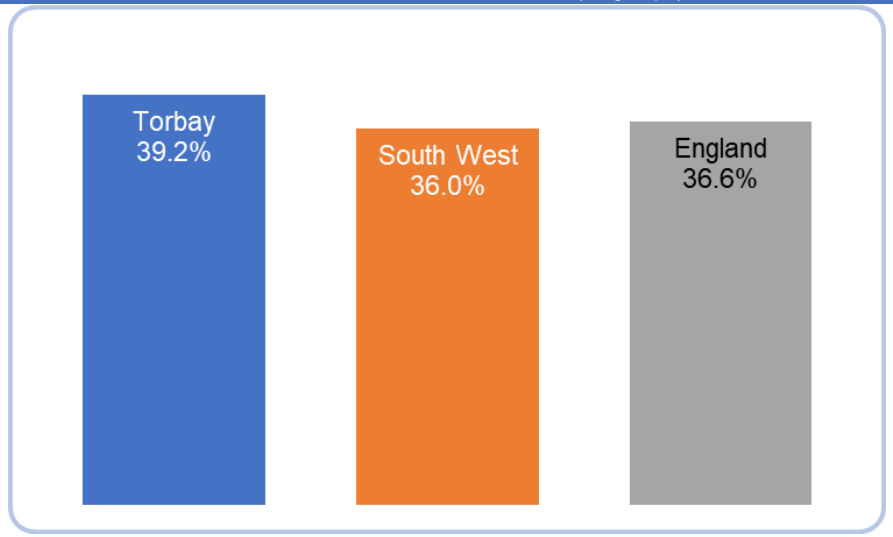

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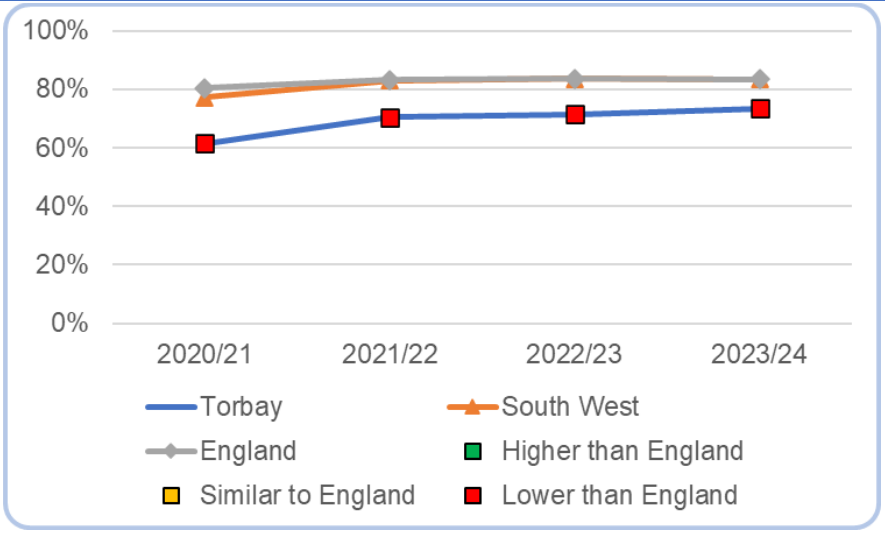
Fig 184: Percentage of clients entering alcohol treatment identified as having a mental health treatment need, who are receiving treatment for their mental health
Source: OHID – Public Health Profiles (Fingertips)



Drugs

Opiates are a range of drugs that contain amongst others; Heroin, Morphine, Codeine and Fentanyl. Rates of successful treatment for opiate users are relatively low when compared to alcohol and non-opiate drugs. Rates of successful treatment (leaving drug free and do not re-present within 6 months) have broadly fallen in England over the last decade (Fig 185). Torbay has remained broadly in line with England, recent years saw a recovery in successful treatment rates from the particularly low rate in 2020 which may have been due to COVID-19 and its disturbance of drug treatment regimes in that year.

Successful treatment for non-opiates is significantly higher than opiates and Torbay remains broadly in line with the South West and England; since 2018/19 successful treatment rates have been approximately 1 in 3 although rates fell to 30% for 2023/24 and 28% for 2024/25. Rates of successful treatment have fallen across Torbay and England over the last decade (Fig 186).

For 2024/25, the estimated proportion of opiates and/or crack cocaine users not in treatment was lower in Torbay (43%) than England (53%) (Fig 187). This is based on estimates given by the publicly available version of the National Drug Treatment Monitoring System.

Fig 185: Percentage of successful structured drug treatment – Opiate user
Source: OHID – Public Health Profiles (Fingertips)

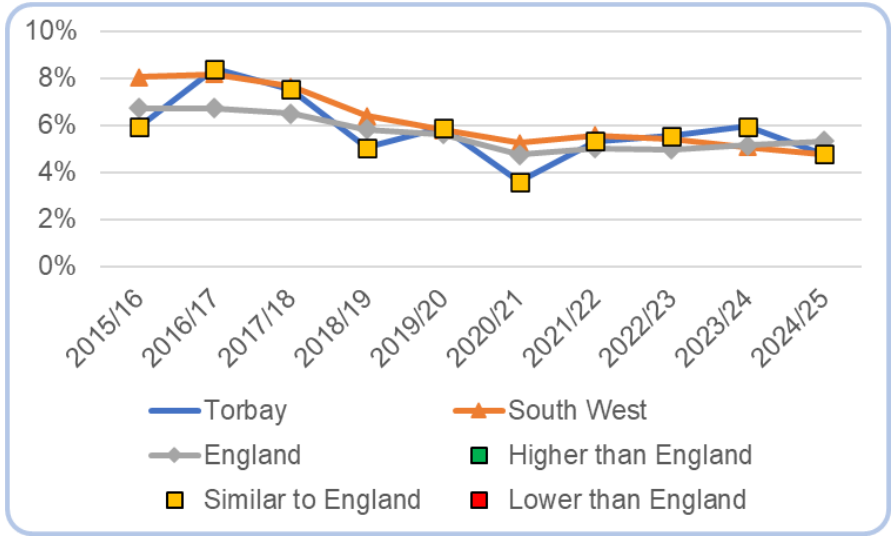


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Fig 186: Percentage of successful structured drug treatment – Non-opiate user
Source: OHID – Public Health Profiles (Fingertips)

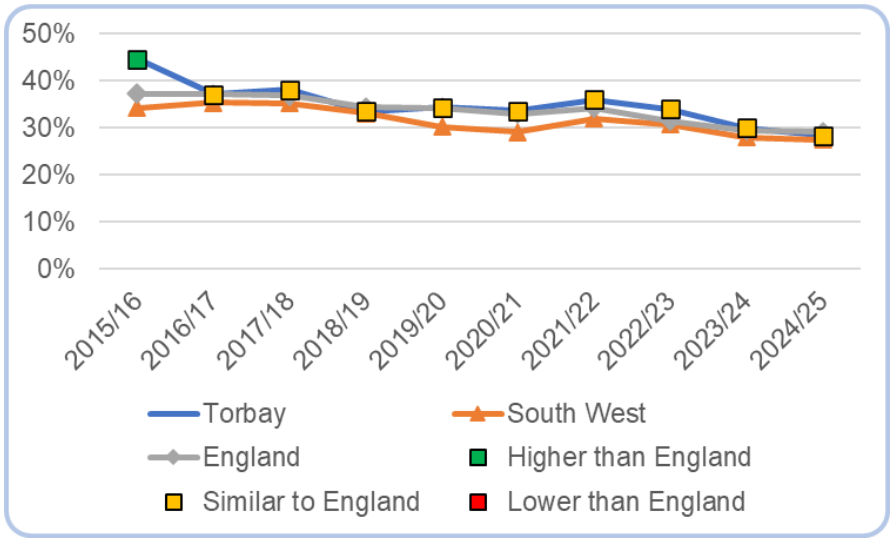
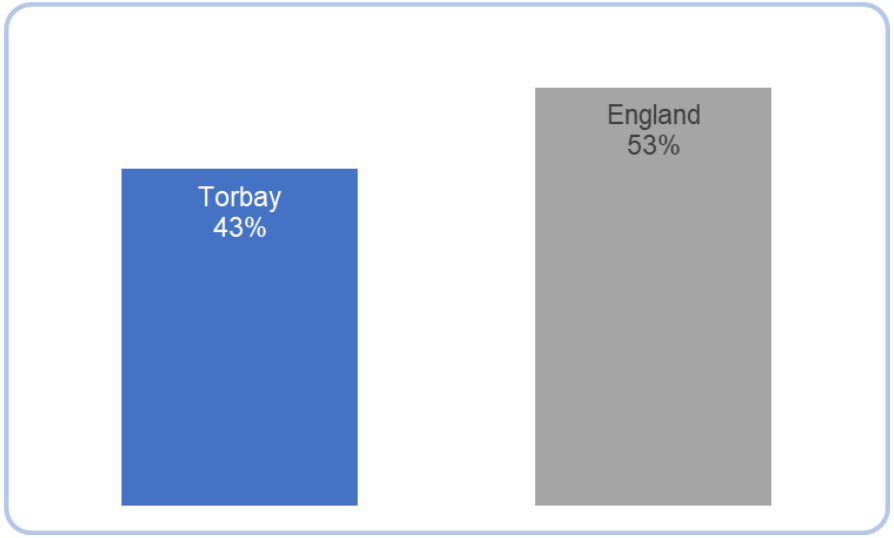
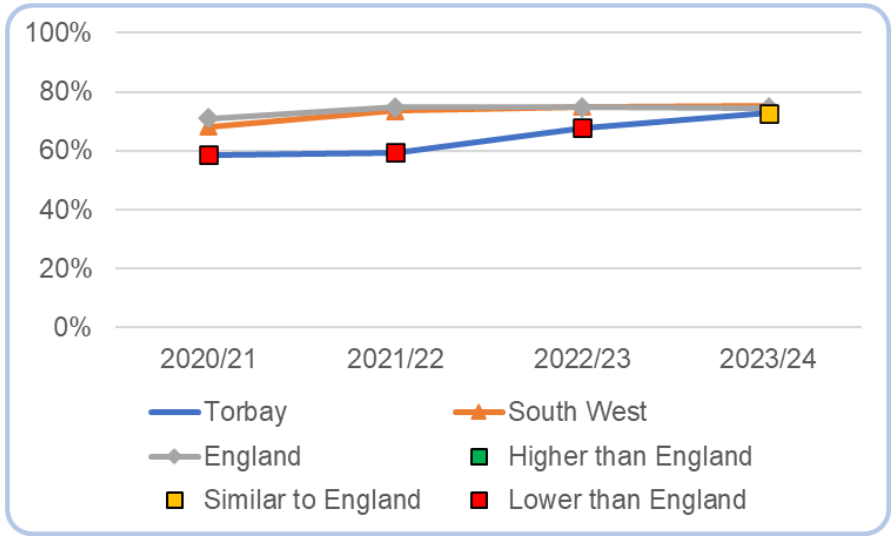


Fig 187: Estimated percentage of opiate and/or crack cocaine users not in treatment (2024/25)
Source: National Drug Treatment Monitoring System (Public facing version)



Until the most recent year, Torbay had consistently had a lower percentage of clients entering drug treatment identified as having a mental health need, who were receiving treatment for their mental health when compared to the South West and England. However, for the latest year, Torbay's rate rose to 72.7% which was broadly similar to England's rate of 74.5% (Fig 188).

Fig 188: Percentage of clients entering drug treatment identified as having a mental health treatment need, who are receiving treatment for their mental health
Source: OHID – Public Health Profiles (Fingertips)



The rate of admissions to hospital where drug-related mental and behavioural disorders were a factor (adjusted to take account of differing areas' age profile) has consistently been significantly higher in Torbay when compared to England and the South West (Fig 189). For the last 2 years, the gap between Torbay and England has become larger Note on Hospital admissions and SDEC – page 9.

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Fig 189: Rate of admission episodes where drug-related mental and behavioural disorders were a factor per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2024/25

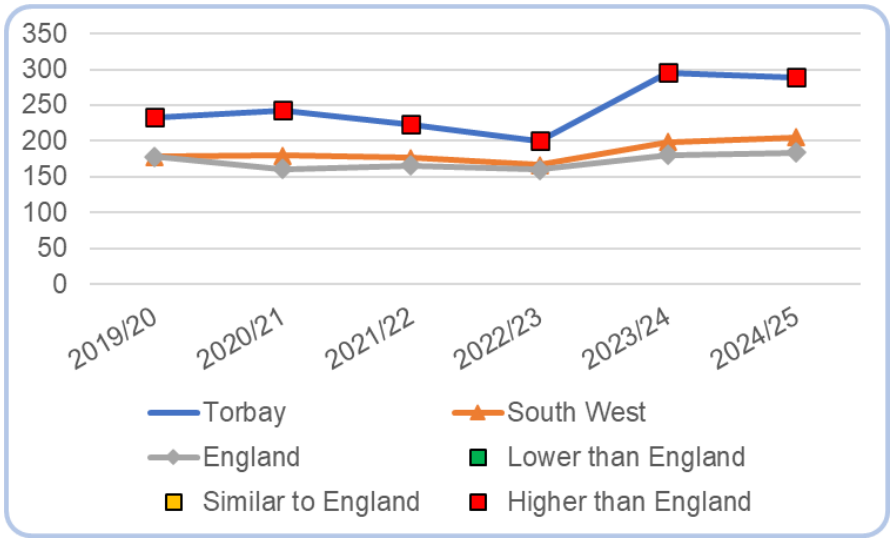
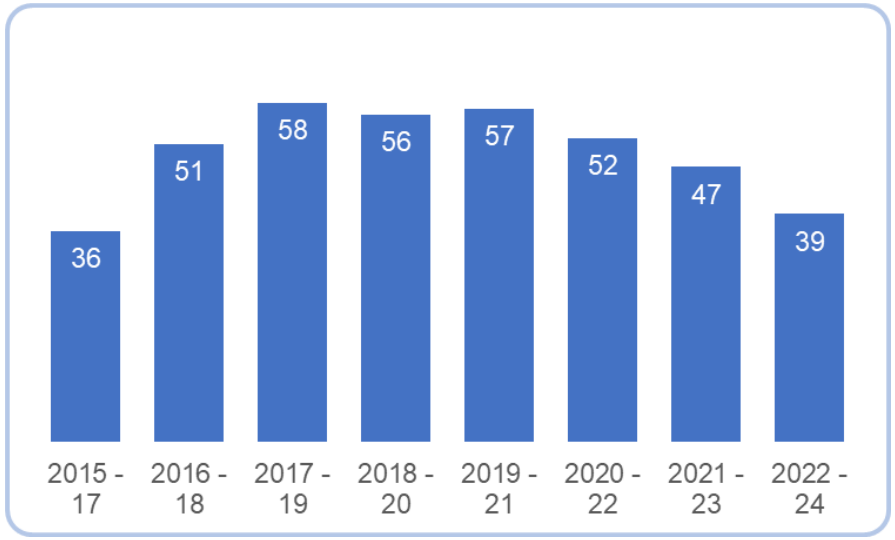


Fig 190: Number of deaths related to drug poisoning - Torbay
Source: Office for National Statistics



Drug poisoning is a significant cause of premature mortality in the UK, particularly amongst those under 50 years. Torbay saw a significant rise in recorded deaths related to drug poisoning in the middle of the last decade, peaking in 2017-19, rates then plateaued and have fallen significantly for the most recent time periods (Fig 190). There is a possibility that falls could be attributable to significant coroner backlogs in the local area. Of the 96 deaths between 2019 and 2024, 65 were male and 31 were female.

Fewer than half of these deaths were classified as deaths from drug misuse although a very specific criteria is used for this definition which may lead to an underestimate of drug misuse deaths.

Gambling

Since the Gambling Act 2005 liberalised gambling, including activities such as allowing gambling companies to advertise on television and radio, there has been a 'boom' in gambling, the 2025 Gambling commission survey for Great Britain (Wave 1) indicated 48% of those aged 18 and over had gambled in the previous 4 weeks. When you excluded the National Lottery, the rate was 27%. Excluding the National Lottery, rates were higher among males than females (31% to 24%) with the peak prevalence rate of 36% among the 35 to 44 year old population. If you include the National Lottery, then 55 to 64 year olds had the highest prevalence rate at 54%.

The House of Lords Select Committee on the Social and Economic Impact of the Gambling Industry estimated that approximately a third of a million UK citizens are what would be termed as 'problem gamblers'. Problem Gambling was defined by the Gambling Commission as 'behaviour related to gambling which causes harm to

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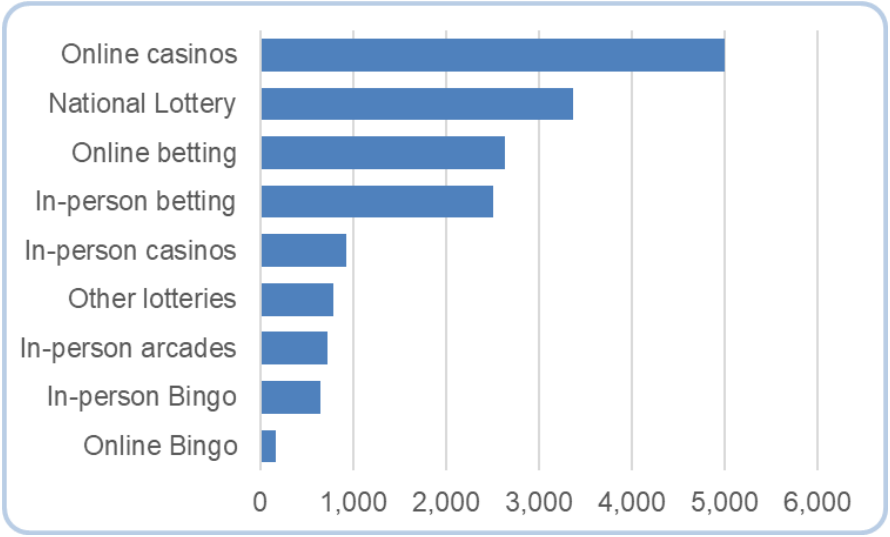
the gambler and those around them. This may include family, friends and others who know them or care for them'. 'Problem gamblers' is the term most often used although it implies that the problem lies with the gambler and not the addictive qualities of gambling. For instance, we would be less likely to talk about 'problem smokers'.

The Gambling commission's survey of young people for 2025: a research study among 11-17 year olds in Great Britain showed that 1.2% of 11 to 17 year olds are classified as 'problem gamblers', with a further 2.2% experiencing 'at-risk' gambling. It also suggested that 'problem gambling' was most prevalent among 13 and 14 year olds. The most common form of gambling for the 11 to 17 year old age group was playing arcade gaming machines such as a 'penny pusher' or 'claw grab machine'.

The Gross Gambling Yield (GGY) which is the difference between what customers gamble minus the amount customers win, was just under £16.8 billion for 2024/25 across the UK. For comparison, the GGY in 2008/09 was just under £8.4 billion. It should be noted that this is not the same as profit as it does not take staffing, premises, IT costs etc into account.

On-line casinos had 30% of GGY for 2024/25 at just over £5.0 billion (Fig 191), this is an increase from 2015/16 when it was £2.4 billion. 83% of the £5.0 billion related to on-line slot machines. Notably, in-person betting which involves places such as betting shops and racecourses had a similar GGY to online betting. However, the trend in online betting is broadly rising compared to falls among in-person betting.

Fig 191: Gross Gambling Yield by Sector (£million) – UK (2024/25)
Source: Gambling Commission Industry Statistics 2024/25



Despite the rise of on-line betting, physical betting shops still make significant sums for the gambling industry. Evidence given to the House of Lord's select committee from the 'Estates Gazette' showed that 56% of the big four's betting shops are located in the top 30% most deprived areas in England thus leading to a concentration of these establishments in areas where comparatively moderate losses could be very problematic. This is likely to be due to town centres with the best footfall often being more deprived areas than the average area.

When you look at Torbay betting shops that were open as of February 2026 (Fig 192), of the 11 betting premises, 7 (the red dots indicate betting shop locations) are in areas of Torbay classified as being amongst the 20% most deprived in England according to the 2025 English Indices of Deprivation.

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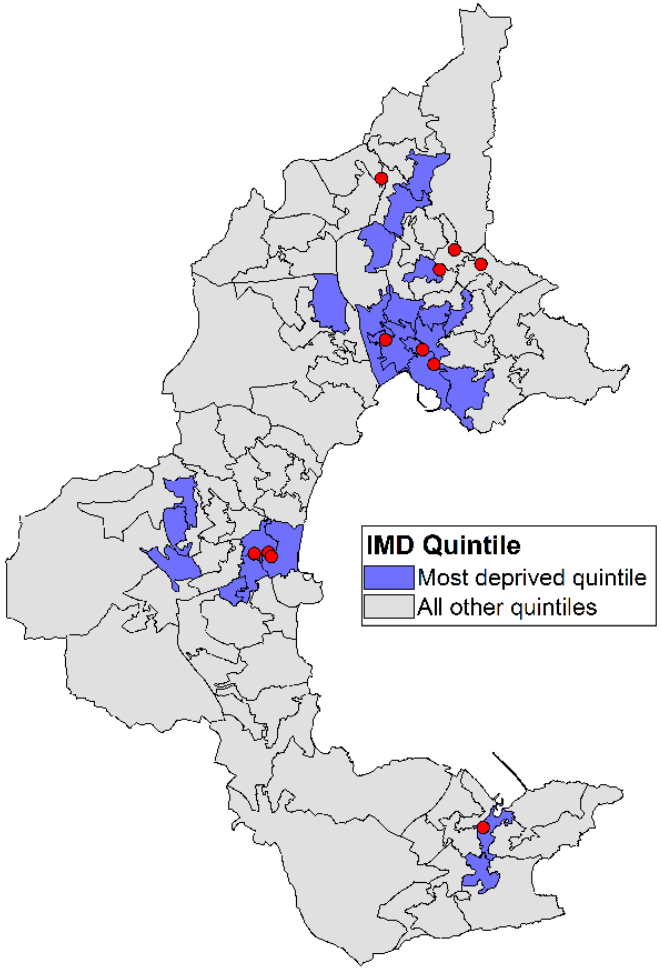
Fig 192: Open Betting Shops in Torbay – February 2026
Source: Torbay Council Gambling Register Search



Torbay has the 7th highest concentration of gambling premises (compared to the other 153 upper-tier local authorities) in England with more than double the England average rate. This data includes the following types of gambling premises; Adult Gaming Centre, Betting Shop, Bingo, Casino, Family Entertainment Centre.

Documents you may find useful are listed below:-

The Smokefree 2030 ambition for England - House of Commons Library (parliament.uk)

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Gambling Harm— Time for Action (parliament.uk)

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Smoking Prevalence (APS) (2022 - 24)	%	13.8%	10.3%	10.6%	10.9%	🔴	↓
COPD emergency hospital admissions (2024/25)	DSR per 100,000	439	357	278	345	🔴	↑
COPD mortality (2022 - 24)	DSR per 100,000	43	46	37	46	🟡	↑
Those who set a quit date who successfully quit smoking (2024/25)	%	50.8%	55.3%	52.6%	53.6%	🟡	↓
Alcohol admissions for Under 18s (Specific) (2022/23 - 24/25)	Rate per 100,000	50	29	31	19	🔴	↑
Alcohol related admissions (Narrow) (2023/24)	DSR per 100,000	672	533	489	504	🔴	↑
Alcohol specific mortality (2024)	DSR per 100,000	13.7	14.8	12.8	13.8	🟡	↓
Successful drug treatment - Opiates (2024/25)	%	4.8%	5.5%	4.8%	5.3%	🟡	↓
Successful drug treatment - Non Opiates (2024/25)	%	28.3%	32.0%	27.5%	29.1%	🟡	↓

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Crime, Domestic Abuse and Anti-Social Behaviour

Overview

- 13,391 crimes and 2,783 anti-social behaviour incidents in Torbay recorded by police during 2024/25. This is a significant rise in the number of recorded crimes compared to the 4 previous years.

  Source: Torbay Community Safety Partnership

- Rates of recorded violent crime and sexual offences are higher in Torbay than England during 2024/25.

  Source: OHID – Public Health Profiles (Fingertips)

- Levels of recorded anti-social behaviour have broadly fallen over the last 5 years.

  Source: Torbay Community Safety Partnership

- In line with national trends, far fewer children are entering the youth justice system compared to a decade ago although rates are higher than England.

  Source: Youth Justice Board for England and Wales

- National Crime Survey data indicates that 29.6% of women and 21.8% of men have experienced domestic abuse at some time since the age of 16. For Torbay, 4,121 domestic abuse related crimes and incidents recorded by police during 2024/25.

  Sources: Crime Survey for England and Wales, Torbay Community Safety Partnership

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Crime, Domestic Abuse and Anti-Social Behaviour (ASB) can have significant effects on the individuals involved, and the families and communities around them. For police data, we are talking about recorded levels, for instance it is acknowledged that domestic abuse and wider sexual crime is very significantly underreported to authorities, and this will lead us to use national survey data as well as reported figures to gather a better idea of prevalence.

Crime and Anti-Social Behaviour

The number of recorded crimes in Torbay has risen significantly in the latest year (Fig 193). There has been a significant reduction compared to 4 years ago in recorded levels of anti-social behaviour. Over the same period, there has been a rise in recorded sexual offences, violent crime and acquisitive crime (particularly shoplifting). Recorded drug offences increased significantly in the latest year.

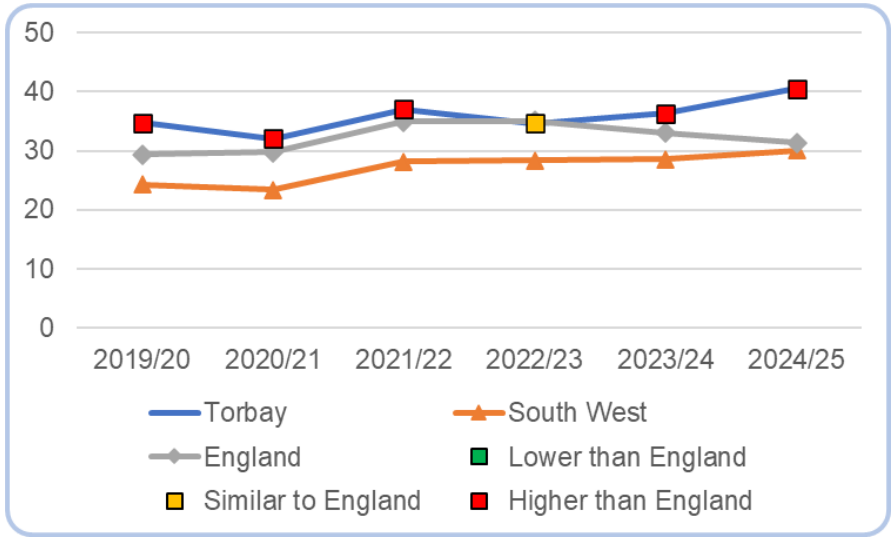
Fig 193: Crime and Anti-Social Behaviour (ASB) numbers recorded by police - Torbay
Source: Torbay Community Safety Partnership

	2020/21	2021/22	2022/23	2023/24	2024/25
All Crime	10,470	11,323	11,155	11,538	13,391
All ASB	4,600	3,480	2,788	3,007	2,783
Violent Crime	3,213	3,918	3,588	3,765	4,124
Sexual offences	364	430	461	507	558
Drug Offences	573	470	485	443	695
Acquisitive Crime	2,500	2,450	2,630	2,957	3,654

Violence is often used within a recorded crime. Across England, recorded violent and sexual offences are significantly more likely to occur in the most deprived areas than the least deprived areas.

Torbay has a significantly higher level of recorded crimes classified as violence against the person when compared to England (Fig 194), sexual offences are counted separately.

Fig 194: Rate of Violence Offences per 1,000 population
Source: OHID – Public Health Profiles (Fingertips)



In respect of recorded sexual offences, Torbay's rate is significantly higher than England and the South West for the latest 2 years (Fig 195), recorded numbers fell significantly during 2020/21 in which there were multiple lockdowns due to the COVID-19 pandemic which left people more isolated from others in society. This may have led to a fall in the chance and available support to report these offences.

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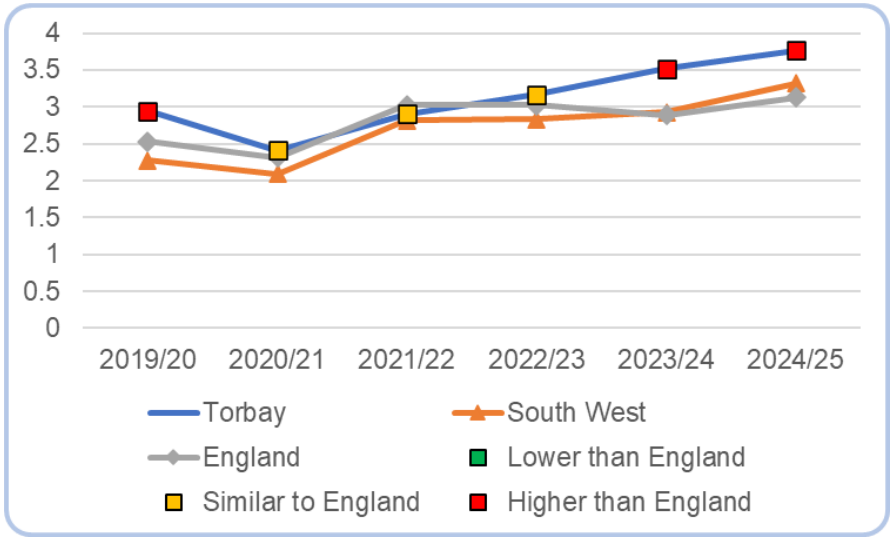
Fig 195: Rate of Sexual Offences per 1,000 population

Source: OHID – Public Health Profiles (Fingertips)

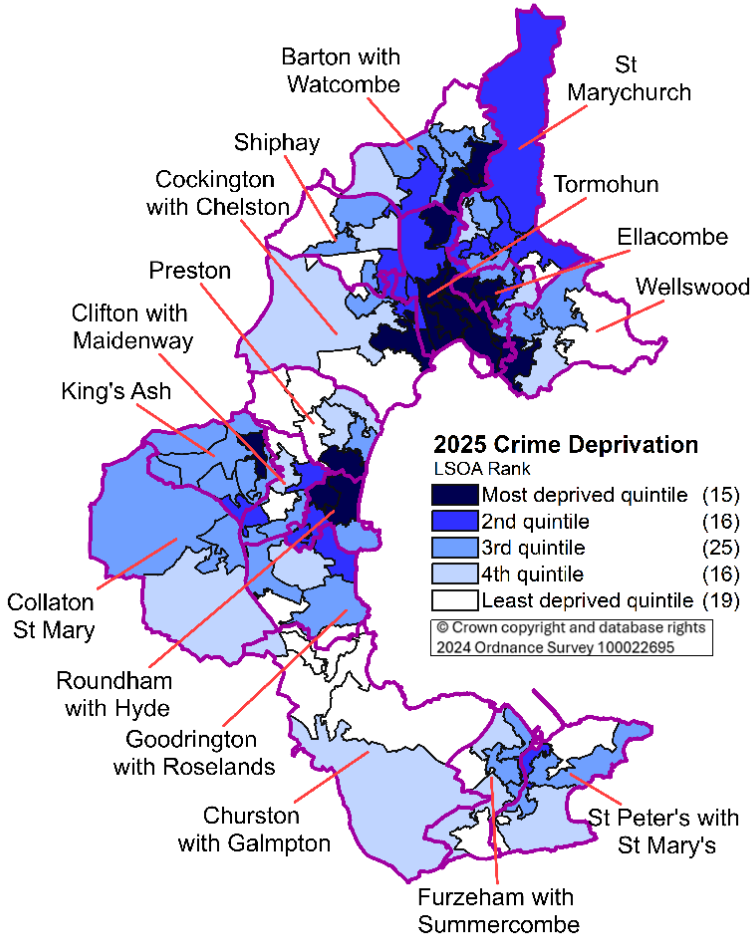


The Index of Multiple Deprivation produces a Crime Deprivation rating for small areas to give a guide to how areas are affected by crime.

The Crime sub-domain relates to the rate of violence, stalking/harassment, burglary, theft, criminal damage, public order, anti-social behaviour and possession of weapons. The most Crime deprived areas indicated by dark blue relate primarily to central Torquay and central Paignton (Fig 196). Town centres will have higher levels of recorded crime due to the concentration of licensed premises. The areas in dark blue were ranked amongst the 20% most deprived in relation to Crime in England.

Fig 196: Rank of Crime Deprivation

Source: English Indices of Deprivation 2025



Those within the Youth Justice system are known to be amongst the most vulnerable in society. The number of 10 to 17 year olds in Torbay entering the Youth Justice system has fallen from 102 in 2016/17 to 45 in 2024/25. This is in line with reductions across

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England in the numbers of children entering the Youth Justice system. However, the most recent 2 years were the first since 2016/17 where Torbay had a significantly higher rate than England (Fig 197). For clarification, entering the Youth Justice system relates to the number of children cautioned or sentenced in the year. A House of Commons committee report from November 2020 on 'How has the youth justice population changed' attributes these falls to the success of schemes that divert children and young people from court, such as formal youth cautions, youth conditional cautions and the informal community resolution.

Over the last decade, a similar pattern of falling rates locally and across England can be seen in relation to the number of first time offenders (of any age), these are offenders recorded as having received their first conviction, caution or youth caution.

Levels of proven reoffending within Torbay had been broadly in line with England until 2023/24 when they were significantly higher (Fig 198), in general this had been following a downward trend although rates have started to rise again in recent years. Data relates to offenders released from custody who committed a reoffence leading to a court conviction, caution, reprimand or warning within 1 year; a further 6 month period is added to this to allow offences to be proven in court.

It should be noted that delays in the processing of cases through the court system could lead to some convictions falling outside the 1 year period of a previous offence and the further 6 month period to allow offences to be proven in court. In these circumstances, they would not be counted as reoffending for this measure.

Fig 197: Rate of children (10 to 17 yrs) entering the youth justice system per 1,000 population

Source: Youth Justice Board for England and Wales

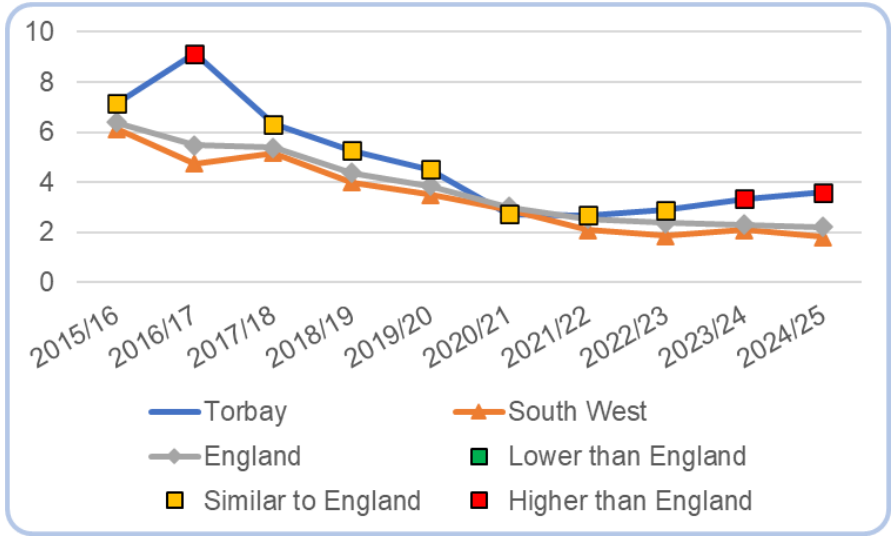
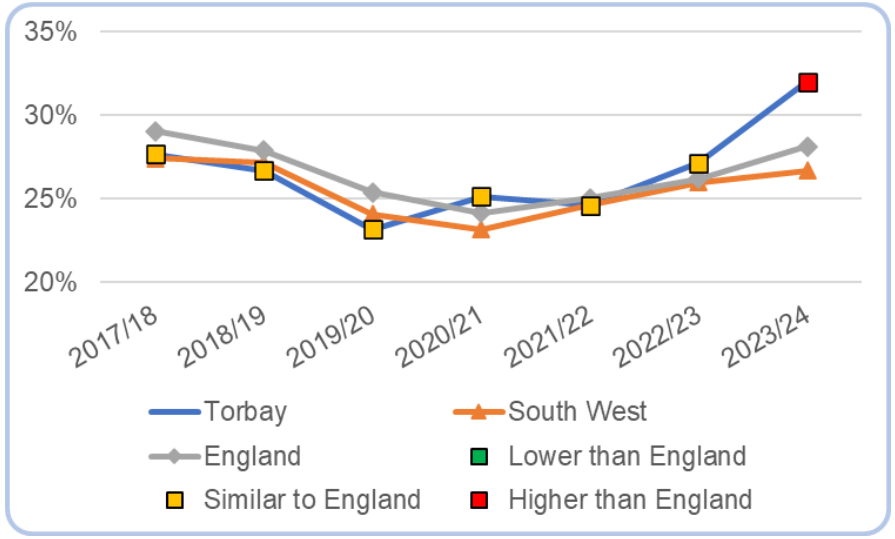


Fig 198: Percentage of proven reoffending

Source: Ministry of Justice



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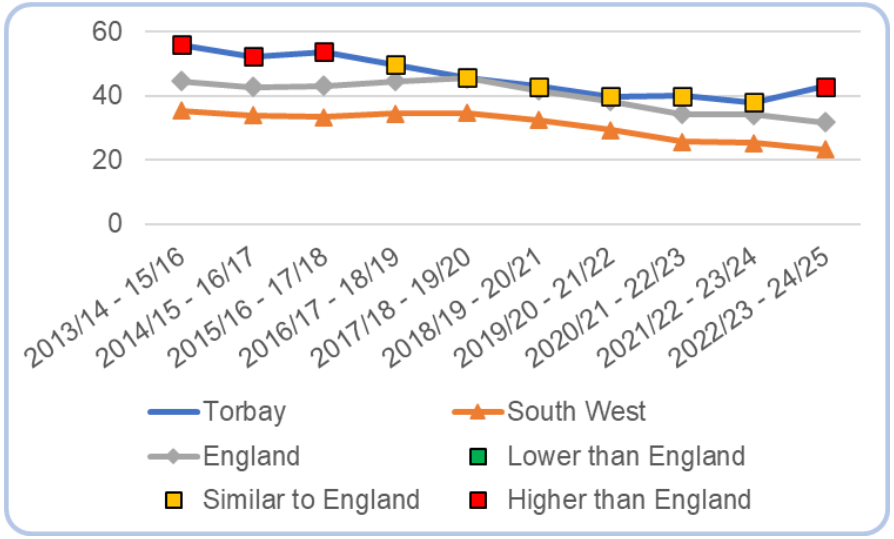
Hospital admissions for violence which includes sexual violence have gradually fallen over the last 10 years in Torbay although we have seen a rise in the most recent time period. Torbay has been broadly in line with England rates for the previous 6 time periods before the latest period which showed a climb in rates to be significantly higher than England. Rates remain significantly higher than the South West average (Fig 199). The rates have been adjusted to take account of differing geographies' age structures Note on Hospital admissions and SDEC – page 9.

Fig 199: Rate of hospital admissions for violence (including sexual violence) per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2022/23 – 24/25



Domestic Abuse

The United Nations defines domestic abuse as 'a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone'.

Levels of domestic abuse are known to be under recognised and under reported. Levels of recorded domestic abuse in police figures for Torbay have seen a significant rise during 2024/25. For 2024/25 the recorded figures were 4,121 (Fig 200).

Fig 200: Domestic Abuse recorded Crimes and Incidents - Torbay
Source: Torbay Community Safety Partnership

	2020/21	2021/22	2022/23	2023/24	2024/25
Domestic Abuse	3,507	3,494	3,689	3,713	4,121

The Crime Survey for England and Wales asks people aged 16 and over about a number of subjects related to crime, this includes domestic abuse and stalking.

For the year ended March 2025, participants were asked if they had been subjected to any domestic abuse since the age of 16, this would include partner or family non-physical abuse, threats, force, sexual assault or stalking. 25.8% of people stated that they had been victims of this once or more since the age of 16 (Fig 201). Rates were higher for women than men (29.6% for women, 21.8% for men). If these figures were applied directly to Torbay's 2024 population, approximately 18,200 women and 12,500 men aged 16 and over will have been subjected to domestic abuse at some point since the age of 16. It should be noted that figures for men were significantly higher than previous year's crime surveys.

The survey found that it was more likely that people would have experienced abuse when they were aged 16 and over from partners rather than family. Emotional abuse and threats were the most

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commonly reported forms of domestic abuse, women were more likely to have experienced all categories of domestic abuse, this particularly applied to sexual assault where rates were 4 to 5 times those of males (Fig 201).

Fig 201: Domestic Abuse Prevalence among adults aged 16 and over since the age of 16 (Year to March 2025) – England and Wales
Source: Crime Survey for England and Wales

	Female	Male	All
Any domestic abuse	29.6%	21.8%	25.8%
Emotional abuse	21.0%	15.1%	18.1%
Threats	17.9%	9.7%	13.9%
Economic abuse	13.5%	8.4%	11.0%
Stalking	12.6%	7.1%	9.9%
Physical abuse	13.1%	6.4%	9.8%
Sexual assault	11.8%	2.6%	7.3%

A 'Child in Need' is a child who is thought to need extra help from children's services if they are to achieve or maintain a 'reasonable standard of health or development', this includes all disabled children. When a child in need receives an assessment, a number of factors can be identified at the end of that assessment. During the period 2021 to 2025 there were 8,706 episodes with an assessment factor, each episode can have multiple factors recorded, domestic abuse relating to an adult or child was the 2nd most commonly recorded factor after mental health. It was recorded in almost 2 out of 3 (63%) episodes where factors were identified (Fig 202).

Fig 202: 10 most common factors in Children in Need assessment for Torbay (2021 to 2025)
Source: Department for Education – Characteristics of children in need

Factor	How often recorded
Mental Health	6,787
Domestic Abuse	5,483
Drug Misuse	2,716
Alcohol Misuse	2,710
Emotional Abuse	2,239
Neglect	2,012
Learning Disability	1,755
Physical Disability	1,457
Physical Abuse	1,109
Socially unacceptable behaviour	859

Of those households who were assessed as being either homeless or threatened with homelessness during 2024/25, just over 1 in 5 had a support need recorded of 'At risk of or has experienced domestic abuse'.

Torbay's domestic abuse and sexual violence strategy is available at Domestic Abuse and Sexual Violence Strategy 2023 to 2030 - Torbay Council

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Weight, Exercise and Diet

Overview

- Approximately 1 in 4 Reception and 1 in 3 Year 6 pupils in Torbay are either overweight or obese.
  Source: OHID – Public Health Profiles (Fingertips)
- Approximately 30% of Torbay adults are reported to be obese over the last 8 years.
  Source: OHID – Public Health Profiles (Fingertips)
- Torbay adult residents (16+) walk for leisure more often than the England average, however they cycle for leisure and sport less than the England average.
  Source: Active Lives Survey
- More than 7 in 10 children are physically active or fairly active, just under 7 in 10 adults are physically active.
  Source: Active Lives Children's Survey and OHID – Public Health Profiles (Fingertips)
- Torbay has consistently higher rates of hospital admissions for eating disorders than England.
  Source: Hospital Episode Statistics
- The gap in healthy life expectancy between the most and least deprived areas in England was 19.6 years for females and 19.0 years for males.
  Source: OHID – Public Health Profiles (Fingertips)

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In adults, those with a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle (OHID). Studies tracking child obesity into adulthood have found that the probability of overweight or obese children becoming overweight or obese adults increases with age, it has also been noted that attitudes towards sport and physical activity are often shaped by experiences in childhood. Diet is also a very important aspect of health, Dr Alison Tedstone who was the chief nutritionist at Public Health England stated that a healthy balanced diet is the foundation to good health. Eating 5 a day and reducing our intake of calories, sugar and saturated fat is what many of us need to do to reduce the risk of long-term health problems.

Weight

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

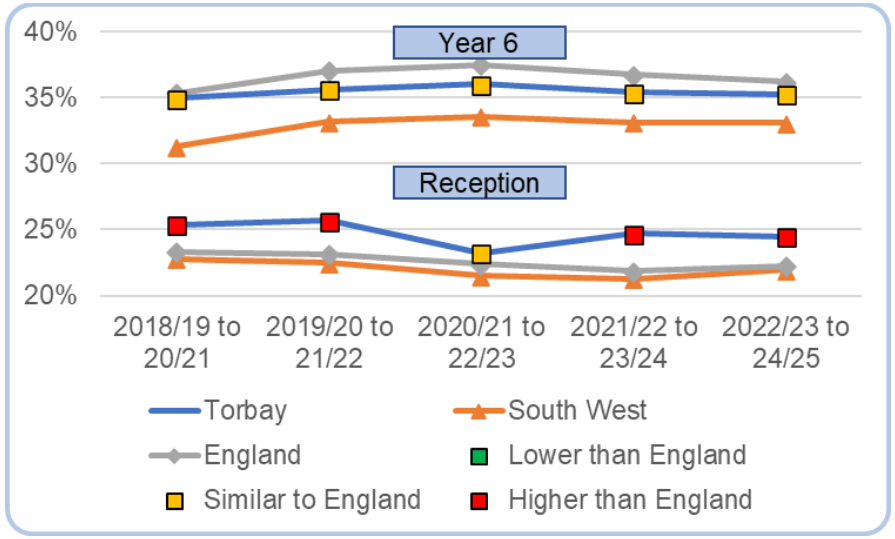
The prevalence of overweight (including obese) Reception aged children in Torbay for the period 2022/23 to 2024/25 was approximately 1 in 4 (24.5%). Reception aged children in Torbay have usually had higher rates than England (Fig 203). For Year 6 children in Torbay, approximately 1 in 3 (35.3%) children were overweight or obese for the period 2022/23 to 2024/25, this rate has been consistent with levels across England but above South West levels (Fig 203).

Across England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2024/25, rates of overweight (including obese) children in the most deprived decile in England were 28.0% and 43.6% for Reception and Year 6 children respectively as opposed to 18.9% and 26.1% in the least deprived decile. This is repeated amongst obese children but to a greater extent with rates of obesity in the most deprived decile more than double those in the least deprived decile.

It should be noted that significant numbers of overweight (including obese) children in Torbay are obese. For those in Reception, 10.4% of children were obese for the period 2022/23 to 2024/25. In Year 6, 20.7% of children were obese for the period 2022/23 to 2024/25, for Year 6 this means more children were classified as obese than overweight (not obese).

When looking at Torbay pupils in Year 6 during 2023/24 and 2024/25, a quarter of those pupils (313 pupils) who were at a healthy weight when measured 6 years ago as Reception aged children had moved to overweight (including obese) levels. 116 out of 384 pupils (30%) who were overweight (including obese) when in Reception had reached a healthy weight by Year 6 during 2023/24 and 2024/25.

Fig 203: Percentage of overweight (including obese) children
Source: OHID – Public Health Profiles (Fingertips)



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Sport England undertakes an annual 'Active Lives Survey' for those aged 18 and over which asks for height and weight to calculate their BMI.

Looking at the 9 year period from 2015/16 to 2023/24, Torbay has a similar rate of adults classified as overweight (including obese) when compared to the South West and England at 63.0%. Over the same time period, Torbay consistently had higher obesity rates than the South West and England with an average 29.1% of Torbay adults being classified as obese over the period 2016/17 to 2023/24 (Fig 204). When you look at England figures for obesity, the percentage of those who are classified as obese increases with age until you reach those who are 65 years and older (Fig 205).

Across the last 9 years, males are 11 percentage points more likely to be classified as overweight (including obese) when compared to females, with 68% of males and 57% of females classified as overweight (including obese) across England. However, there is almost no difference in obesity rates between females and males over this period.

Those who live in more deprived areas are more likely to be classified as obese when compared to those in the least deprived areas, for 2023/24 across England, 37% of those in the most deprived decile in England were classified as obese compared to 20% in the least deprived decile.

Fig 204: Percentage of adults classified as obese
Source: OHID – Public Health Profiles (Fingertips)

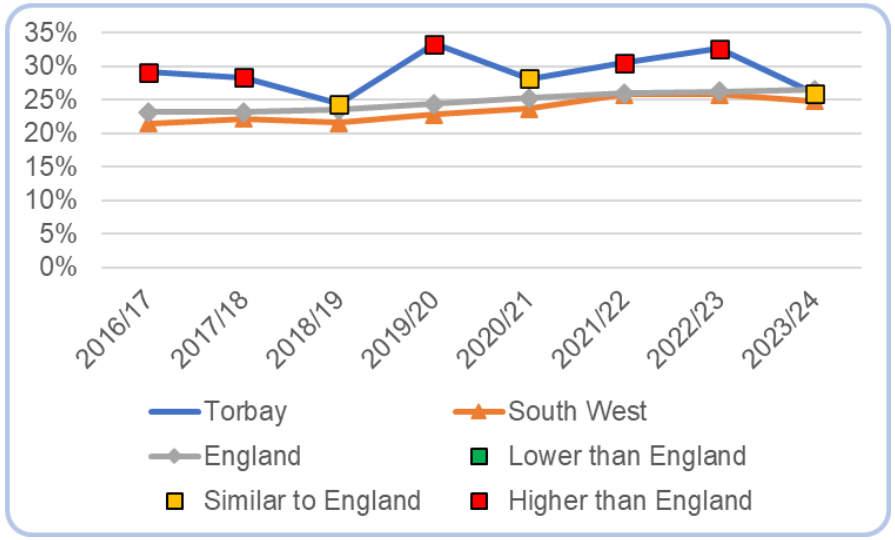
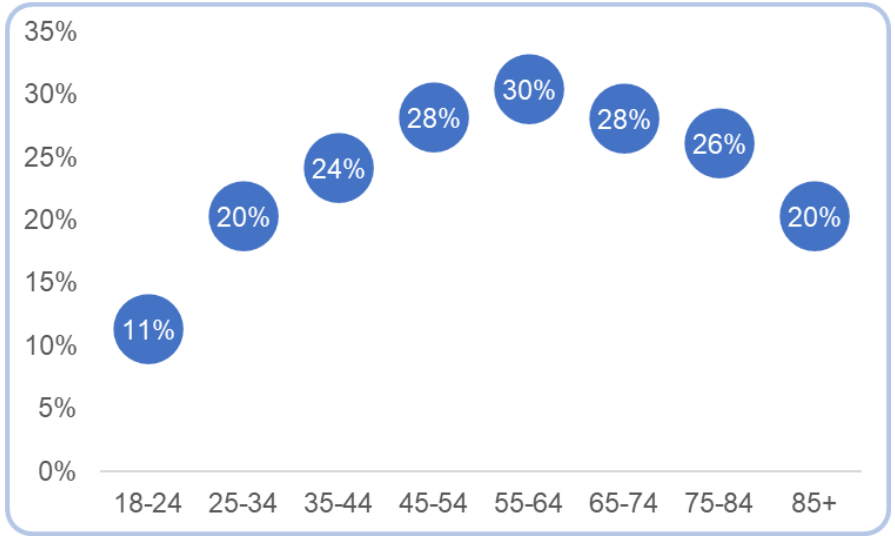


Fig 205: Percentage of adults classified as obese by age band - England (2015/16 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)



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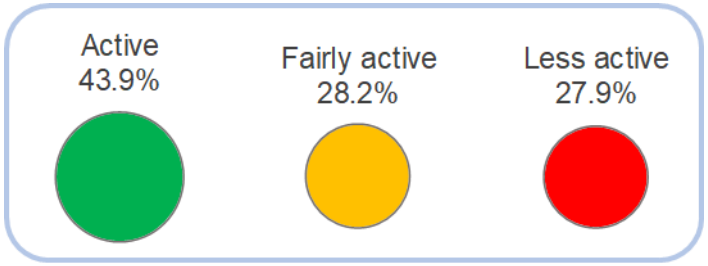
Exercise

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

One of the questions relates to the daily level of sport and physical activity undertaken by children aged 5 to 16 over the last week. Children can be active (an average of 60+ minutes per day), fairly active (30 to 59 minutes) or less active (less than 30 minutes). Torbay respondents show just under 3 in 4 as active or fairly active and just over 1 in 4 as less active during 2022/23 (Fig 206). These figures are broadly in line with England but there is a significant amount of volatility from year to year at a local level. Figures for the last 2 years in respect of Torbay were not released due to the small sample size.

Fig 206: Percentage of children aged 5 to 16 by level of physical activity – Torbay (2022/23)
Source: Active Lives Children's Survey



Data from the 'Active Lives Survey' for adults undertaken by Sport England asks questions about a person's level of physical activity over the previous 28 days. 68% of Torbay respondents over the last 9 years said that they were physically active (150 minutes of moderate intensity physical activity per week over the last 28 days), this is broadly similar to England but significantly below the South West (Fig 207). The data was weighted to take account of differing population structures in different local authorities.

Levels of adults who responded as being physically active were higher across England in the least deprived areas when compared to the most deprived areas (Fig 208). Rates of being physically active were significantly higher if you were in employment.

Data for 2019 to 2021 from the same survey showed that males were slightly more likely to report being physically active in Torbay than females, although there was no difference between the sexes in numbers who were physically inactive (fewer than 30 minutes of moderate intensity physical activity per week over the last 28 days). 72% of Torbay respondents also agreed or strongly agreed that they have the opportunity to be physically active, the rate was similar for females and males. 13% of respondents disagreed or strongly disagreed.

Fig 207: Percentage of adults classified as physically active (2015/16 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)

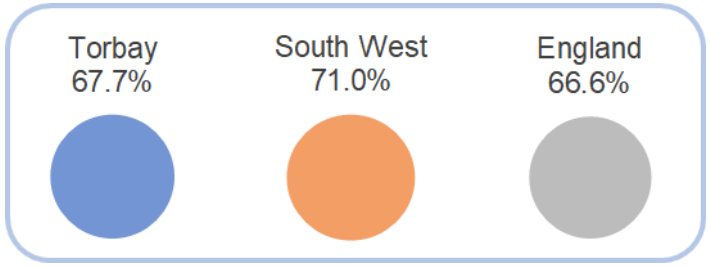


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Fig 208: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2022/24)
Source: OHID – Public Health Profiles (Fingertips)

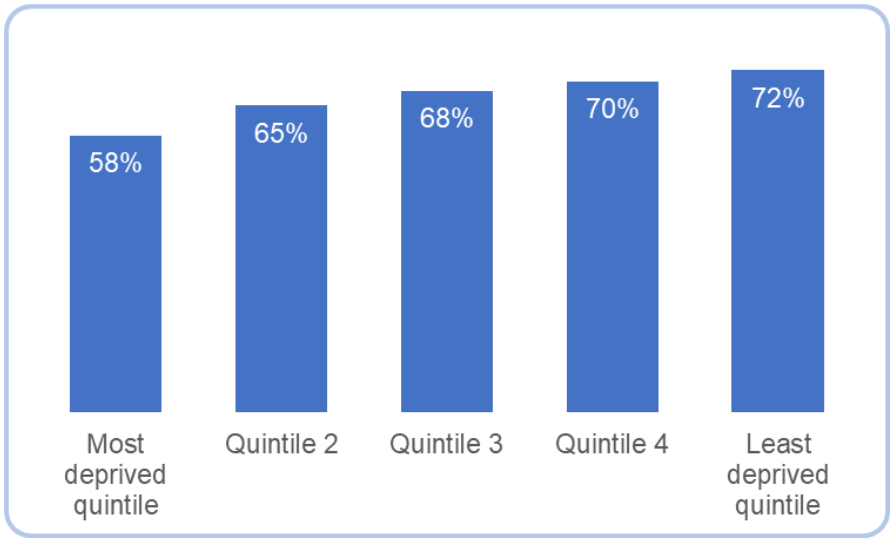
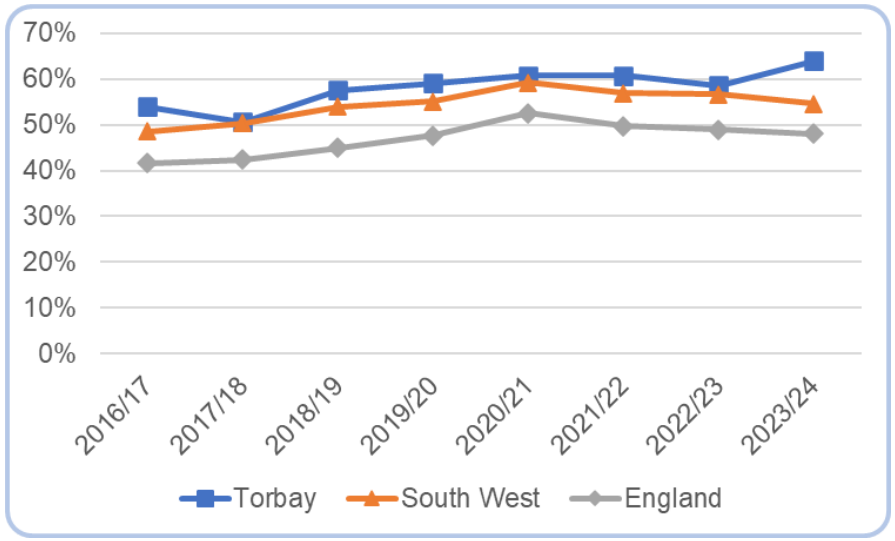


Fig 209: Percentage of adults (16+) who walked for leisure at least twice in the last 28 days
Source: Active Lives Survey

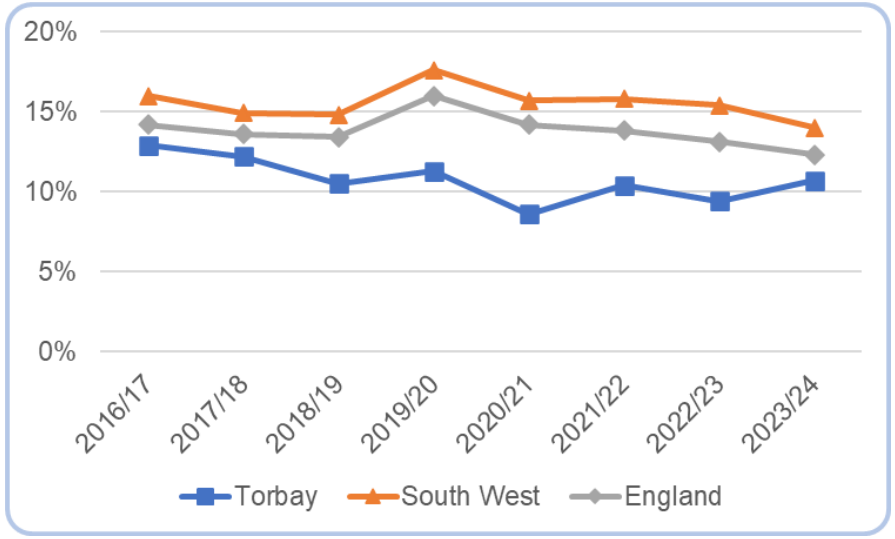


Data from the Active Lives Survey is used to calculate rates of walking and cycling among the population.

Rates of walking for leisure, at least twice in the last 28 days amongst those aged 16 and over in Torbay has consistently been higher than England and slightly higher than the South West (Fig 209). For the latest year it stands at 64% in Torbay as opposed to 48% in England. Rates have been broadly on an upward trajectory in Torbay.

Rates of cycling for leisure and sport, at least twice in the last 28 days amongst those aged 16 and over in Torbay has consistently been lower than England and the South West (Fig 210). For the latest year it stands at 10.7% in Torbay as opposed to 12.3% in England. Since 2016/17, cycling rates have been on a slight downward trajectory in Torbay.

Fig 210: Percentage of adults (16+) who cycled for leisure and sport at least twice in the last 28 days
Source: Active Lives Survey



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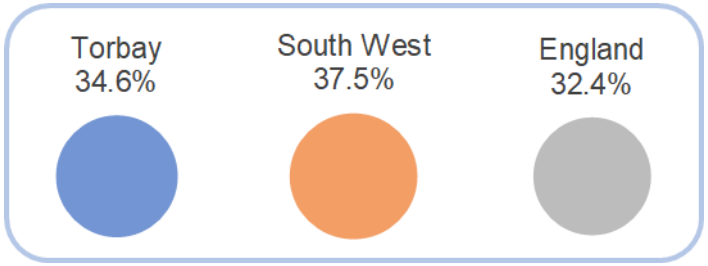
Diet

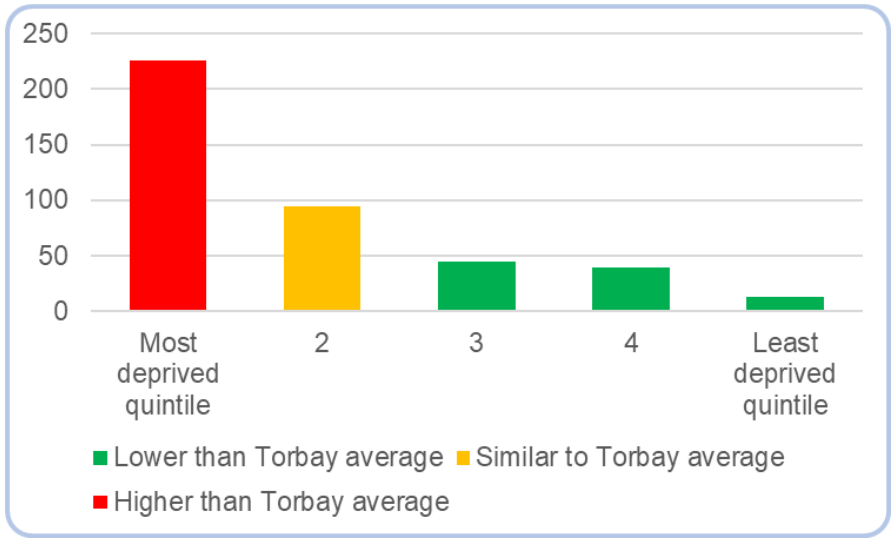
The proportion of those adults eating 5 portions of fruit and vegetables on the previous day as reported by the Active Lives Survey is 34.6% (2020/21 to 2023/24), this is higher than England but lower than the South West (Fig 211). Across England, there are significant differences between the most and least deprived areas, for 2023/24, 20% of those in the most deprived decile in England had their '5-a-day' compared to 39% of those in the least deprived decile. Females consistently report as being more likely to eat 5 portions of fruit and vegetables a day when compared to males, the gap averages 7 percentage points.

Fig 211: Percentage of adults eating 5 portions of fruit and vegetables on the previous day (2020/21 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)



As of February 2026, 156 takeaway and sandwich shops located in Torbay were listed by the Food Standards Agency on their food ratings website Search a local authority area | Food Hygiene Ratings. The most deprived areas of Torbay which are often near our town centres had a significantly higher rate of these outlets compared to every other area of Torbay (Fig 212). It should be noted that delivery apps mean that takeaways are more accessible to people outside the immediate local area but that area is often quite limited in mileage terms.

Fig 212: Rate of Takeaway and Sandwich Shop locations by deprivation quintile – Torbay (February 2026)
Source: Food Standards Agency, English Indices of Deprivation 2025



Dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia, bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. Allowing for age, Torbay has consistently had a significantly higher rate of admissions than England over the last 7 years and the rate is on an upward trend, with the latest year seeing a substantial rise (Fig 213). Across England over the last 7 years, 90.9% of admissions relate to females and 60.5% of admissions across England relate to females under 18 years. For the 7 years, 2018/19 to 2024/25, 66.7% of admissions of Torbay residents where the primary diagnosis related to an eating disorder were females under the age of 18, this equates to 140 admissions Note on Hospital admissions and SDEC – page 9.

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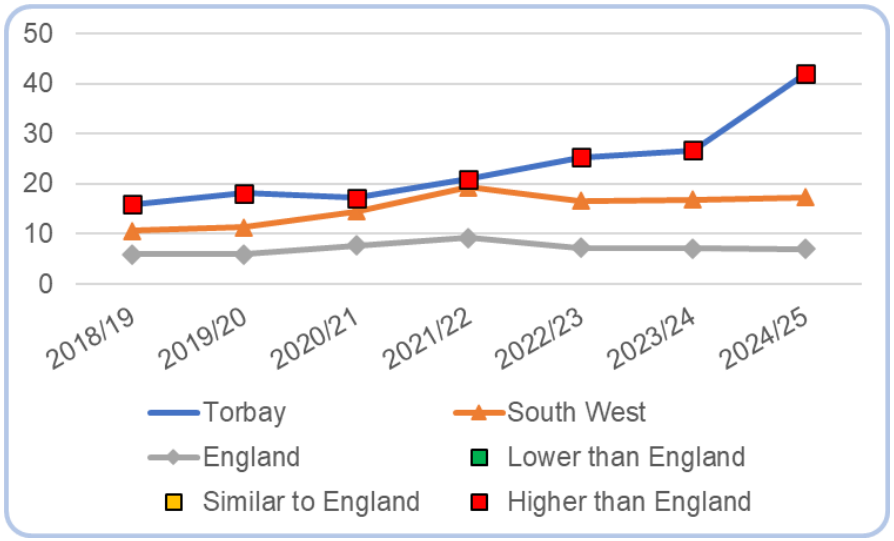
Fig 213: Rate of hospital admissions due to primary diagnosis of an eating disorder, per 100,000 (Age standardised)
Source: Hospital Episode Statistics



Those in more deprived areas are more likely to lack the options to eat more healthily whether this is through poor access to supermarkets with fresh fruit and vegetables or lack of money to enable themselves to eat well. Food insecurity has been heightened firstly through COVID-19 and then through the Cost of Living crisis. Torbay Food Alliance Torbay Food Alliance | Food Banks in Torquay, Paignton and Brixham is a partnership of community organisations, working together to support people who are struggling to afford food. There is information on their website in relation to food banks, social supermarkets and budget cooking.

The Eatwell Guide has recommendations around eating healthily and achieving a balanced diet. The recommendations are:

1. Eat at least 5 portions of a variety of fruit and vegetables a day.
2. Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates. Choose wholegrain or higher fibre versions with less added fat, salt and sugar.
3. Eat more beans and pulses, 2 portions of fish per week, one of which is oily. Eat less red and processed meat.
4. Choose lower fat and lower sugar dairy or dairy alternative options.
5. Choose unsaturated oils and use in small amounts.

Healthy life expectancy and mortality

The consequences of obesity, poor diet and lack of exercise contribute to increasing the chances of a poorer level of health and increased levels of mortality.

Data for Healthy life expectancy is based on self-reported good health from the Annual Population Survey with adjustments based on Census data for those populations not covered adequately by the Annual Population Survey, and deaths. It is weighted to take into consideration the population structure of different areas. Healthy life expectancy at birth for females in Torbay has been broadly static over the last decade at between 62 and 64 years although there has been a slight downward trend since 2019 - 21. Over the last decade, female healthy life expectancy has been broadly in line with England, but consistently below the South West until the latest 2 periods when rates across the South West fell significantly (Fig 214).

Healthy life expectancy at birth for males has also been broadly static at between 62 and 63 years for the majority of the last decade, it has been broadly in line with the England average but consistently below the South West (Fig 215). Along with females, there has been a general downward trend across England from the turn of the decade. It should be noted that there may be a level of volatility to the indicator given the self-reported nature of good health.

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Fig 214: Healthy life expectancy at birth (Years) - Females
Source: Office for National Statistics

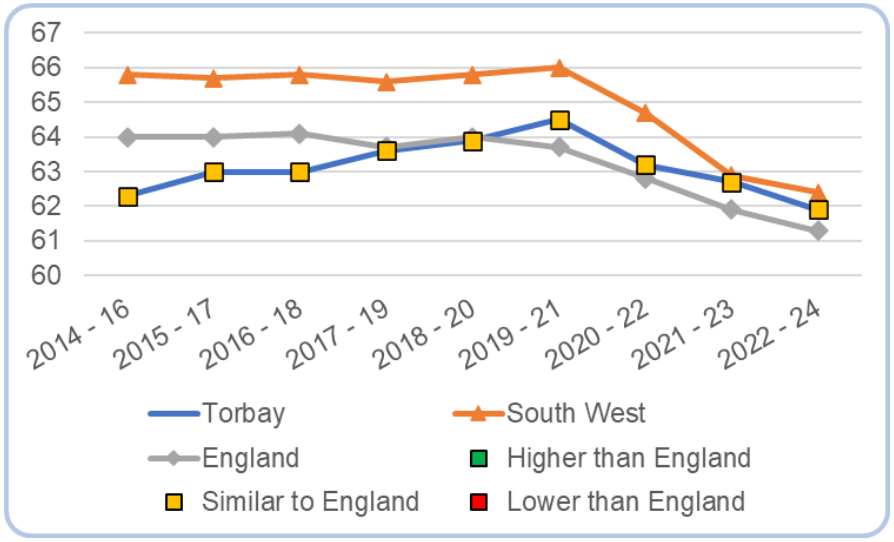
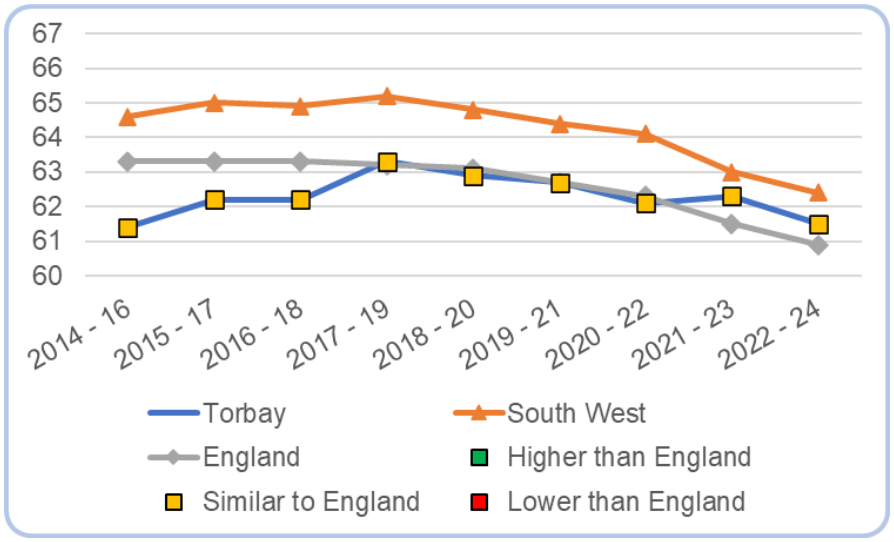
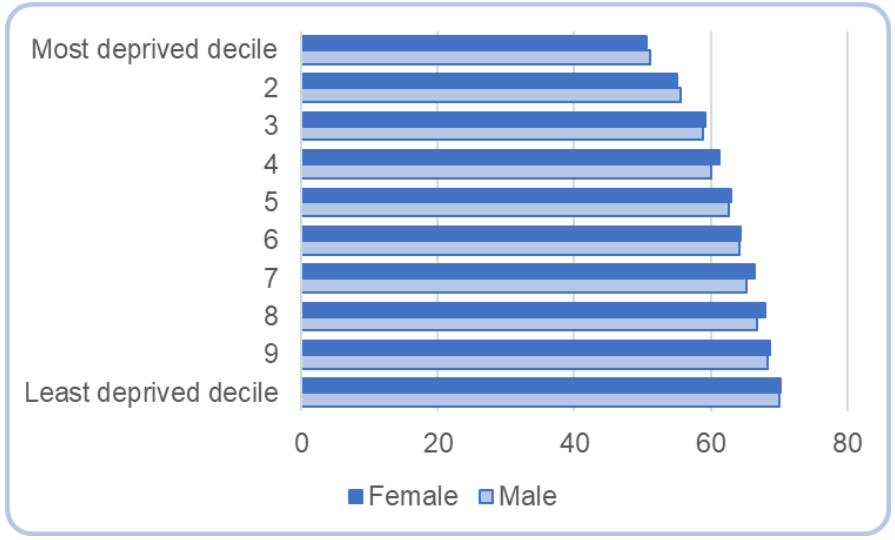


Fig 215: Healthy life expectancy at birth (Years) - Males
Source: Office for National Statistics



Across England, there are very large differences between those who live in the most deprived and least deprived areas. For the period 2020-2022 which is the last period for which data by deprivation decile is currently available, the gap between those who live in the most and least deprived deciles was 19.6 years for females and 19.0 years for males. Healthy life expectancy in the most deprived areas was 50.5 and 51.1 years respectively for females and males, in the least deprived areas it was 70.2 and 70.1 years respectively (Fig 216).

Fig 216: Healthy life expectancy at birth (Years) by deprivation decile – England (2020 – 22)
Source: OHID – Public Health Profiles (Fingertips)



Mortality rates from cardiovascular diseases include conditions such as coronary heart disease and strokes. Risks are heightened by high levels of cholesterol, lack of exercise, obesity and hypertension as well as smoking, a family history of cardiovascular disease and your ethnicity. Rates for Torbay are broadly in line with England but there are very substantial differences between females and males

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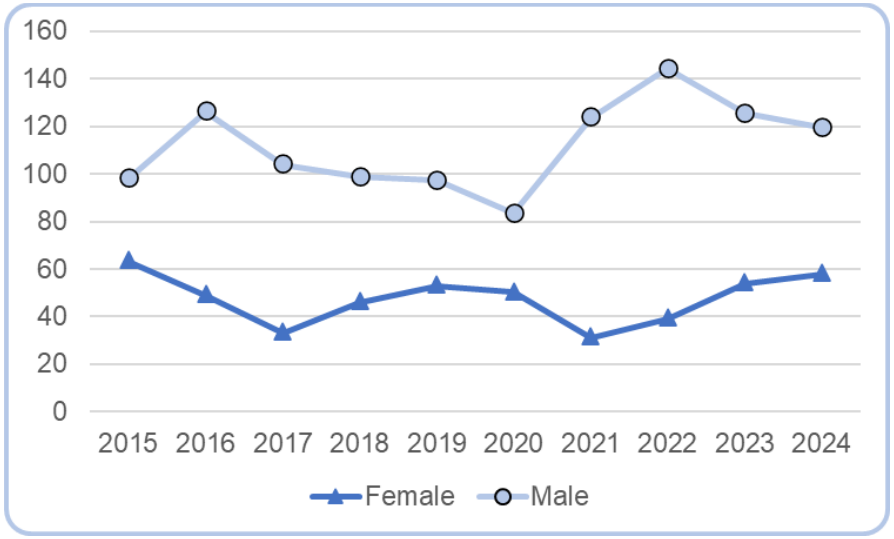
over the last decade (Fig 217). Males in Torbay and across England are much more likely than females to die before the age of 75 from a cardiovascular disease.

Fig 217: Under 75 mortality rate from cardiovascular diseases – Torbay (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



For further investigation, you may find the following links useful:-

Active Lives | Children And Young People Activity Data (sportengland.org)

Active Lives | Sport England

Torbay Food Alliance | Food Banks in Torquay, Paignton and Brixham

Eatwell Guide

Obesity Profile - Data | Fingertips | Department of Health and Social Care

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Overweight (inc obese) children - Reception (2022/23 - 24/25)	%	24%	23%	22%	22%	🔴	↓
Overweight (inc obese) children - Year 6 (2022/23 - 24/25)	%	35%	35%	33%	36%	🟡	↓
Obese adults (2023/24)	%	26%	29%	25%	27%	🟡	↓
Physically active children (2022/23)	%	44%	51%	51%	47%	🟡	↓
Physically active adults (2015/16 - 23/24)	%	68%	67%	71%	67%	🟡	↑
Adults eating their '5-a-day' (2023/24)	%	32%	33%	38%	31%	🟡	↓
Hospital admissions for eating disorders (2024/25)	DSR per 100,000	42.0	9.9	17.3	7.0	🔴	↑
Healthy life expectancy - Female (2022 - 24)	Years	61.9	60.2	62.4	61.3	🟡	↓
Healthy life expectancy - Male (2022 - 24)	Years	61.5	59.8	62.4	60.9	🟡	↓

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Oral Health

Overview

- The percentage of children seen by an NHS dentist in the previous 12 months and adults seen in the previous 2 years are both significantly lower than England for the last 2 years of data (2023/24 and 2024/25).

  Source: NHS Dental Statistics – NHS Business Services Authority

- Dental decay in 5 year old school children has not shown any meaningful change according to the last few surveys and is similar to the England average.

  Source: OHID – Public Health Profiles (Fingertips), from National Epidemiology Programme surveys

- The rate of hospital tooth extractions due to dental caries in 0 to 17 year olds has been significantly higher in Torbay for at least the last 9 years up to 2024/25.

  Source: Hospital Episode Statistics, ONS mid-year population estimates

- The rate of hospital tooth extractions due to dental caries is higher among people living in the more deprived areas of Torbay than the less deprived areas.

  Source: Hospital Episode Statistics, ONS mid-year population estimates, English Indices of Deprivation 2025

- The rate of treatment involving tooth extractions (all extractions, not just due to dental caries) by NHS dentists is on a decreasing trend in Torbay's adults. The rate was significantly higher than England until 2024/25 when it became significantly lower than England.

  Source: NHS Dental Statistics – NHS Business Service Authority, ONS mid-year population estimates

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Poor oral health, oral diseases and dental decay can severely impact the lives of children and adults. They cause pain and infection, and can affect sleeping, eating, the ability to go to school or work and can cause lack of self confidence and lead to social isolation (OHID, applying All Our Health, 2022). A diet with high levels of sugar, the consumption of alcohol and use of tobacco are causes of oral health problems as well as being risk factors for poor general health and disease.

Inequalities in oral health are a significant problem in England with impacts disproportionately affecting the socially disadvantaged and vulnerable. People living in more deprived areas are consistently seen to have higher levels of oral health problems than those living in less deprived areas. (Public Health England, Inequalities in oral health in England: summary, March 2021)

People seen by an NHS dentist

In the last 2 years the percentage of Torbay's children seen by an NHS dentist in the previous 12 months has been significantly lower than England (Fig 218). England's percentage has been rising since 2020/21 whereas Torbay has decreased in 2024/25 to 51% (with England at 58%). Restrictions on dentists due to COVID-19 will have reduced the number seen from March 2020 for the period of the restrictions. England is almost back to pre COVID-19 levels but Torbay and the South West have not returned to those levels.

The percentage of adults seen by an NHS dentist in the previous 2 years has generally decreased over the years shown in Fig 219. COVID-19 restrictions will have affected figures but apart from a rise in 2022/23 the percentage has continued on a decreasing trend. As with children, Torbay adults are significantly lower than England in the percentage seen. While England has levelled out in the last couple of years, Torbay and the South West have declined. In 2024/25, Torbay's percentage is 35% compared to 41% for England.

Fig 218: Percentage of children, aged 0-17, seen by an NHS dentist in the previous 12 months, based on patients' residential postcode

Source: NHS Dental Statistics – NHS Business Services Authority

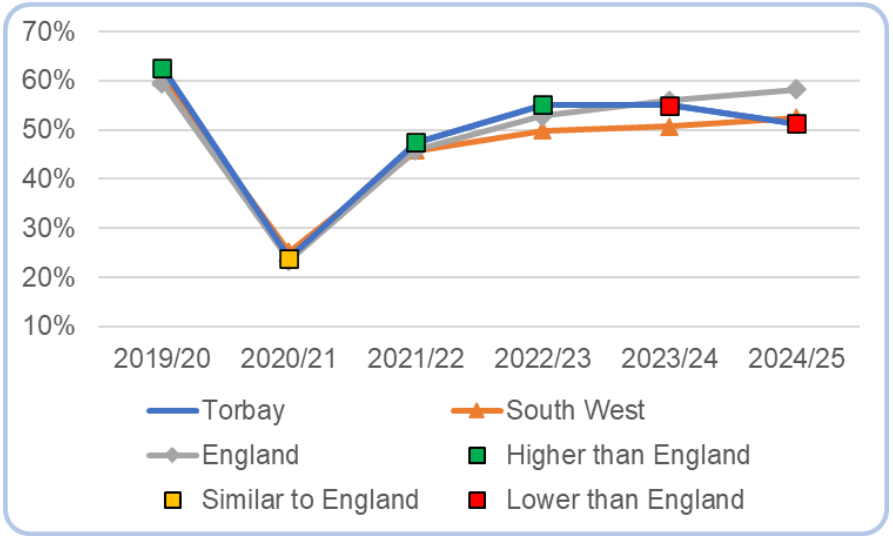
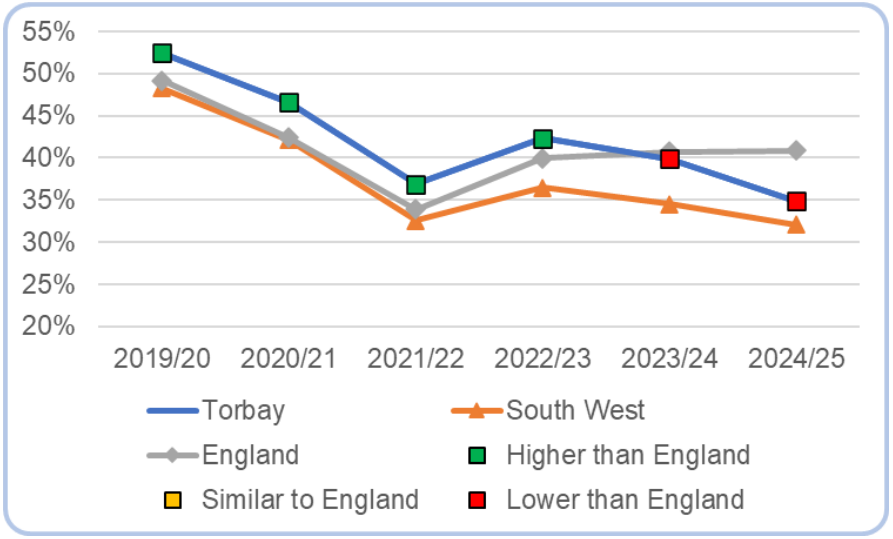


Fig 219: Percentage of adults, aged 18+, seen by an NHS dentist in the previous 2 years, based on patients' residential postcode

Source: NHS Dental Statistics – NHS Business Services Authority



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Tooth decay in children

National Dental Epidemiology Programme surveys are shown below which report on tooth decay in children aged 5 years and 10 to 11 years. Please note that the surveys of 5 year old children are not equal years apart.

The level of dental decay in 5 year old school children has not showed any meaningful change according to the last few surveys (Fig 220). Torbay has been similar to England in percentage of visually obvious dental decay for the last 3 surveys. Torbay has a value of 26.4% in 2023/24. The South West and England have remained pretty level from 2016/17 onwards.

In Torbay the average (mean) number of decayed, missing or filled teeth per 5 year old child (Fig 221) has remained similar to England in more recent surveys. Torbay and the South West are level in 2023/24 at 0.7 teeth per child.

Fig 220: Percentage of 5 year olds with visually obvious dental decay
Source: OHID – Public Health Profiles (Fingertips), from National Epidemiology Programme surveys

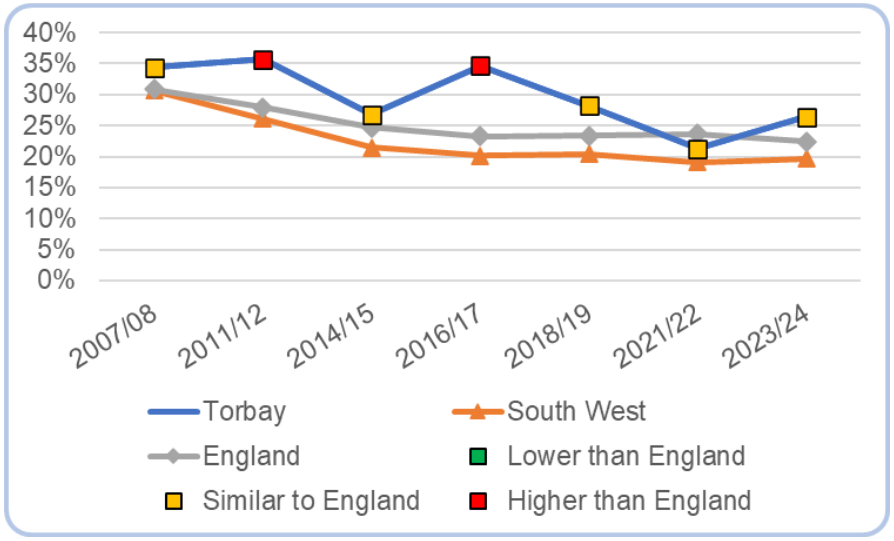
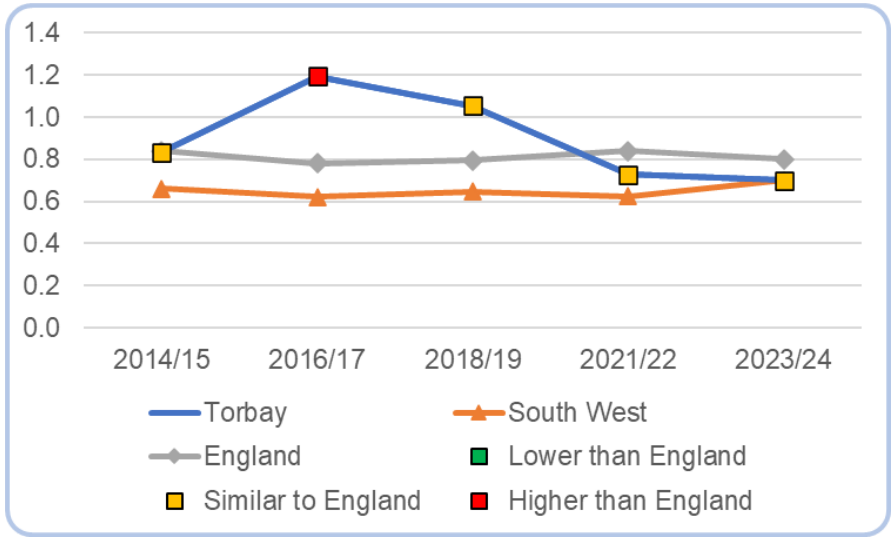


Fig 221: Average decayed, missing or filled teeth in 5 year olds
Source: OHID - National Epidemiology Programme surveys



In 2022/23 the National Dental Epidemiology Programme surveyed school children in year 6 (aged 10 to 11) for the first time. This encompassed children in mainstream, state funded schools. Compared with England, Torbay and the South West are significantly lower in the average (mean) number of decayed, missing and filled teeth per child examined (Fig 222).

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Fig 222: Average decayed, missing or filled teeth in Year 6 children, 2022/23
Source: OHID - National Epidemiology Programme surveys

Adult Oral Health Survey

This survey was commissioned by OHID and carried out from June 2023 to April 2024 amongst a representative sample of adults in England aged 16+. The most recent comparable survey took place in 2009 and others took place in previous decades. Some of the main findings from the 2023 survey include:

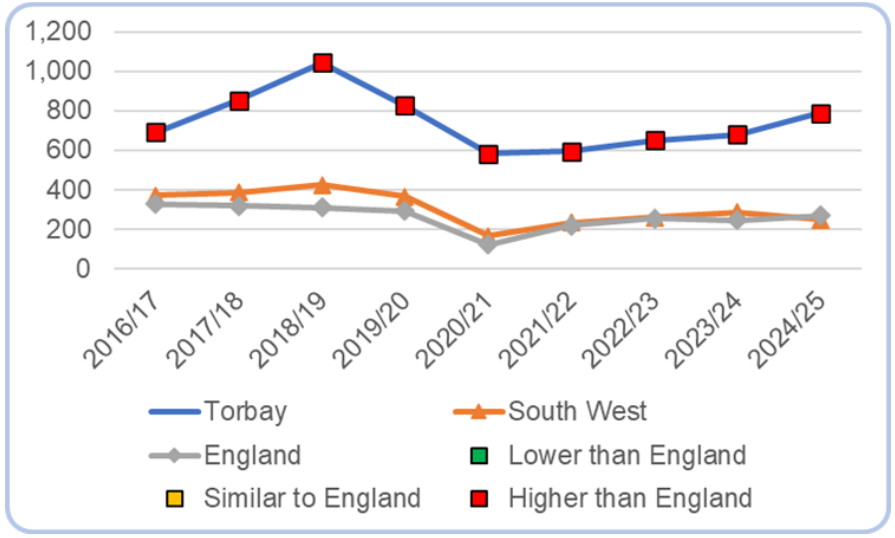
- Amongst dentate adults (those with natural teeth), 21% had at least 1 tooth with extensive obvious decay- 25% of men and 17% of women. The percentage varied according to deprivation- 32% of those living in the most deprived areas and 15% in the least deprived areas (based on the 2019 Index of Multiple Deprivation)
- 41% of dentate adults had obvious decay (includes the people above). This percentage has increased substantially since 2009, reversing a previously reducing trend
- 65% of adults reported good or very good oral health, 24% said it was fair, 11% reported bad or very bad oral health. Of those adults living in the most deprived areas, 49% reported good or very good oral health compared with 77% in the least deprived areas

The results can be found at: Adult oral health survey 2023 - GOV.UK

Hospital tooth extractions due to dental caries

Torbay has a significantly higher rate of hospital tooth extractions due to dental caries in children than both the South West and England averages for the 9 years shown in Fig 223. Torbay's rate in 2024/25 has risen slightly and there has been a gradually increasing trend since 2020/21 but all remain below the peak of 2018/19.

Fig 223: Rate of hospital tooth extractions due to dental caries, aged 0-17, per 100,000
Source: Hospital Episode Statistics, ONS mid-year population estimates



There are higher levels of hospital admissions for dental caries in children who live in more deprived areas. The most deprived areas

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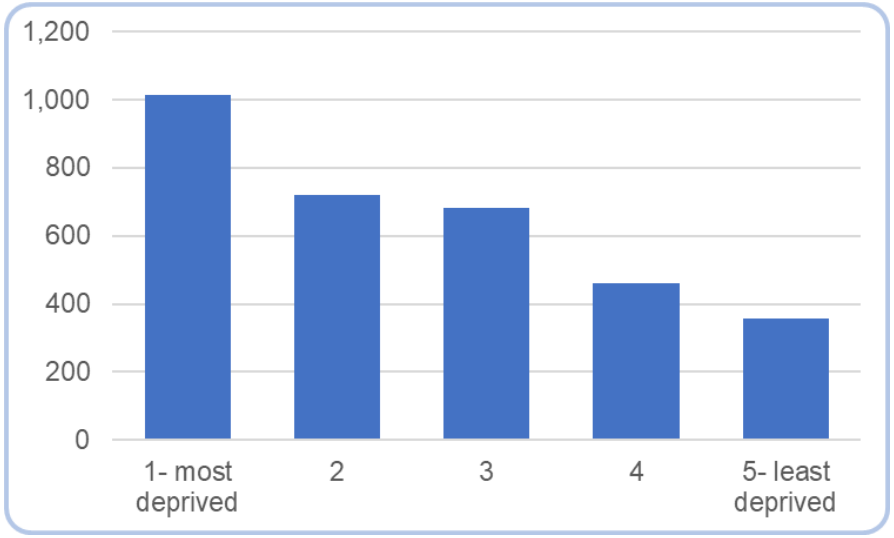
(Quintile 1) have a significantly higher rate of admissions than the other areas (Fig 224), and areas 2 and 3 are higher than the lesser deprived areas of 4 and 5. This is for the last 8 years combined.

Fig 224: Torbay rates of hospital tooth extractions due to dental caries, aged 0-17, per 100,000, 2017/18–24/25, by deprivation
Source: Hospital Episode Statistics, ONS mid-year population estimates, English Indices of Deprivation 2025



Torbay's rate of admissions for hospital tooth extractions due to caries in adults has remained similar to England levels for half a decade (Fig 225). This period has remained a lot lower than the 4 years before and the rate has not gone back to pre COVID-19 levels. Torbay's rate has slightly risen in 2024/25.

As seen in children, the highest prevalence in adults of hospital tooth extractions for dental caries are found amongst those living in the more deprived areas of Torbay (Fig 226). The most deprived areas have a significantly higher rate than the rest and the chart shows a downward gradient- the less deprived areas have lower rates of extractions. Note on Hospital admissions and SDEC – page 9.

Fig 225: Rate of hospital tooth extractions due to dental caries, aged 18+, per 100,000
Source: Hospital Episode Statistics, ONS mid-year population estimates

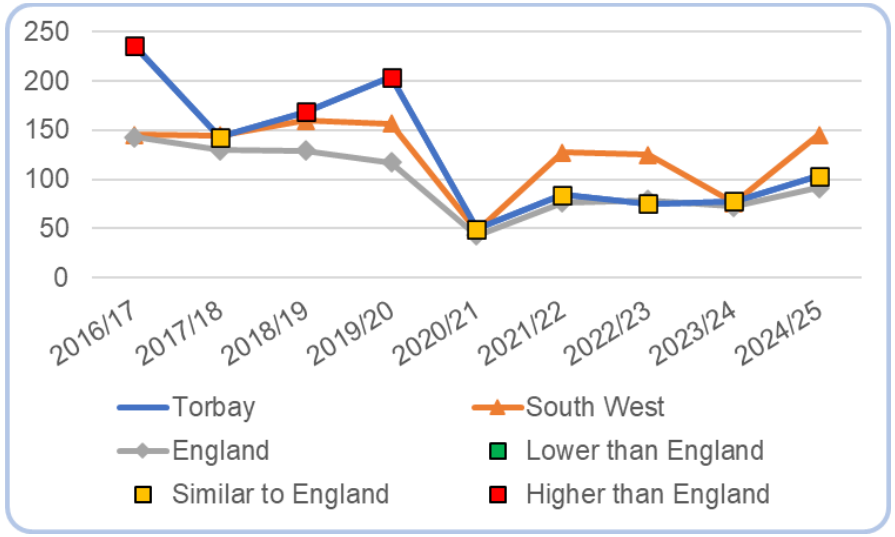
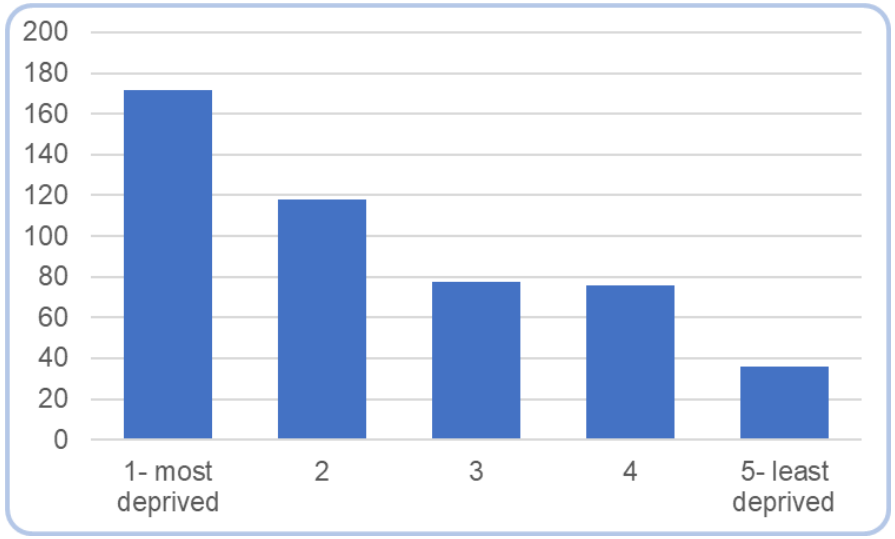


Fig 226: Torbay rates of hospital tooth extractions due to dental caries, aged 18+, per 100,000, 2017/18–24/25, by deprivation
Source: Hospital Episode Statistics, ONS mid-year pop estimates, English Indices of Deprivation 2025



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Tooth extractions by NHS dentists

Figures 227 and 228 focus on courses of treatment by NHS dentists that contain tooth extractions. These include all extractions, not just those due to dental caries, and also include surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth. COVID-19 restrictions on dentists will have reduced the figures from March 2020 for the period of the restrictions.

Torbay's rate in under 18 year olds per 100,000 population has not moved much in the last 4 years. Torbay remains significantly lower than England (Fig 227). The England average has gradually risen.

For adults, Torbay's rate (Fig 228) is significantly higher than England apart from the most recent year of 2024/25 where it is lower than England. Torbay's rate is on a decreasing trend as is the case in the South West and England.

Fig 227: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 0-17, per 100,000, based on patients' residential postcode

Source: NHS Dental Statistics – NHS Business Services Authority, ONS mid-year population estimates

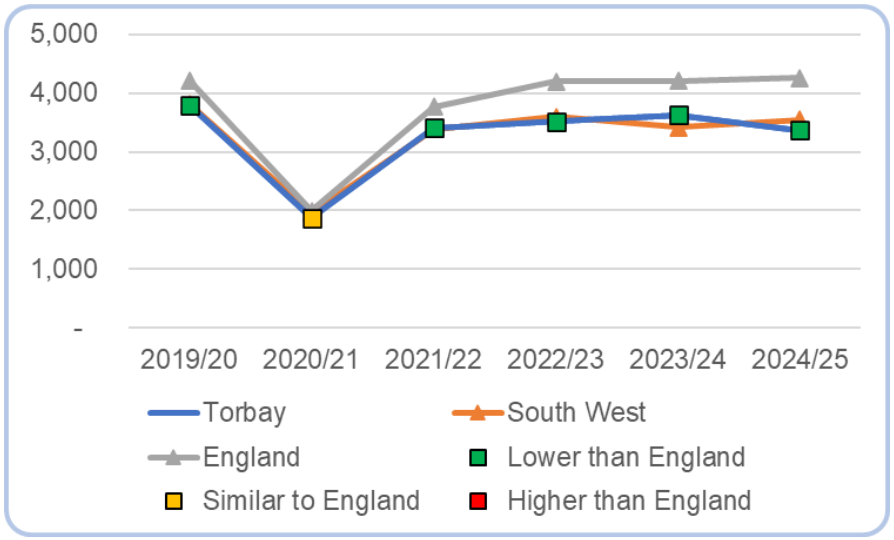
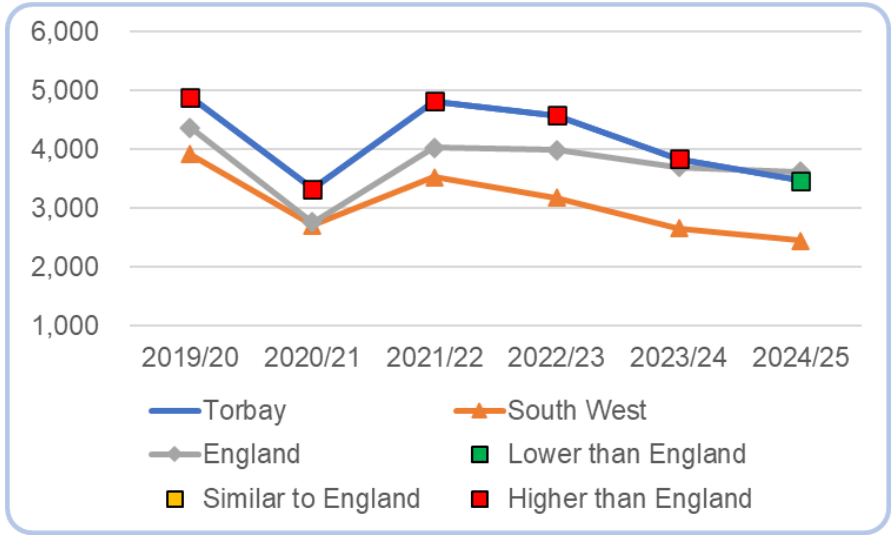


Fig 228: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 18+, per 100,000, based on patients' residential postcode

Source: NHS Dental Statistics – NHS Business Services Authority, ONS mid-year population estimates



Oral Cancer

The data in this section for oral cancer encompasses cancers of the lip, oral cavity, and pharynx. Tobacco and alcohol are major causes of this type of cancer.

Registration data for oral cancer has not been received since the combined years of 2017-19 so is not included in this section.

Torbay's mortality rate from oral cancer (Fig 229) was significantly higher than England for 3 periods before reducing in 2017-19 to become similar to England for the 4 most recent periods (the rate is 6.3 per 100,000 in 2020-22). These figures do not include secondary cancers or recurrences. The number of male deaths is around double that of females in Torbay which is also the case nationally. In 2020-22 these figures for Torbay equate to 23 male deaths and 11 female deaths from oral cancer.

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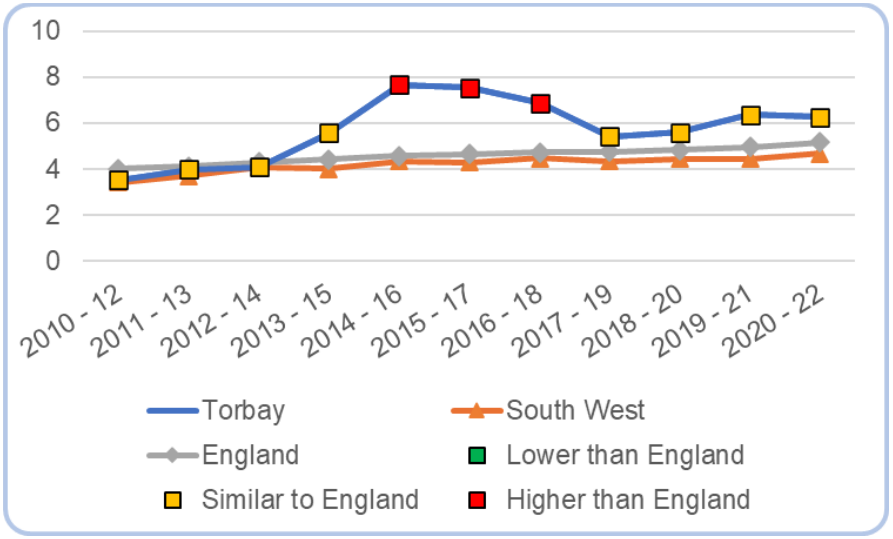
Fig 229: Mortality rate from oral cancer, all ages, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



Further local information on oral health in Torbay can be found in:

- Torbay Oral Health Framework 2025/30 - Torbay Council
- Oral Health Needs Assessment 2022 - Torbay Council

Further information nationally includes:

- Delivering better oral health: an evidence-based toolkit for prevention - OHID
- Adult oral health: applying All Our Health - OHID, updated 2022
- Child oral health: applying All Our Health - OHID, updated 2022

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Children seen by NHS dentist in last 12 months (2024/25)	%	51%	59%	52%	58%	🔴	↓
Adults seen by NHS dentist in last 2 years (2024/25)	%	35%	42%	32%	41%	🔴	↓
5 year olds with visually obvious tooth decay (2023/24)	%	26%	26%	20%	22%	🟡	↑
Hospital tooth extractions due to dental caries, aged 0 to 17 (2024/25)	Rate per 100,000	790	271	249	268	🔴	↑
Hospital tooth extractions due to dental caries, aged 18+ (2024/25)	Rate per 100,000	103	98	145	92	🟡	↑
Tooth extraction treatment (NHS), aged 0 to 17 (2024/25)	Rate per 100,000	3,365	4,311	3,546	4,252	🟢	↓
Tooth extraction treatment (NHS), aged 18+ (2024/25)	Rate per 100,000	3,465	3,862	2,451	3,616	🟢	↓
Mortality from oral cancer (2020 - 22)	DSR per 100,000	6.3	5.0	4.7	5.2	🟡	↓

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Mental Health

Overview

- Torbay has higher percentages of school pupils with social, emotional and mental health needs (Special Educational Needs primary need) than England.
  Source: OHID – Public Health Profiles (Fingertips)
- Prevalence of depression and of mental illness (schizophrenia, bipolar affective disorder and other psychoses) of Torbay GP patients is higher than England.
  Source: OHID – Public Health Profiles (Fingertips)
- Rate of Torbay Adult Social Care clients with mental health as a primary support reason who are receiving long term support is significantly higher than England for both 18 to 64 year olds and people aged 65+ and are on increasing trends.
  Source: Adult Social Care Activity and Finance Report, Adult Social Care Activity Report
- Torbay is significantly lower than England for people entering alcohol treatment with a mental health treatment need who are receiving treatment for their mental health on entry.
  Source: OHID – Public Health Profiles (Fingertips)
- Hospital admission rates for self-harm (emergency admissions) and eating disorders are consistently significantly higher than England.
  Source: Hospital Episode Statistics

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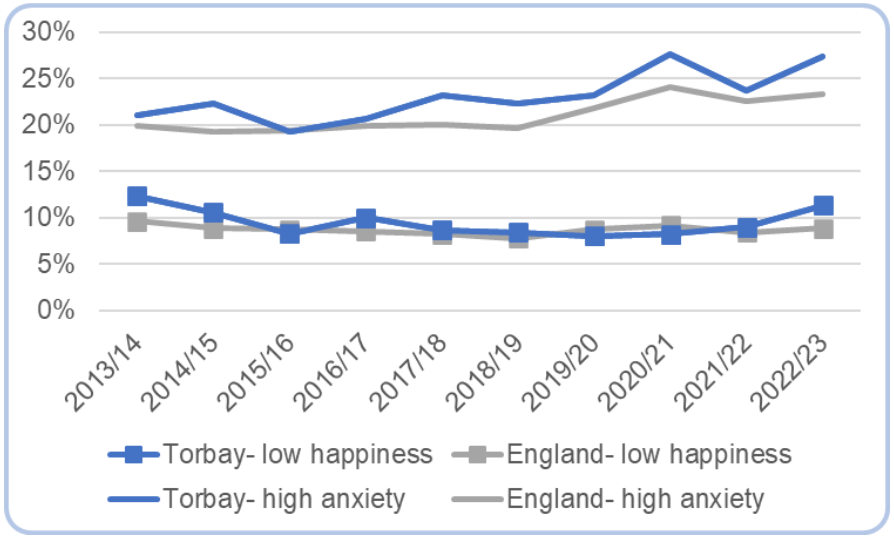
Wellbeing

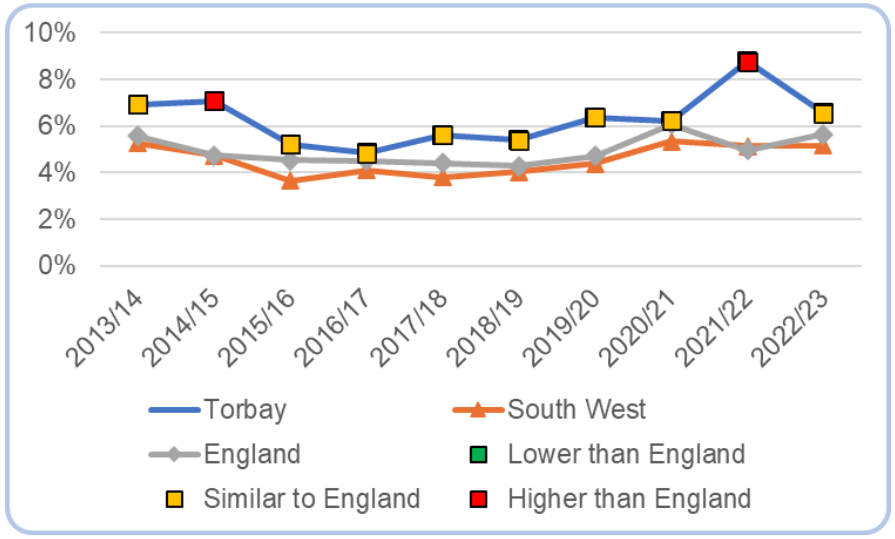
In Torbay, the ONS Annual Population Survey shows that the percentage of people reporting high anxiety is on a generally increasing trend and broadly in line with England (Fig 230). Low happiness was reported by 11.4% of people in 2022/23 (England-8.9%). The Torbay figure had been between 8% and 9% for the previous 5 years and in line with England.

Fig 230: Percentage of people with low happiness and high anxiety scores, aged 16+
Source: OHID – Public Health Profiles (Fingertips)



The Annual Population Survey asks people how satisfied they are with their lives. In Torbay the percentage in 2022/23 with a low satisfaction score was 6.6% which is similar to the England average (Fig 231). People were also asked to what extent they feel the things they do in life are worthwhile. In Torbay the percentage of people with low worthwhile scores fluctuates over the 12 years (to 2022/23) from around 3% to around 6% but is broadly in line with England throughout.

Fig 231: Percentage of people with low satisfaction scores, aged 16+
Source: OHID – Public Health Profiles (Fingertips)



In England, low happiness and high anxiety levels were seen more in females whereas low worthwhile scores were more prevalent in males.

Loneliness

Loneliness can affect anyone and at any time of life. The effect on health of frequent loneliness is considered on a par with smoking, obesity and other public health priorities, and is linked to early death. (OHID- Public health profiles)

There is a national measure of loneliness developed by the ONS which asks people if they feel lonely: Often or always, Some of the time, Occasionally, Hardly ever, Never. Feeling lonely often or always is referred to as chronic loneliness. Fig 232 uses the Active Lives Adult Survey (aged 16+) and combines 2 years of data with analysis weighted to be representative of England's population. In Torbay, 6.6% said they felt lonely often or always in 2022/23 – 23/24,

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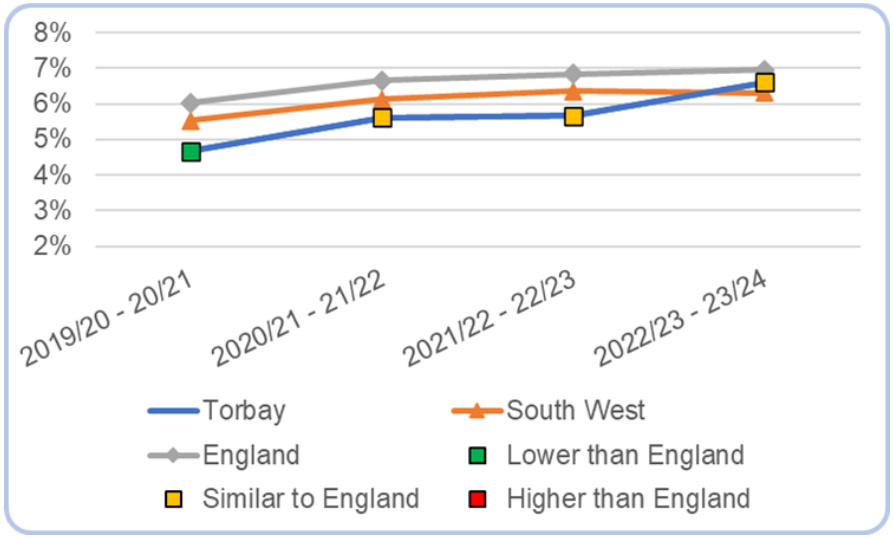
similar to the percentage for England which was 7.0%. Torbay has slightly risen over the 4 periods.

Fig 232: Percentage who feel lonely often or always, aged 16+
Source: OHID – Public Health Profiles (Fingertips)

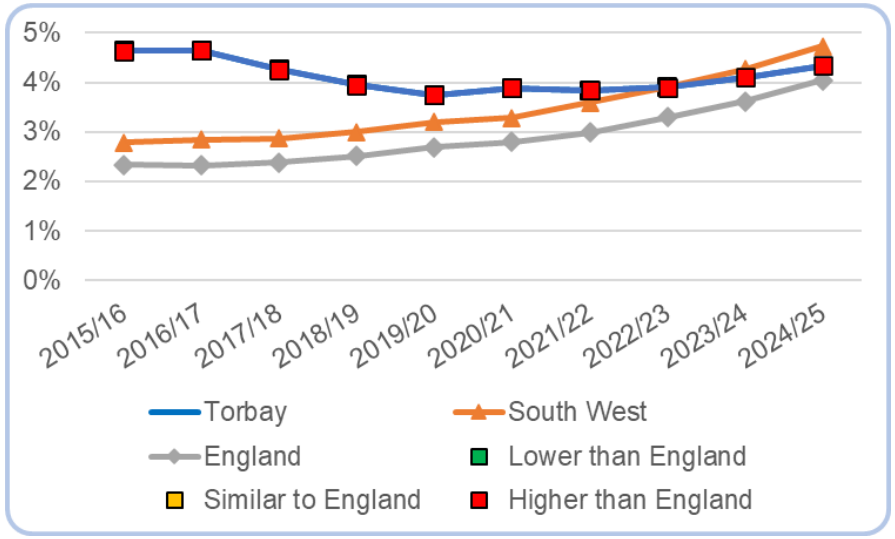


Children and young people

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

Fig 233 shows the percentage of school children who have Special Educational Needs (SEN) with a primary need of social, emotional and mental health. This is expressed as a percentage of all school pupils (with or without SEN). Torbay is significantly higher than England throughout, remaining broadly level for a number of years. Not far off double the percentage of boys than girls were identified with social, emotional and mental health needs as a primary need for SEN in 2024/25 in both Torbay and England. The percentage of boys has been significantly higher than girls for at least 5 years.

Fig 233: Percentage of school pupils with social, emotional and mental health needs (as a primary need for Special Educational Needs)
Source: OHID – Public Health Profiles (Fingertips)



A 2023 survey shows that amongst 8 to 10 year old children the percentages of boys with a probable mental disorder is higher although statistically similar to the percentages of girls (Fig 234). By the time children reach 17 years old, however, females are more likely than males to have a probable mental disorder- 31.6% of female 17 to 19 year olds compared to 15.4% of males, and 29.0% of female 20 to 23 year olds compared to 14.5% of males. These are also the trends in the previous 2 years of 2021 and 2022.

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Fig 234: Percentage of children/young people with a probable mental disorder, England, 2023

Source: NHS England: Mental Health of Children and Young People in England, 2023, using the Strengths and Difficulties Questionnaire

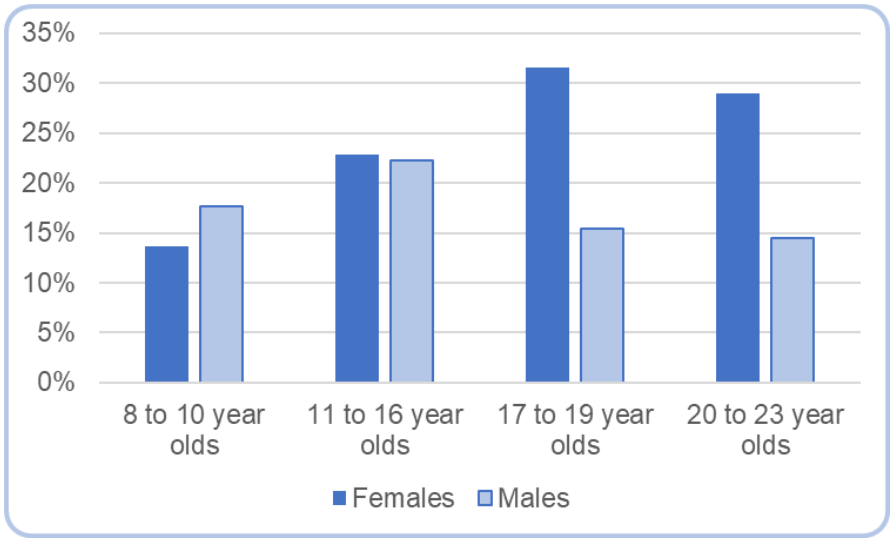
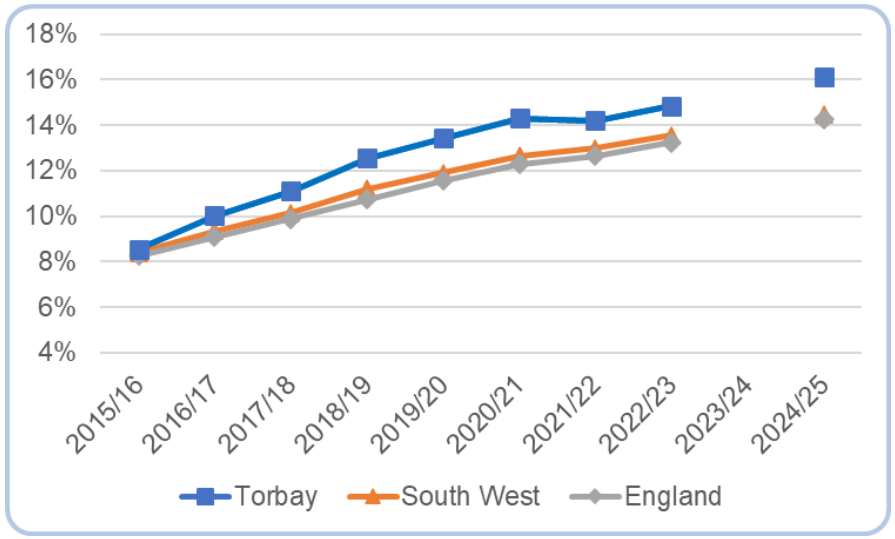


Fig 235: Percentage of patients with depression on GP registers, aged 18+

Source: OHID – Public Health Profiles (Fingertips)



Mental health on GP registers

The prevalence of depression is the percentage of adult patients recorded on GP registers with a diagnosis of depression, allocated to the local authority of the practice. In Torbay, depression is on an increasing trend as in the South West and England (Fig 235). Torbay has had significantly higher percentages than England throughout the last decade. Depression prevalence is recorded as part of the Quality Outcomes Framework (QOF). Data was not published in 2023/24.

The percentage of patients on GP registers with schizophrenia, bipolar affective disorder and other psychoses has increased in Torbay over the decade (Fig 236) and is significantly higher than the South West and England for at least the last 10 years with 1.4% of patients in 2024/25 compared to 1.0% in England. Prevalence levels are higher in more deprived areas than in less deprived areas in England.

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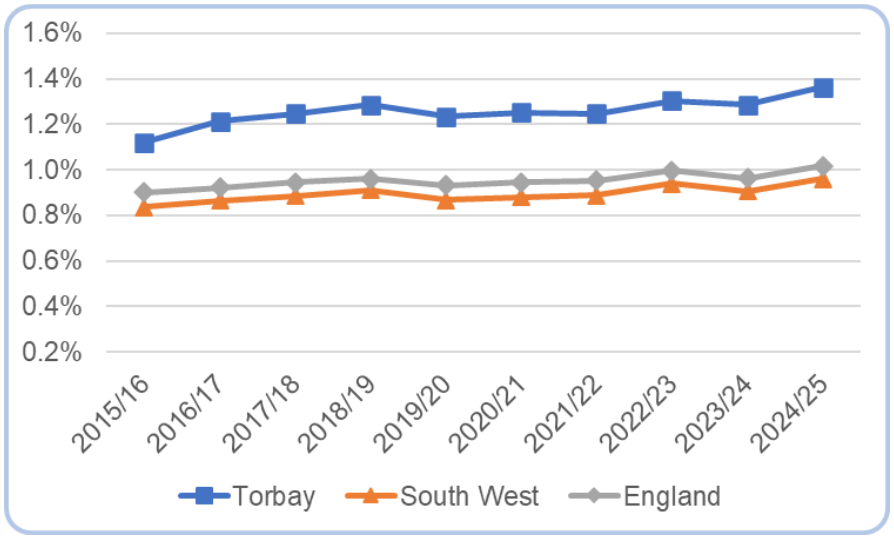
Fig 236: Percentage of patients on GP registers with schizophrenia, bipolar affective disorder and other psychoses
Source: OHID – Public Health Profiles (Fingertips)



Adult Psychiatric Morbidity Survey

The survey took place in 2023/24 and is the fifth in the series from 1993 onwards. It provides information on the prevalence of treated and untreated mental health conditions in people aged 16 and over in England. It screens for a range of mental health conditions. It uses clinical examinations for autism, psychotic disorders and eating disorders. Some of the key findings include:

- Common mental health conditions- increased prevalence in 16 to 64 year olds (17.6% in 2007 to 22.6% in 2023/24)
    - Higher proportion of women than men
    - In 16 to 24 year olds the proportion increased from 17.5% in 2007 to 25.8% in 2023/24
    - Higher proportion amongst adults living in the most deprived fifth of areas (26.2% in 2023/24)
- Lifetime non-suicidal self-harm- increased prevalence in 16 to 74 year olds (reported by 3.8% in 2007, rising to 10.3% in 2023/24)
    - More likely to be reported by younger adults than older age groups
- Autism- stable prevalence since the 2007 survey (about 1 in 100 adults)
- Treatment- increased prevalence in 16 to 74 year olds with common mental health condition symptoms reporting receipt of treatment (24.4% in 2007 to 47.7% in 2023/24)

These results and others can be found at: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 - NHS England Digital

Personal Independence Payments

Fig 237 shows people who are claiming Personal Independence Payments (PIP) with the main reason being mental and behavioural disorders. This benefit helps with some of the extra costs caused by long term disability, ill health or terminal ill health and started to replace the Disability Living Allowance from April 2013.

Torbay's percentage of 16 to 64 year olds claiming PIP with the main reason as mental and behavioural disorders is significantly higher than the South West and England over the time period. All 3 geographical areas are on an increasing trend.

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Fig 237: Percentage of 16 to 64 year olds claiming Personal Independence Payments with main reason of mental and behavioural disorders

Source: DWP Stat-Xplore, ONS mid-year population estimates

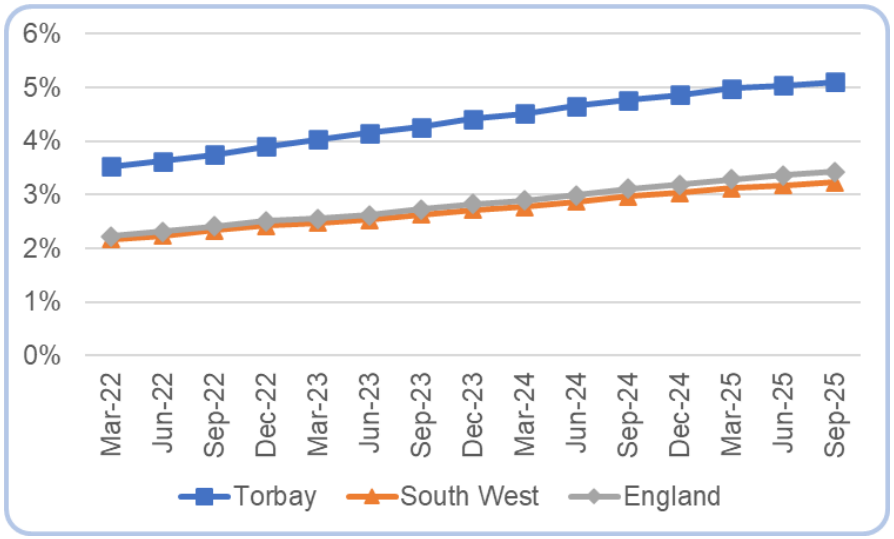
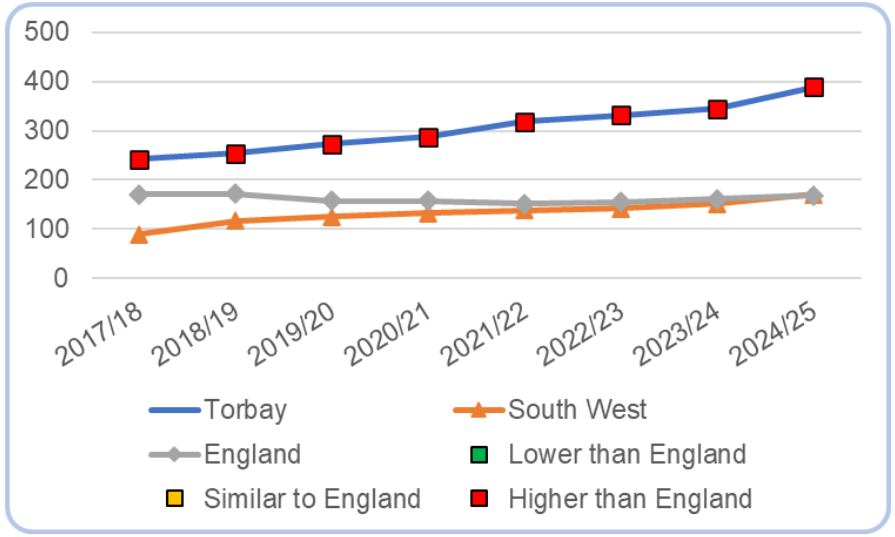


Fig 238: Rate of 18 to 64 year olds with a primary support reason of mental health receiving long term support from Adult Social Care during the year, per 100,000

Source: Adult Social Care Activity & Finance Report (2017/18 to 2023/24), Adult Social Care Activity Report (2024/25)



Adult Social Care

Adult Social Care services help people who are living with an illness or disability. Please note, rates below are derived from client numbers rounded to the nearest 5.

Figs 238 and 239 show those receiving long term support with a primary support reason of mental health who are funded by Adult Social Care. Amongst 18 to 64 year olds, Torbay has a significantly higher rate than the South West and England throughout the 8 years shown (Fig 238). Torbay's rate has risen to over double the England rate in the last 4 years, 389 per 100,000 in 2024/25 compared to 168 in England and is on an increasing trend.

As with 18 to 64 year olds, Torbay has a significantly higher rate than the South West and England for people aged 65+ with a primary support reason of mental health who are receiving long term support funded by Adult Social Care (Fig 239). Torbay's rate is on an increasing trend. Torbay's rate is well over double the England rate in 2024/25- 798 per 100,000 while England's rate is 340. All 3 geographical areas have much higher rates of older people receiving long term support than 18 to 64 year olds.

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Fig 239: Rate of people aged 65+ with a primary support reason of mental health receiving long term support from Adult Social Care during the year, per 100,000

Source: Adult Social Care Activity & Finance Report (2017/18 to 2023/24), Adult Social Care Activity Report (2024/25)

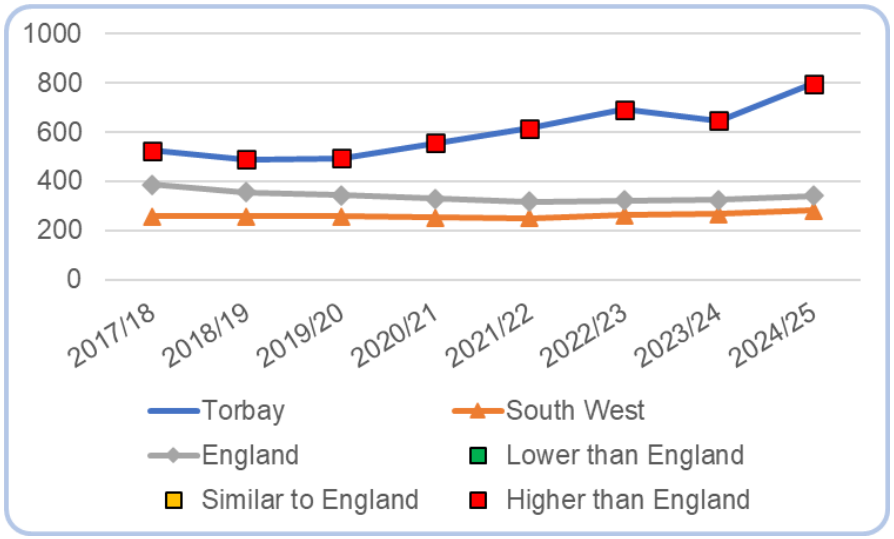
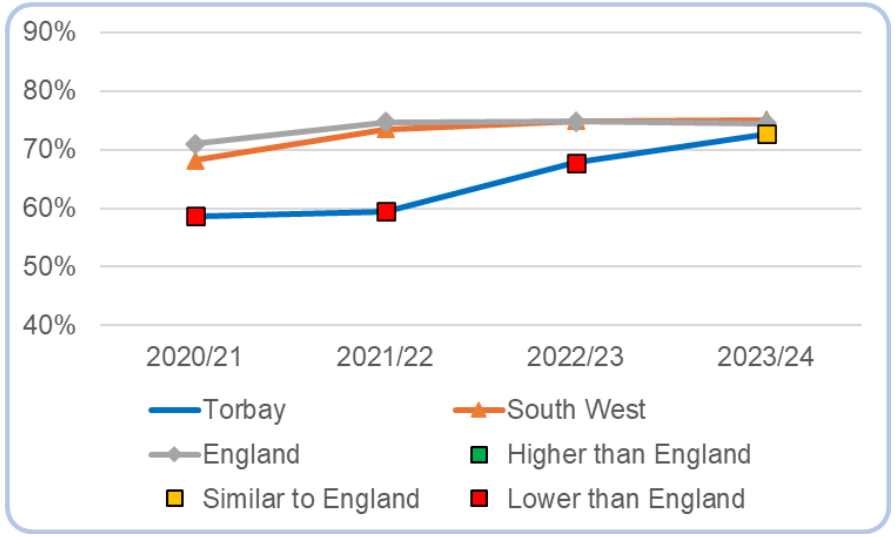


Fig 240: Percentage of clients entering drug treatment identified as having a mental health treatment need who were receiving mental health treatment, aged 18+

Source: OHID – Public Health Profiles (Fingertips)



Co-occurring mental health and substance misuse issues

The indicators below measure the percentage of people entering drug or alcohol treatment in the year with an identified mental health treatment need who were receiving treatment for their mental health.

In terms of people entering drug treatment with a mental health treatment need, in Torbay the percentage receiving treatment for their mental health need has increased over the 4 years shown (Fig 240). It is rising towards the England value in 2023/24 with a percentage of 72.7% (England is 74.5%).

In relation to clients entering alcohol treatment with a mental health treatment need, in Torbay 73.5% were receiving treatment for this mental health need in 2023/24 compared to the 83.4% England average. Torbay is significantly lower than England for the 4 years shown although there is a slightly increasing trend in this period (Fig 241).

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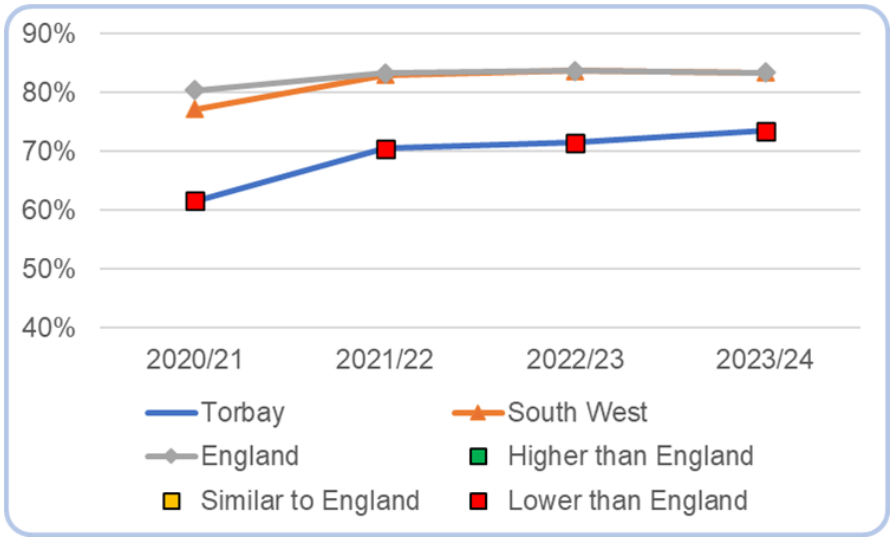
Fig 241: Percentage of clients entering alcohol treatment identified as having a mental health treatment need who were receiving mental health treatment, aged 18+
Source: OHID – Public Health Profiles (Fingertips)



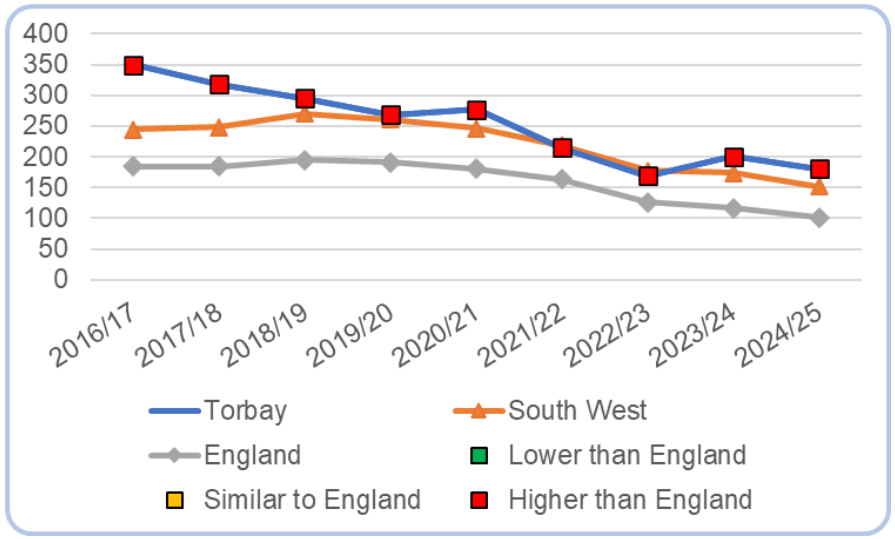
Self-harm

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

Fig 242 shows emergency admissions for self-harm- approximately 99% of self-harm admissions are emergencies. These are admissions rather than individuals so will be influenced by those admitted more than once, sometimes several or many times. Torbay's rate is on a reducing trend but remains significantly higher than England throughout. Admissions are more prevalent in females than males- in the 5 years of 2020/21 to 2024/25 combined, the number of Torbay's female admissions was more than double the number for males.

Self-harm admissions are more prevalent in younger people- in 2020/21 to 2024/25 combined, 6 out of 10 admissions in Torbay were aged 10 to 29, in England this was 5 out of 10. This age group, however, only makes up 20% of Torbay's population. Note on Hospital admissions and SDEC – page 9

Fig 242: Rate of emergency hospital admissions as a result of self-harm, all ages, per 100,000 (Age standardised)
Source: Hospital Episode Statistics



Eating disorders

The number of hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders in Torbay highlights only the most severe cases as these are the cases that will end up in hospital. These are admissions rather than individuals so will be influenced by those admitted more than once in the year.

Torbay is showing an upward trend and has a consistently significantly higher rate per 100,000 than England (Fig 243). The rate in 2024/25 equates to 55 admissions (rounded to the nearest 5) and is the highest in the 9 years shown.

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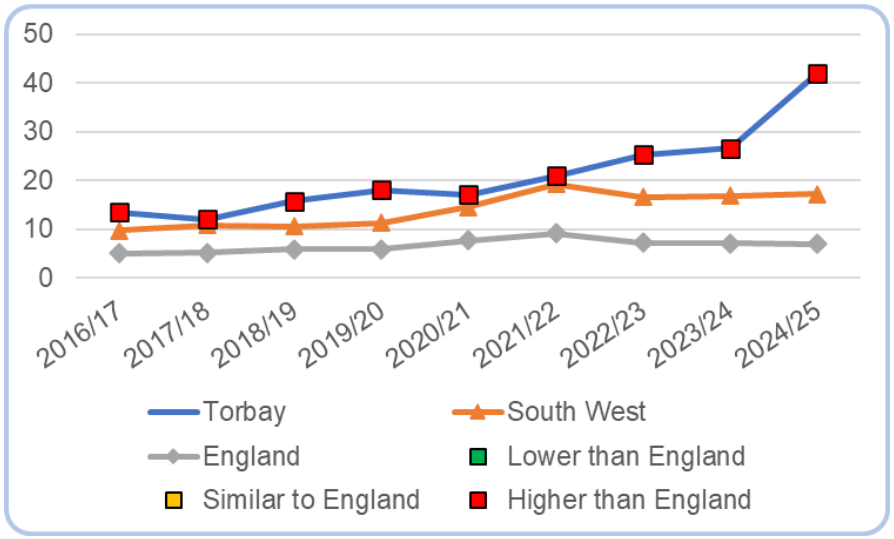
Eating disorders are more much more common in females than males. In Torbay, as in England, 9 out of 10 admissions are female in the 5 years of 2020/21 to 2024/25 combined. Eating disorders are also much more prevalent in younger people with 4 out of 5 admissions aged 19 or under for this time period. The England average is slightly lower for this period. Note on Hospital admissions and SDEC – page 9

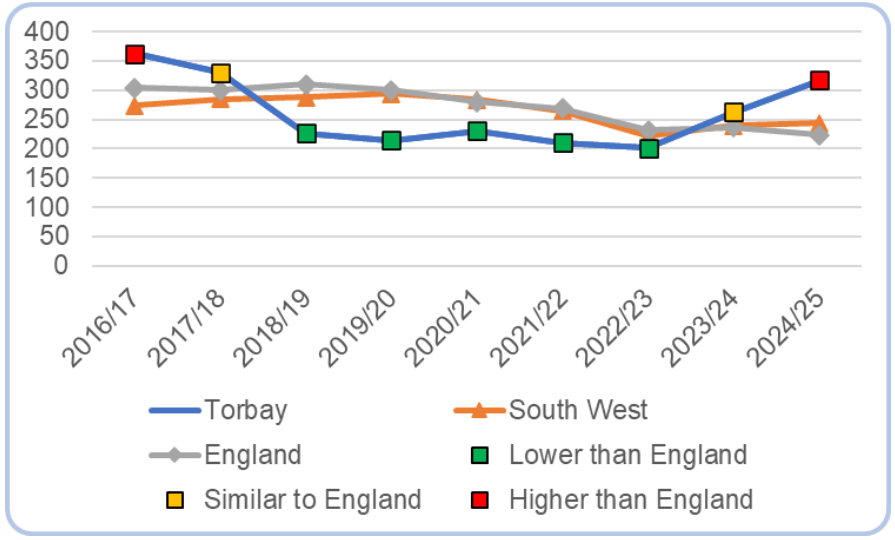
Fig 243: Rate of hospital admissions due to a primary diagnosis of an eating disorder, all ages, per 100,000 (Age standardised)
Source: Hospital Episode Statistics



Mental health hospital admissions

Torbay's rate of hospital admissions for mental health disorders has increased in the last couple of years since 2022/23 after being lower than England for 5 years (Fig 244). It has now become significantly higher than England. The rate does not include admissions for self-harm. For the 5 years of 2020/21 to 2024/25 combined, 6 out of 10 of Torbay's admissions are made up of 'Delirium, not induced by alcohol and other psychoactive substances' and 'Mental and behavioural disorders due to use of alcohol'. Note on Hospital admissions and SDEC – page 9

Fig 244: Rate of hospital admissions for mental health conditions, all ages, per 100,000 (Age standardised)
Source: Hospital Episode Statistics



Premature mortality

Torbay's rate of premature mortality in people with severe mental illness has remained quite level for the past few periods (up to 2021-23). Torbay had been significantly higher than England before becoming similar to England because the England rate increased (Fig 245). Torbay's 2021-23 rate is 112.6 per 100,000 and 110.8 in England. The rate is much higher for men than women in all 3 geographical areas.

This encompasses adults (aged 18 to 74) who have had a referral to secondary mental health services in the 5 years before they died. Access to services will therefore affect rates- areas where few access these services will have lower rates of premature mortality and areas where many access these services will have higher rates.

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Fig 245: Rate of premature mortality in adults with severe mental illness, aged 18 to 74, per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips)

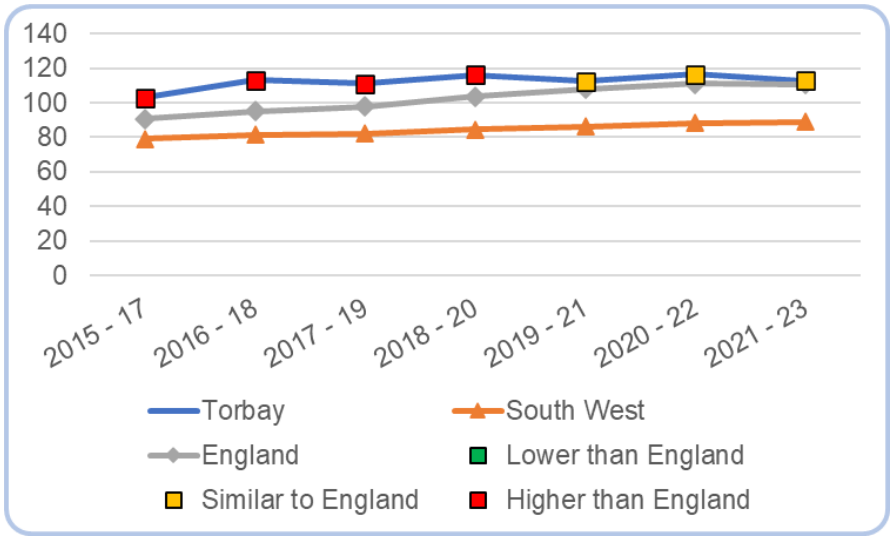
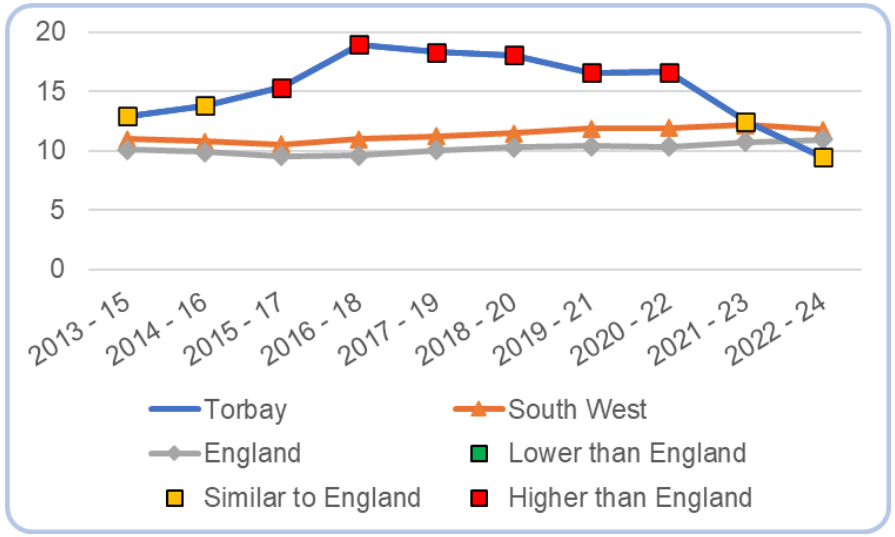


Fig 246: Suicide rate per 100,000 (Age standardised)
Source: OHID – Public Health Profiles (Fingertips)



Suicide

Torbay's mortality rate from suicide (this also includes injury of undetermined intent) is consistently far higher in males than females as is the case for the England rate.

Torbay's rate has historically been significantly higher than England. It remained at around 20 registered suicides a year for a number of years. However, the most recent 2 periods, 2021-23 and 2022-24, see a drop in the rate and it has become similar to England's rate (Fig 246). It is our understanding (Torbay's Public Health Knowledge and Intelligence Team) that this drop is due to a backlog in coroners' inquests rather than a reduction in suicides.

Documents and webpages that provide further information on mental health include:

- Torbay Multi-agency Suicide Prevention Plan 2024-2027
- Mental health data and analysis: a guide for health professionals, OHID
- Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 - NHS England Morris, S., Hill, S., Brugha, T., McManus, S. (Eds.). (2025)

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Pupils with Social, Emotional & Mental Health Needs (2024/25)	%	4.3%	4.5%	4.7%	4.0%	🔴	↑
People with low satisfaction scores (2022/23)	%	6.6%	6.0%	5.2%	5.6%	🟡	↓
Primary support reason of mental health receiving long-term care, 18 to 64 (2024/25)	Rate per 100,000	389	178	170	168	🔴	↑
Primary support reason of mental health receiving long-term care, 65+ (2024/25)	Rate per 100,000	798	333	281	340	🔴	↑
Emergency hospital admissions as a result of self-harm (2024/25)	DSR per 100,000	180	149	152	102	🔴	↓
Hospital admissions due to an eating disorder (2024/25)	DSR per 100,000	42.0	9.9	17.3	7.0	🔴	↑
Hospital admissions for mental health conditions (2024/25)	DSR per 100,000	317	246	243	223	🔴	↑
Premature mortality in adults with severe mental illness (2021 - 23)	DSR per 100,000	113	116	89	111	🟡	↓
Suicide rate (2022 - 24)	DSR per 100,000	9.5	13.3	11.8	10.9	🟡	↓

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Older People

Overview

- 65 and over population has risen in Torbay by 13% (approximately 4,500 people) between 2014 and 2024.
  Source: ONS Mid-year population estimates
- 65 and over share of Torbay population projected to rise from 27% in 2024 to 32% by 2034.
  Source: Office for National Statistics
- Healthy life expectancy of 11 to 12 years for the 65 and over population in Torbay is broadly in line with England.
  Source: OHID – Public Health Profiles (Fingertips)
- Level of pension credit claimants higher in Torbay than England.
  Source: Stat-Xplore
- Overall unplanned hospital admissions and those specifically for falls in the 65 and over population higher in Torbay than England for the last 2 years.
  Source: Hospital Episode Statistics, OHID – Public Health Profiles (Fingertips)
- Rate of those aged 65 and over receiving long-term support, including permanent admission to residential homes higher than England for 2024/25.
  Source: Adult Social Care Activity Report, Adult Social Care Outcomes Framework

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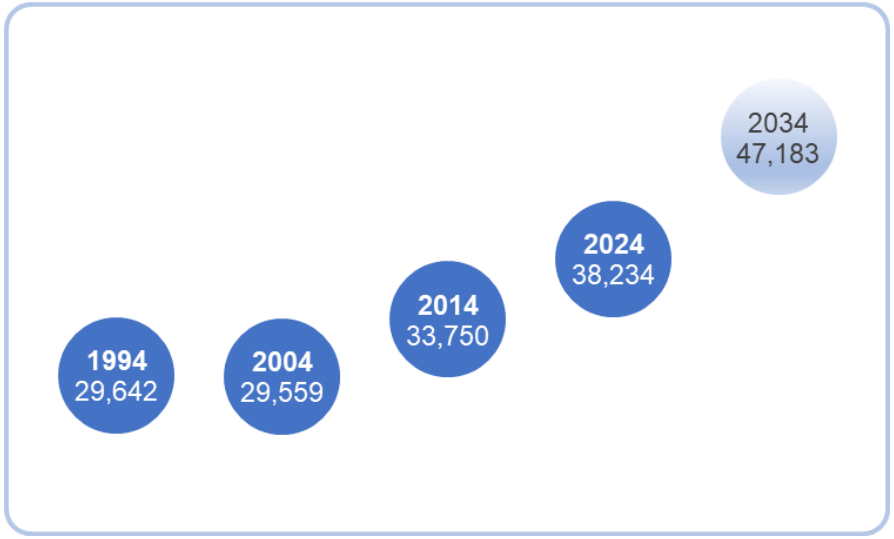
Population

An increasing number of Torbay's population are aged 65 and over. 38,234 Torbay residents are estimated to be aged 65 and over which equates to 27.3% of the population, rising from 10 years ago when the estimated figure was 33,750 equating to 25.1% of the population. Current projections show a 65 and over population of 47,183 by 2034 (Fig 247).

Fig 247: Torbay population aged 65 and over

Source: Population - ONS Mid-year population estimates. Projection - ONS 2022-based migration category variant edition



The latest ward estimates show the 65 and older population is not evenly spread across Torbay. Proportions were more than twice as high in wards such as Wellswood and Churston with Galmpton when compared to King's Ash and Ellacombe (Fig 248).

Torbay's population is currently projected to rise from 140,126 in 2024 to 150,424 by 2044. The proportion of those aged 65 and over is expected to rise from the current level of 27% to 34% by 2044 (Fig 249).

Fig 248: Torbay population aged 65 and over by ward (2024)

Source: ONS Ward population estimates (2024)

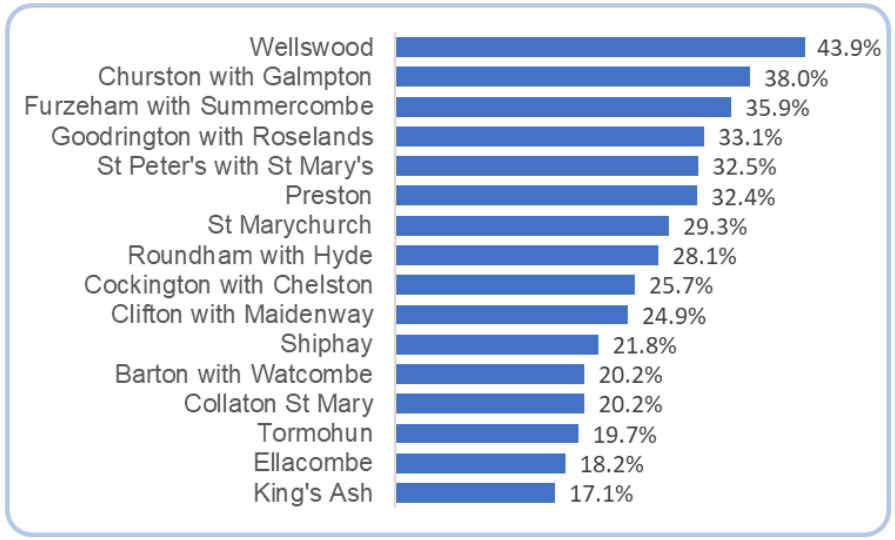
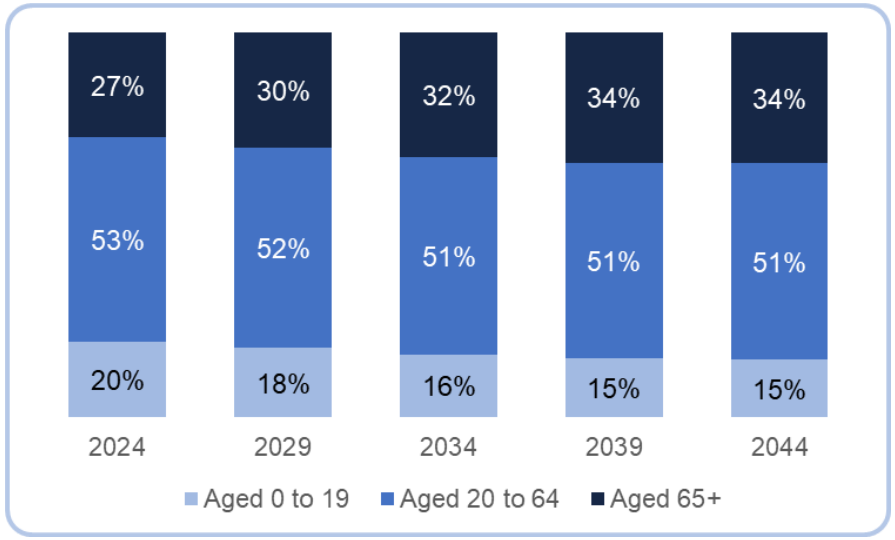


Fig 249: Population projections – Torbay

Source: Source: ONS 2022-based migration category variant edition. 2024 based on ONS mid-year population estimates



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Life expectancy

Life expectancy and healthy life expectancy are important measures of mortality and ill health showing the trends in different sections of the community. Whilst life expectancy is an important measure, there is also the amount of someone's life that they spend in a healthy condition and the importance of that to their wellbeing. Significant advances in medicine may keep someone alive for longer but the quality of life enjoyed may be relatively poor.

Life expectancy at 65 for females in Torbay was broadly in line with England for the latest 2 time periods after being significantly higher for the 3 time periods before (Fig 250). For males it is broadly in line with England for the 3 most recent time periods but had been significantly higher for the 2 time periods before (Fig 251). It should be noted that the COVID-19 pandemic will affect life expectancy rates for periods including 2020 and 2021. Those aged 65 and over in the most deprived areas of Torbay have life expectancies at aged 65 of approximately 2 to 3 years less than those who live in the least deprived areas. It should be noted that people in residential care may reside in areas that are very different in relation to deprivation than their lives before entering care.

Healthy life expectancy shows the years that a person can expect to live in good health. Within Torbay over the last decade this has averaged 12 more years for females and 11 more years for males of good health at age 65. Data has previously been provided by levels of deprivation across England, there are very substantial differences between those living in the most deprived areas when compared to the least deprived. Those in the least deprived areas can expect to have a healthy life expectancy at age 65 double that of the most deprived for the latest period of availability (2020 – 2022) (Fig 252).

Fig 250: Life expectancy at age 65 – Female

Source: OHID – Public Health Profiles (Fingertips)

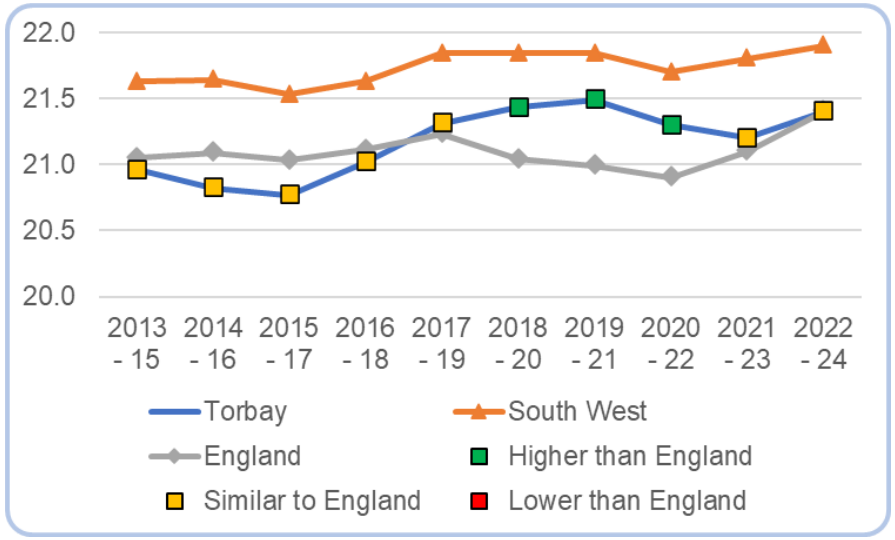

Fig 251: Life expectancy at age 65 – Male

Source: OHID – Public Health Profiles (Fingertips)

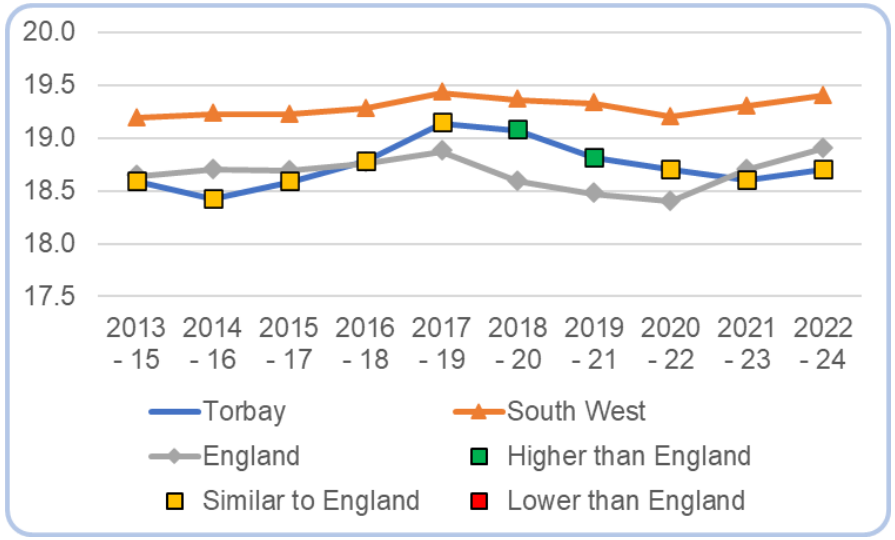

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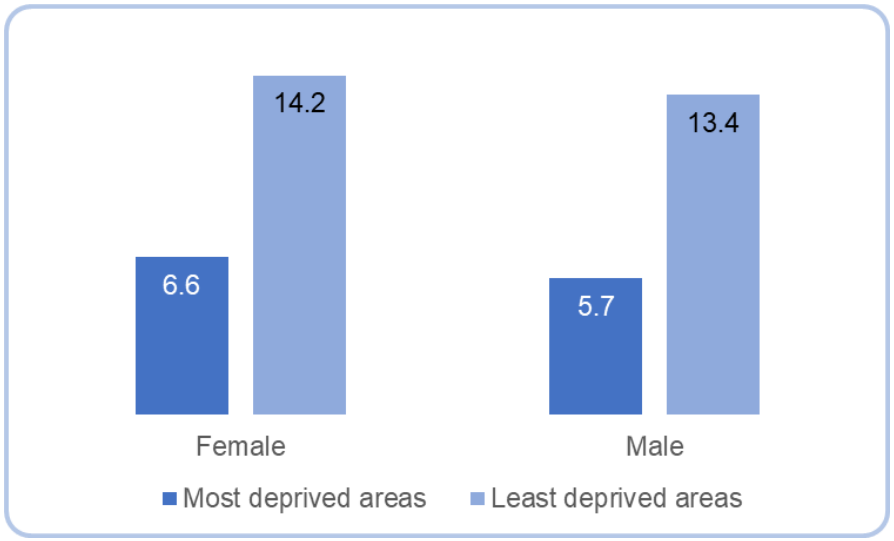
Fig 252: Healthy life expectancy at age 65 by most and least deprived areas (2020 – 2022) – England
Source: OHID – Public Health Profiles (Fingertips)



Wellbeing and social contact

The Active Lives Survey asks a number of questions to adults around issues such as life satisfaction, happiness, finding things worthwhile and anxiety (Fig 253). They were then asked to give a score out of 10 related to these issues. Those aged 65 to 84 scored better than all other ages across all 4 sectors although it should be noted that along with other age groups, average scores given have broadly fallen from the baseline period of November 2016 to November 2017.

For those aged 85 and over, the sample size was smaller but life satisfaction and finding things worthwhile scored poorly. Anxiety scored better and was lower than among young people. As a comparison, figures for those aged 16 to 44 are also given (Fig 254).

Fig 253: Active Lives Survey score for those aged 65 and over (November 2023 to November 2024) - England
Source: Active Lives Survey

	65 to 74	75 to 84	85+
How satisfied are you with life nowadays	7.53	7.44	6.64
How happy did you feel yesterday	7.66	7.61	6.93
To what extent are the things you do in your life worthwhile	7.69	7.66	6.78
How anxious did you feel yesterday (Low score is good)	2.72	2.80	3.53

Fig 254: Active Lives Survey score for those aged 16 to 44 (November 2023 to November 2024) - England
Source: Active Lives Survey

	16 to 24	25 to 34	35 to 44
How satisfied are you with life nowadays	6.48	6.72	6.72
How happy did you feel yesterday	6.53	6.68	6.76
To what extent are the things you do in your life worthwhile	6.53	6.76	6.97
How anxious did you feel yesterday (Low score is good)	4.44	4.25	3.98

For 2023/24, the number of carers supported by Torbay Council during the year was 1,685, this was an increase of 355 from the year

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before and 250 more than any of the 4 previous years. Torbay's rate of carer support has been significantly higher than the South West and England over the last 5 years. Data for 2024/25 was not released due to national data quality issues surrounding some aspects of the new Adult Social Care returns.

For Torbay, 33% of carers aged 65 and over stated that they had as much social contact as they would like which was broadly in line with the last 2 surveys in 2018/19 and 2021/22, but this has fallen considerably nationwide since 2014/15. Rates were broadly in line with the England rate of 31% and the South West rate of 29% in 2023/24 (Fig 255). Please note that for 2014/15, calculations were not available to show whether Torbay was in line with England.

Adult Social Care users aged 65 and over were also asked if they had as much social contact as they would like. For Torbay during 2024/25, 42% said Yes, this was similar to last year and higher than the 2021/22 rate of 35% but lower than figures in 2018/19 and 2019/20 when rates were 52% and 47% respectively. Rates were broadly in line with England and the South West (Fig 256). Very few authorities collected figures for the 2020/21 return so that year has been removed from the graph.

The 2021 Census recorded how many people lived on their own (one-person household), those aged 65 and over in Torbay were far more likely to be living on their own when compared to other age groups with close to 1 in 3 people aged 65 and over living alone (Fig 257). This rate is broadly in line with the South West and England.

Fig 255: Percentage of adult social care carers aged 65 and over who have as much social contact as they would like

Source: Adult Social Care Activity & Finance Report

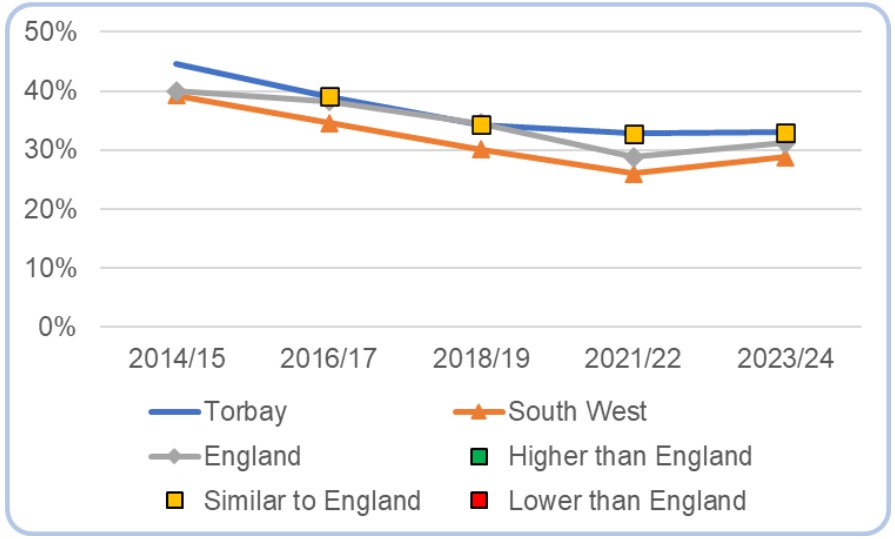

Fig 256: Percentage of adult social care users aged 65 and over who have as much social contact as they would like (No data for 2020/21)

Source: Adult Social Care Outcomes Framework

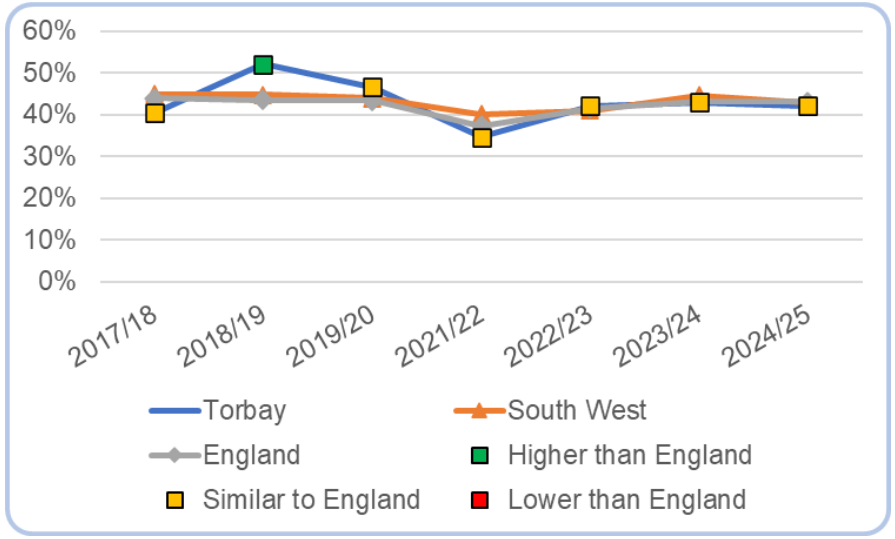

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Fig 257: Percentage who live in a 1 person household (2021) – Torbay
Source: Census 2021

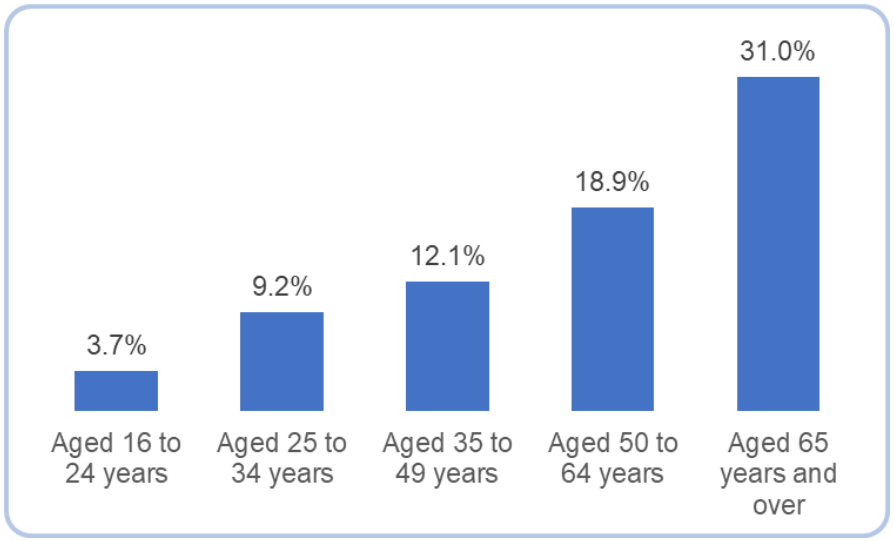
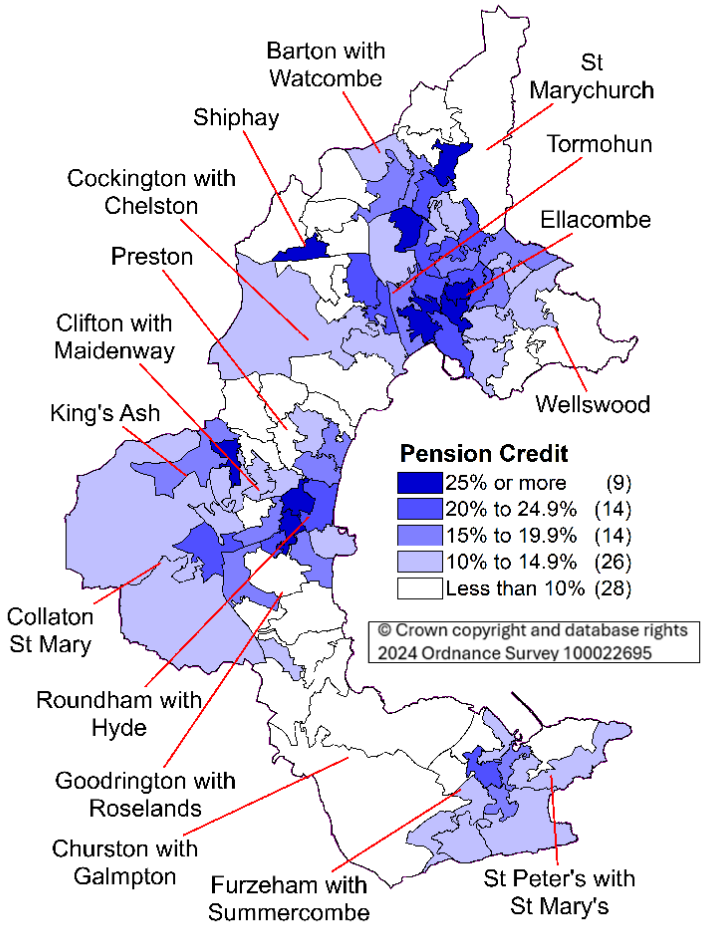


Fig 258: Percentage of those aged 66 and over in receipt of pension credit (August 2024 to May 2025)
Source: Stat-Xplore



Pension Credit

Pension Credit is there to help with living costs if you are over the State Pension age (currently 66 years) and on a low income. The level of pension credit claimants has been significantly higher in Torbay than England and the South West. The proportion of the 66+ population claiming pension credit in May 2025 was 13.2% equating to 4,806 people in Torbay compared to 11.4% in England and 8.9% across the South West. It is thought that a significant number of pensioners who are eligible for pension credit have not claimed it. The highest percentage rates of pensioners receiving pension credit are concentrated in central Torquay and Paignton (Fig 258).

The areas of Torbay with the highest rates of pension credit claimants broadly tally with areas displaying higher rates of income deprivation that affect older people from the English Indices of Deprivation 2025.

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Homelessness

Homelessness can affect people of any age as their circumstances change. During 2023/24, 80 households where the main applicant was aged 65 and over were owed a homelessness prevention duty (threatened with homelessness within 56 days) or a homelessness relief duty (because they were already homeless) in Torbay. This equated to 7.6% of claims and was significantly higher than the England average of 4.3% although it should be noted that Torbay has a significantly higher population of people aged 65 and over. This was a rise from 44 households in 2019/20. Figures for 2024/25 were only reported for 3 of the 4 quarters so are not directly comparable to previous years, 6.9% of claims related to a claim where the main applicant was aged 65 and over.

Health and Care

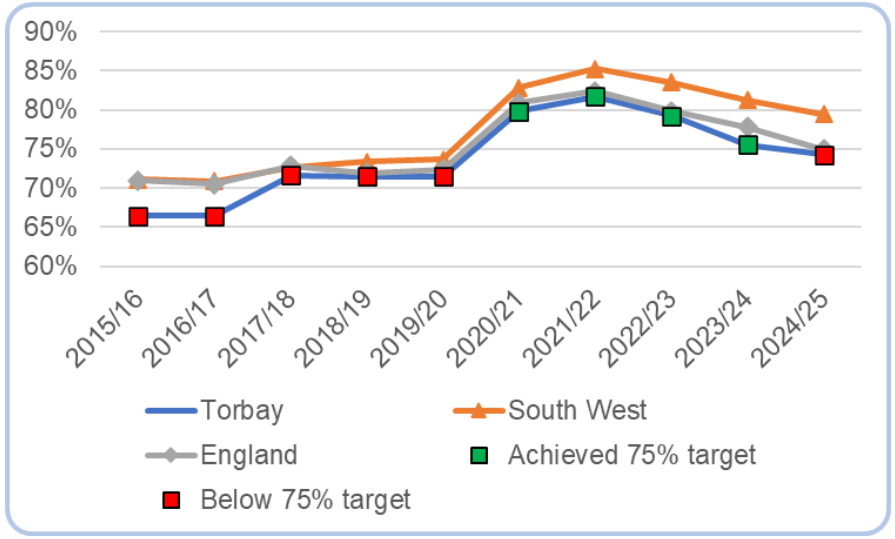
The 2021 Census showed that 13.1% of Torbay residents aged 65 and over, stated they were in bad or very bad health, this was significantly higher than the South West (11.0%) and England (9.6%), however rates were lower than the 2011 Census when 15.7% of Torbay residents aged 65 and over said they were in bad or very bad health. For the 2021 Census, 56.9% of Torbay residents aged 65 and over stated they were in good or very good health while the remaining 30% said they were in fair health.

For the 2021 Census, just over 1 in 3 (35.3%) of those aged 65 and over, stated that their day-to day activities were limited a little or a lot by conditions and illnesses which had lasted or were expected to last more than 12 months. This is in line with the disability definition in the Equality Act 2010. This is slightly but significantly higher than England (33.8%).

Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap is closer when compared to England than during the middle of the last decade (Fig 259). The World Health Organisation (WHO) target is 75% coverage although the national ambition for 2021 to 2022 was to reach 85% coverage. For the latest year, the WHO target of 75% was not reached for the first time since 2019/20 in Torbay and England.

Fig 259: Percentage of those aged 65 and over who have received a flu vaccination

Source: OHID – Public Health Profiles (Fingertips)



Rates for Torbay residents who have received the Shingles vaccination amongst those aged 71 years have remained significantly lower than the goal of 60% and have also been consistently lower than England (Fig 260). You are more likely to get shingles, and it is more likely to lead to serious problems if you are older and this is a programme of making sure as many people aged 70 to 79 have this vaccination. From 1st September 2023, those aged 65 became eligible for the vaccination Shingles vaccine - NHS (www.nhs.uk).

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Fig 260: Percentage of those aged 71 who have received a shingles vaccination
Source: OHID – Public Health Profiles (Fingertips)

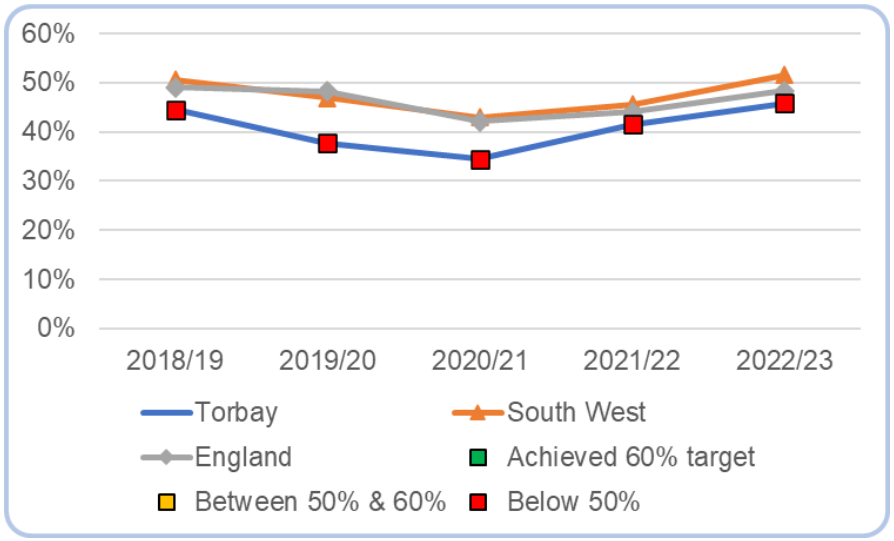
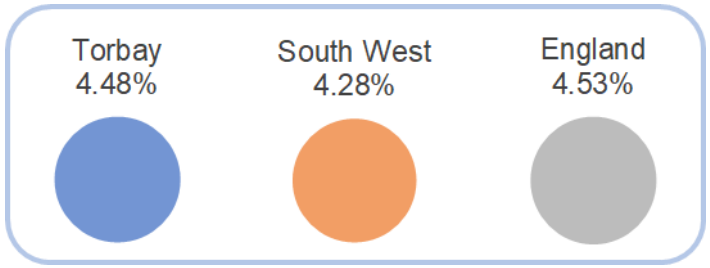


Fig 261: Recorded prevalence of Dementia for those aged 65 and over (December 2025)
Source: NHS Digital Primary Care Dementia Data



Dementia rates for those aged 65 and over are recorded by GP practices, prevalence rates within Torbay are largely in line with national rates at approximately 4.5% (Fig 261). It should be noted that these are cases where dementia has been diagnosed, the figure of 4.5% will be an underestimate. It is estimated that approximately 63% of those aged 65 and over with dementia in Torbay have been diagnosed leaving 37% undiagnosed, these diagnosis rates have been calculated by applying age specific rates from the Cognitive Function and Ageing Study (CFAS II).

As the population ages, recorded dementia prevalence for those aged 65 and over is likely to rise from the current level of 1,712 people (December 2025), requiring an increase in the scale of services needed to provide treatment and support.

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

The exact cause of AMD is not known. The condition has been linked to the following health and lifestyle issues - smoking, being overweight, high blood pressure and a family history of the condition.

For 2024/25 there were 61 new Certificates of Vision Impairment (CVIs) issued due to AMD for those aged 65 and over, rates can be quite volatile from year to year but there has been a pattern since the middle of the last decade of Torbay having higher rates than the South West and England (Fig 262). As CVIs are voluntary, true numbers may be higher.

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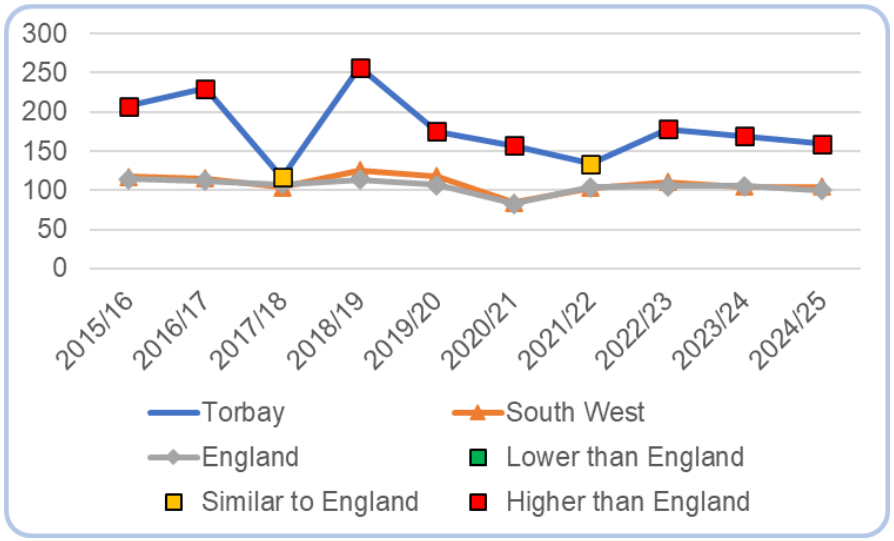
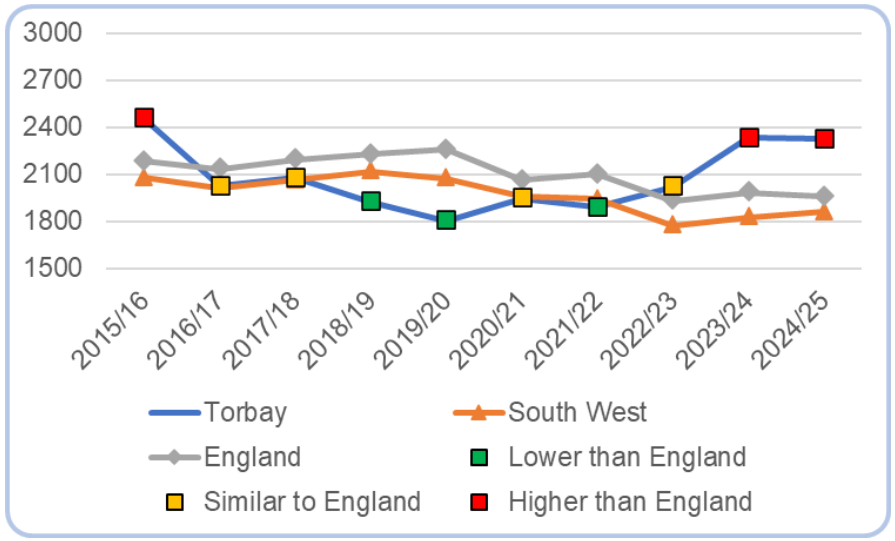
Fig 262: Age-related macular degeneration (AMD) – rates of new Certificates of Vision Impairment (CVIs), aged 65+, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Falls are a common cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year (Falls in older people: assessing risk and prevention – NICE, 2013). Within Torbay, emergency hospital admissions due to falls for those aged 65 and over had been significantly lower or similar to England in the 7 years preceding 2023/24. For 2023/24 and 2024/25, rates rose in Torbay to be significantly higher than England for the first time since 2015/16 (Fig 263). These rates are age standardised to allow areas with significantly different age profiles to be compared Note on Hospital admissions and SDEC – page 9. Further information on falls can be found in the 2 page subject profile at 2-Page Subject Profiles - Torbay Knowledge and Intelligence.

Fig 263: Emergency hospital admissions due to falls in people aged 65 and over, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics for 2024/25



For planned admissions amongst those aged 65 and over, Torbay rates rose significantly in 2024/25 from the previous year to be higher than England, rates have been significantly higher than England for 4 of the past 5 years (Fig 264). Planned admission numbers had accelerated quicker than the South West and England in 2021/22 and 2022/23 after the badly affected COVID-19 year of 2020/21.

For unplanned admissions amongst those aged 65 and over, Torbay's rate remained significantly higher than England for the second consecutive year after 4 years of being lower or similar to England (Fig 265). Rates have consistently been higher than the South West. These rates are age standardised to allow areas with significantly different age profiles to be compared Note on Hospital admissions and SDEC – page 9.

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Fig 264: Planned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics

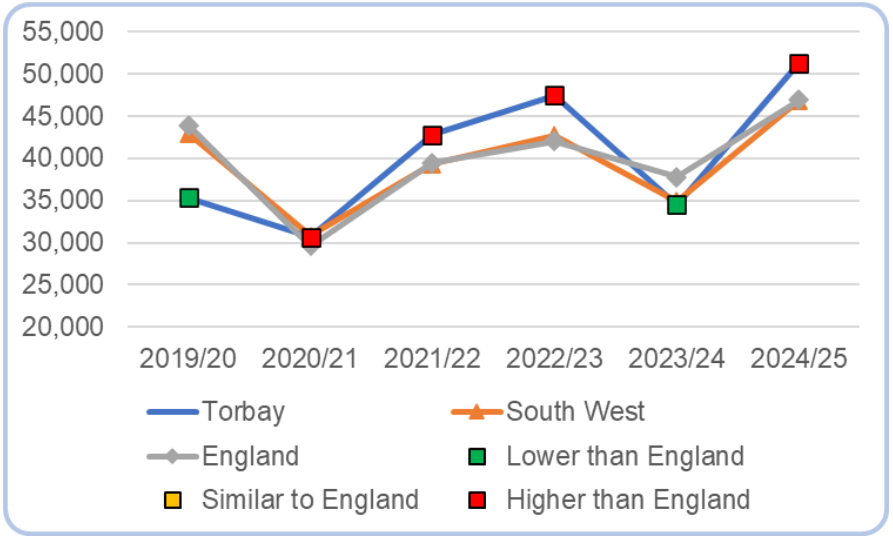
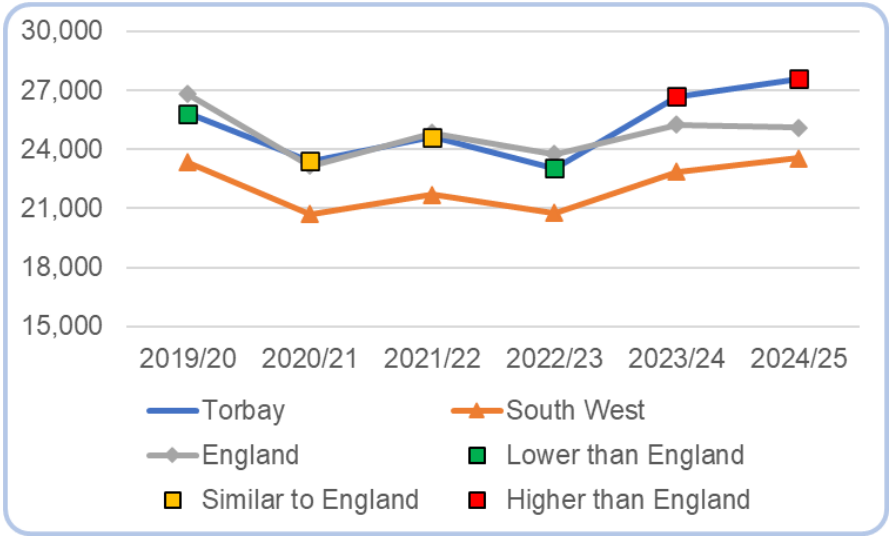


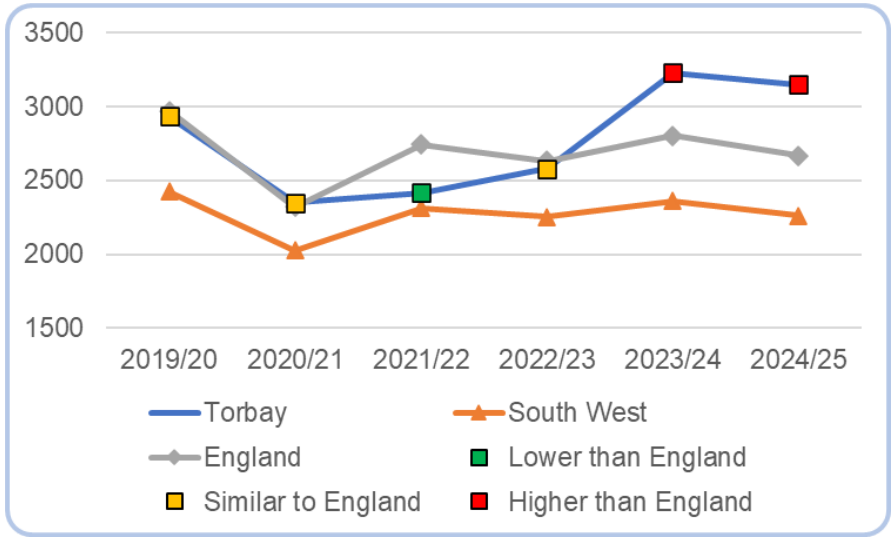
Fig 265: Unplanned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics



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

The rate of admissions for ACS conditions for those aged 65 and over had been broadly in line with England but above the South West. For 2023/24, Torbay rates increased substantially and were significantly higher than England for the first time in the period shown, this has remained the case for 2024/25 (Fig 266). These rates are age standardised to allow areas with significantly different age profiles to be compared Note on Hospital admissions and SDEC – page 9.

Fig 266: Emergency hospital admissions for ACS conditions for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics



For 5 of the last 6 years, Torbay has had a significantly higher rate of alcohol-related admissions to hospital than England for those aged 65 and over (Fig 267). Rates are significantly higher in males when compared to females, for 2023/24 they are approximately triple

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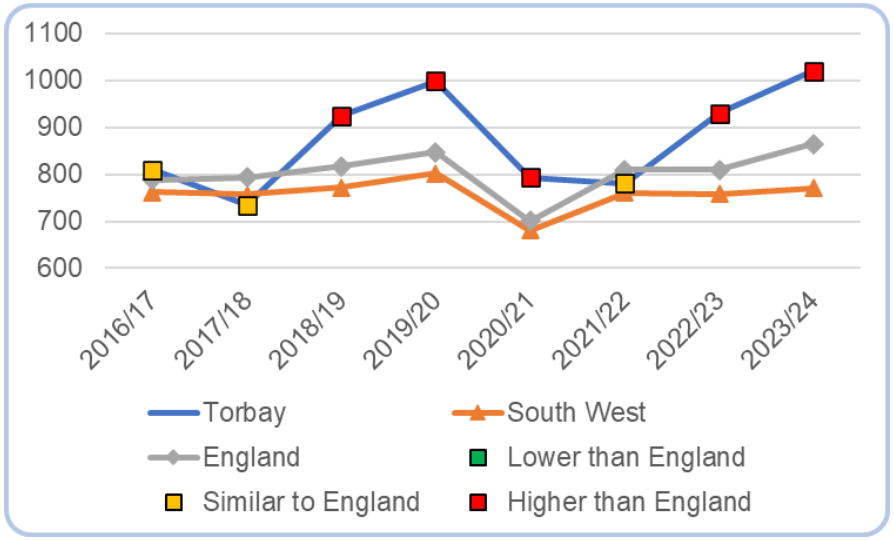
female rates. The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code. These rates are age standardised to allow areas with significantly different age profiles to be compared Note on Hospital admissions and SDEC – page 9.

Fig 267: Rate of admission episodes for alcohol-related conditions (Narrow) for those aged 65 and over, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



Rates of long-term support for those funded by Torbay Adult Social Care have been significantly higher for those aged 65+ when compared to the England average over the last 3 years. Rates have been consistently significantly higher than the South West (Fig 268).

Among those aged 65+, the largest primary support reason by far over the last 5 years is Physical Personal Care (24% higher than England). Rates are also significantly higher than the South West. Over the last 5 years, Physical Personal Care, Mental Health and Memory & Cognition rates have broadly increased.

For rates of long-term support being met by permanent admission to residential and nursing care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 269). For the period 2021/22 to 2024/25, an average of 295 older people were permanently admitted annually, this is more than 100 above the average of the previous 3 years.

It should be noted that for 2024/25, figures for this measure across England are derived from a new dataset (CLD) and as such are flagged as 'statistics in development', they should not strictly be compared with previous years.

Fig 268: Rate of long-term support for those aged 65+, per 100,000
Source: Adult Social Care Activity Report

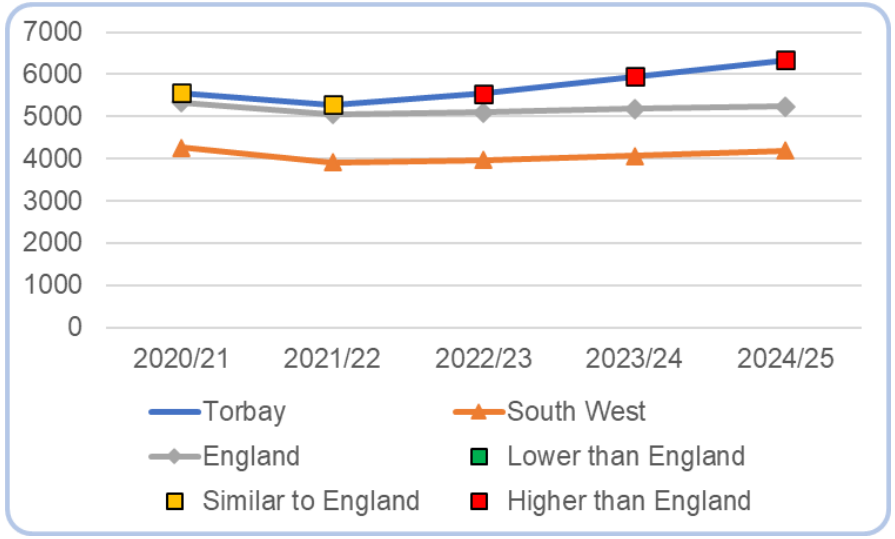


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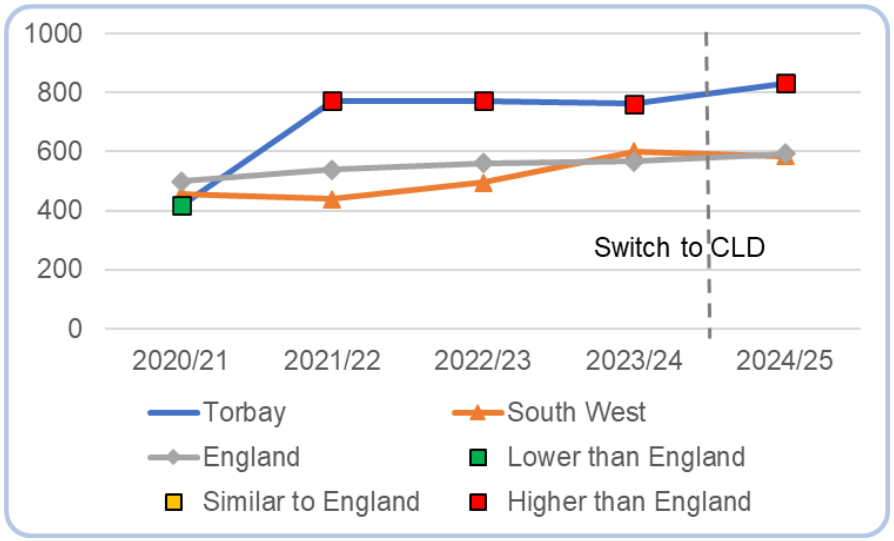
Fig 269: Rate of long-term support met by permanent admission to residential & nursing care homes aged 65+, per 100,000
Source: Adult Social Care Outcomes Framework



Whilst this section brought together key information around Torbay's 65 and over population, information that is also relevant to older people is contained within the majority of chapters within the JSNA.

Age UK Torbay can be found at Age UK Torbay | Our Services

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year) *	Direction of travel compared to previous period
Life expectancy at age 65 - Female (2022 - 24)	Years	21.4	21.3	21.9	21.4	🟡	↑
Life expectancy at age 65 - Male (2022 - 24)	Years	18.7	18.9	19.4	18.9	🟡	↑
Healthy life expectancy at age 65 - Female (2022 - 24)	Years	12.2	11.0	12.4	11.1	🟡	↑
Healthy life expectancy at age 65 - Male (2022 - 24)	Years	10.4	9.8	10.8	10.1	🟡	↓
Pension Credit claimants - 66+ (May 2025)	%	13.2%	10.5%	8.9%	11.4%	🔴	↑
Flu vaccination coverage - 65+ (2024/25) *	%	74.3%	76.8%	79.4%	74.9%	🔴	↓
Prevalence of Dementia - 65+ (Dec 2025)	%	4.5%	4.6%	4.3%	4.5%	🟡	↑
Emergency admissions due to falls - 65+ (2024/25)	DSR per 100,000	2327	2027	1861	1959	🔴	↓
Long term support - 65+ (2024/25)	Rate per 100,000	6343	5662	4192	5245	🔴	↑

*RAG rating for Flu vaccination coverage is against the 75% target, not against England.

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Unpaid Carers

Overview

- The 2021 Census showed just over 14,900 unpaid carers in Torbay, this equates to 1 in 9 of the population aged over 5 years old. 5,185 of these carers provided 50 hours or more of unpaid care.
  Source: Census 2021
- Rates of unpaid care are higher in Torbay than England across all age groups in the census. 13.5% of females are unpaid carers, 9.0% of males are unpaid carers.
  Source: Census 2021
- Almost 1 in 6 (15.9%) people classified as disabled under the Equality Act are unpaid carers according to the census.
  Source: Census 2021
- Adult carers known to local social services were most likely to look after people with a physical disability, long-standing illness, dementia or problems connected to ageing.
  Source: Personal Social Services Survey of Adult Carers, 2023/24
- Close to 1 in 2 (44%) adult carers known to local social services care for 100 hours or more per week.
  Source: Personal Social Services Survey of Adult Carers, 2023/24

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An unpaid carer provides help to someone, usually an adult relative or friend, as part of their normal daily life. The 2021 Census asked if someone gave any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age, people were asked to exclude anything related to paid employment.

Carers need support and the Care Act 2014 recognises unpaid (mainly) adult carers in law in the same way as those they care for. This relates to rights to a carers assessment of support needs, support planning, and access to information and advice to enable choice about the support they need.

Census 2021 – Unpaid carers

According to the 2021 Census, Torbay had just over 14,900 unpaid carers which results in Torbay having a significantly higher proportion of its residents as unpaid carers when compared to the South West and England (Fig 270). The difference is significant even allowing for Torbay's older population profile. This shows that 1 in 9 Torbay residents over the age of 5 years undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age. Torbay also has a significantly higher proportion of its residents who provide 50 hours or more of unpaid care per week (3.9% in Torbay against 2.6% for England). This equates to 5,185 carers which is just over a third of the unpaid carer population.

There are significant differences in the percentage of different age groups who are unpaid carers with almost 2 out of 3 unpaid carers being aged 50 and over (Fig 271). However, the percentage of Torbay's population who are unpaid carers is significantly higher than England across all age groups with gaps being particularly pronounced amongst age groups under the age of 50 (Fig 272).

Fig 270: Percentage who are unpaid carers, aged 5 and over
Source: Census 2021

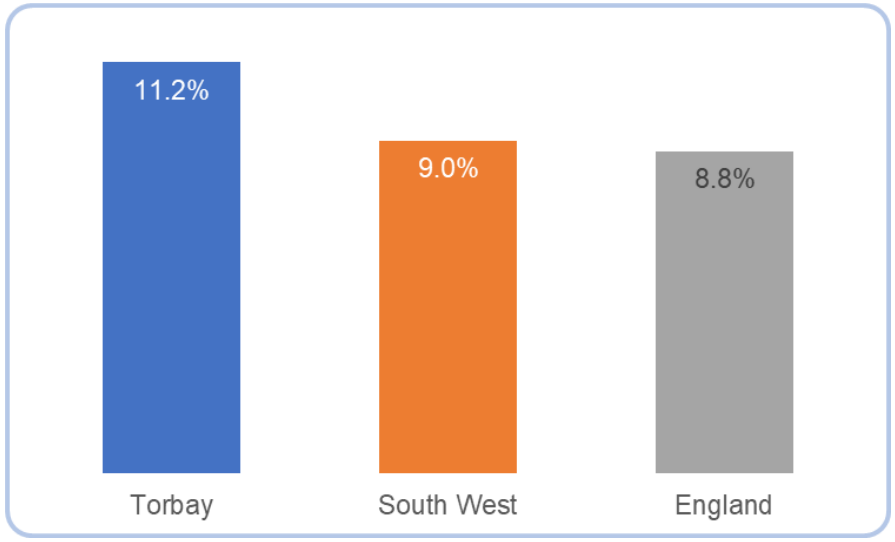

Fig 271: Number who are unpaid carers by age group - Torbay
Source: Census 2021

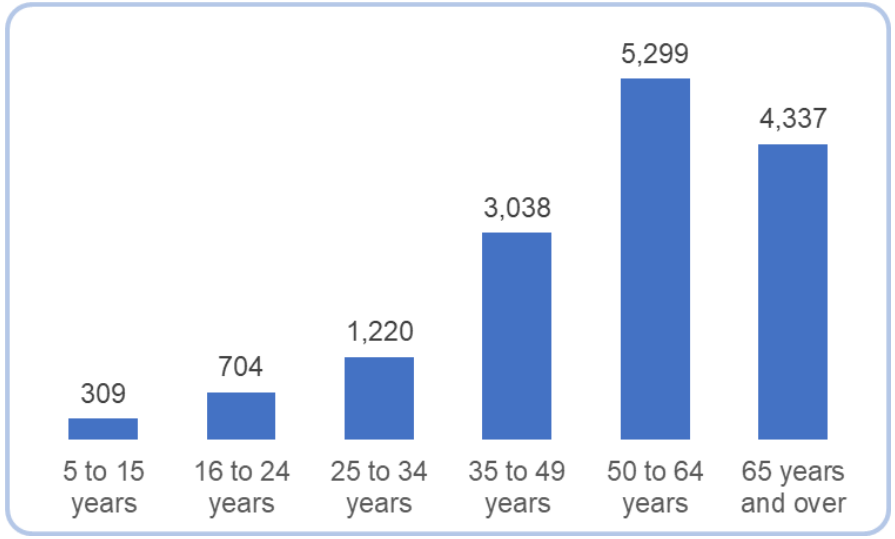

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Fig 272: Percentage who are unpaid carers by age group
Source: Census 2021

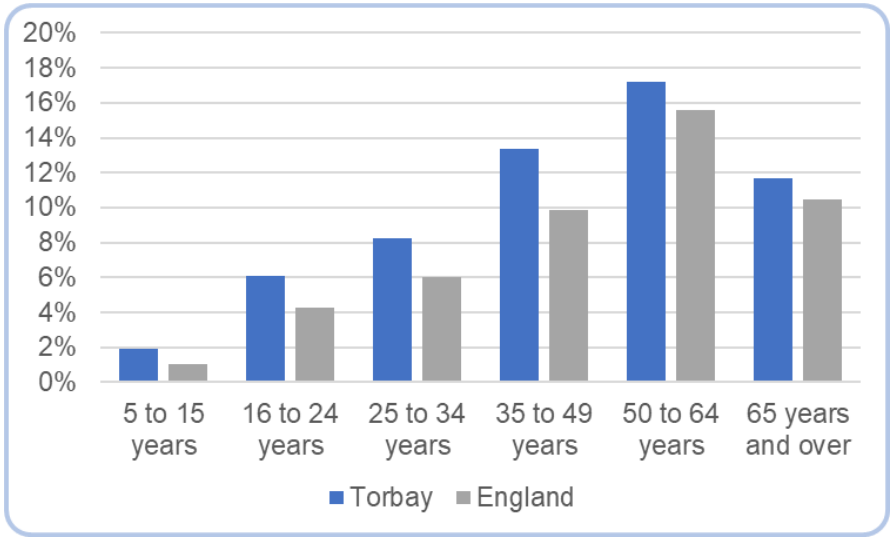
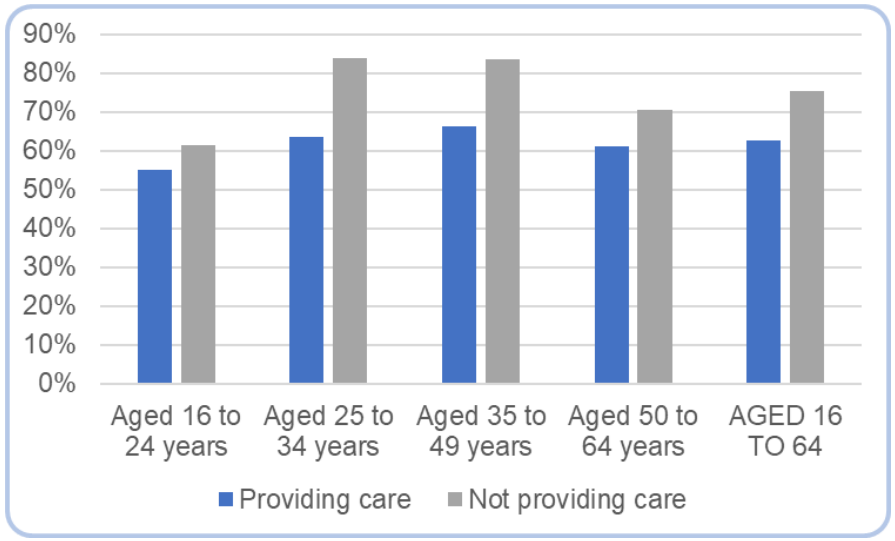


Fig 273: Percentage of economically active for those providing or not providing unpaid care - Torbay
Source: Census 2021



Unpaid carers between the ages of 16 and 64 are significantly less likely to be classified as economically active (in employment or actively seeking employment) than those who provide no unpaid care. According to the 2021 Census, 62.5% of those who provided unpaid care were classified as economically active compared to 75.4% of those who were not providing unpaid care. The gap was particularly pronounced among those aged 25 to 49 (Fig 273).

Unpaid carers are significantly more likely to be female with 13.0% of usually resident females providing unpaid care in Torbay, for males the rate is 9.5% (Fig 274). The difference is most significant in the 35 to 49 year age group where 1 in 6 females and 1 in 10 males undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age (Fig 275). Just over 1 in 5 females aged between 50 and 64 years undertake some unpaid care.

Fig 274: Percentage who are unpaid carers, by sex - Torbay
Source: Census 2021

	19 hours or less	20 to 49 hours	50 hours or more	Total
Female	5.7%	2.8%	4.6%	**13.0%**
Male	4.2%	2.1%	3.3%	**9.5%**

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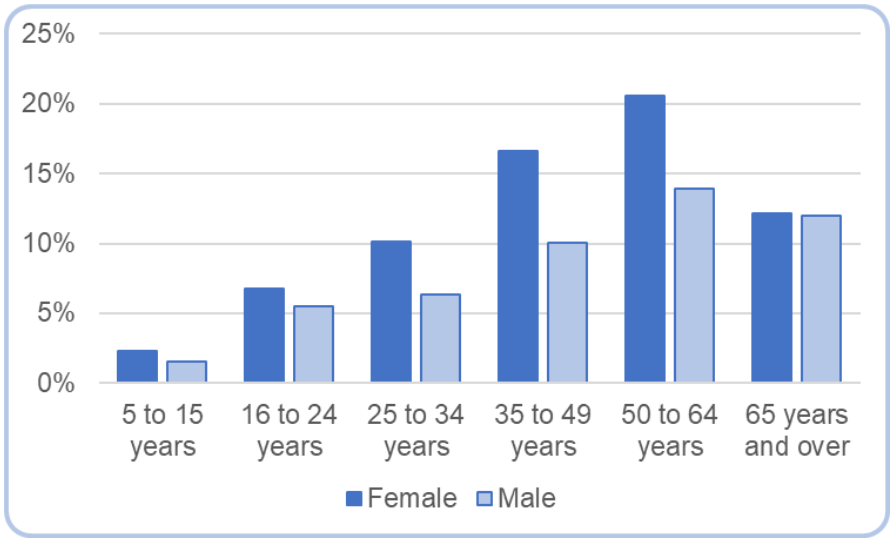
Fig 275: Percentage who are unpaid carers, by age group, by sex - Torbay
Source: Census 2021



There are significant differences between areas of Torbay in relation to the number of usually resident unpaid carers. For instance, rates are lowest in the Torquay town centre area (Fig 276).

There are higher concentrations of unpaid carers in wards such as King's Ash and Furzeham with Summercombe (Fig 277).

Fig 276: Percentage who are unpaid carers, by output area
Source: Census 2021

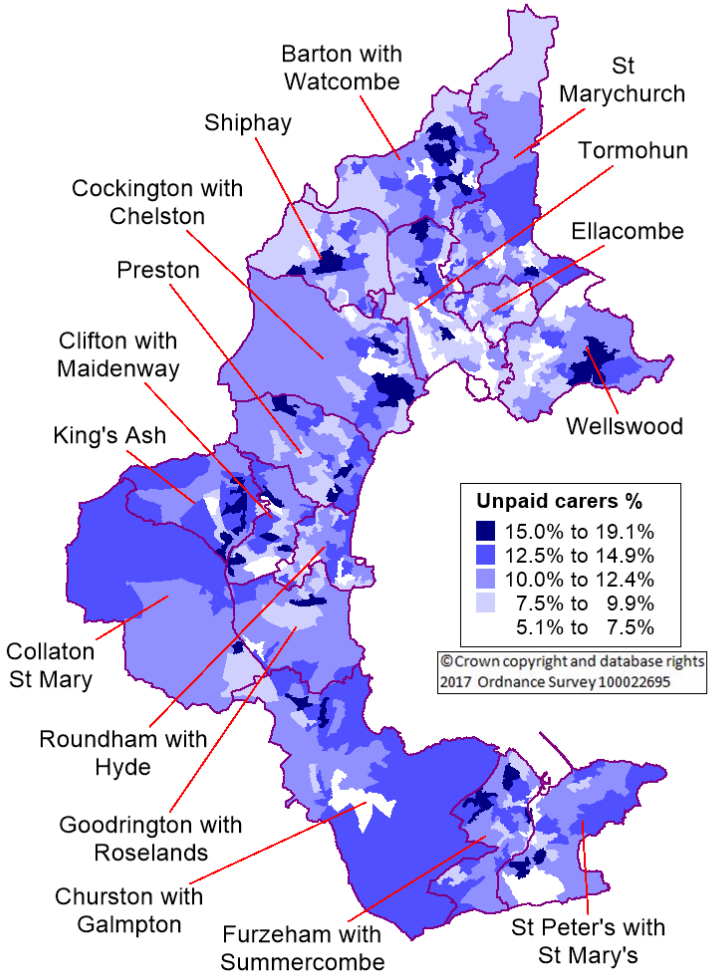


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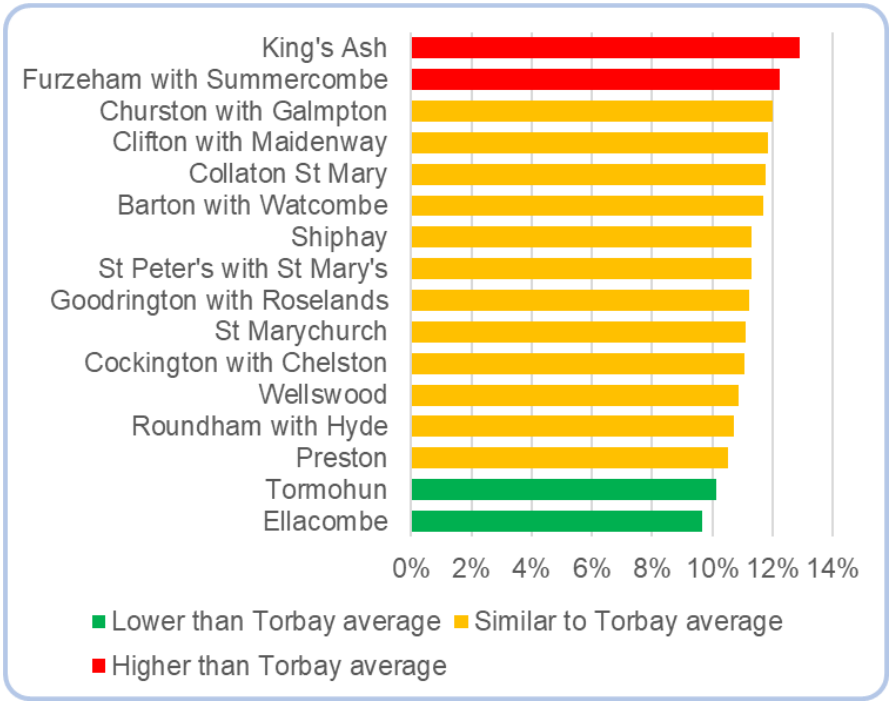
Fig 277: Percentage who are unpaid carers, by ward
Source: Census 2021



Across younger age groups in Torbay it is more likely that someone will be undertaking unpaid care if they live in a more deprived area (Fig 278). This link is not observable in age groups over 50 years in Torbay.

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

Whilst most carers are not disabled under the Equality Act 2010, those who are disabled in line with the Equality Act 2010 are significantly more likely to be unpaid carers than those who are not disabled (Fig 279). This is the case across all age groups.

Fig 278: Percentage who are unpaid carers, aged 5 to 34 years - Torbay
Source: Census 2021, English Indices of Deprivation 2025

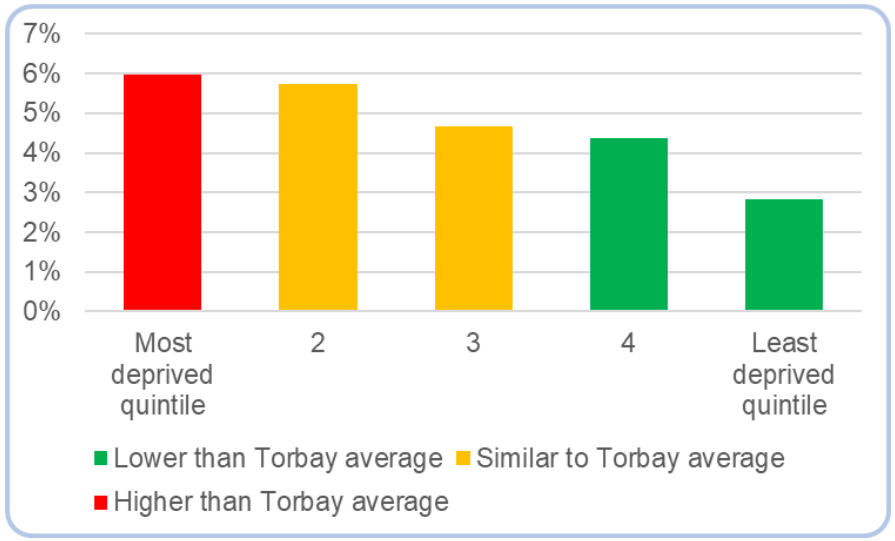
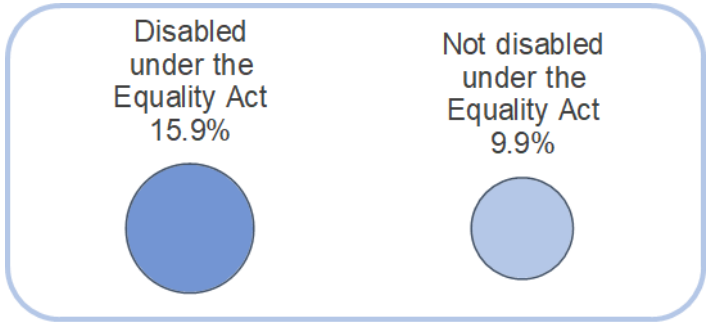


Fig 279: Percentage who are unpaid carers, by disability status - Torbay
Source: Census 2021



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Personal Social Services Survey of Adult Carers, 2023/24

The survey of adult carers known to local social services takes place every other year (this pattern was broken by COVID-19) and is conducted by local authorities with adult social services responsibility. The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role Personal Social Services Survey of Adult Carers in England, 2023-24 - NHS England Digital .

330 carers responded to the 2023/24 survey in Torbay, of these, 72% provided unpaid care to someone aged 65 or over, the person they cared for was most likely to have a physical disability followed by a long-standing illness, dementia and problems connected to ageing (Fig 280), multiple care needs for the same person could be selected. Just over 3 out of 4 carers (76.2%) stated that the person they cared for lived with them compared to just under 1 in 4 who said they lived somewhere else (Fig 281).

Of those carers who received support or services from Torbay social services in the previous 12 months, rates of satisfaction with the support and services received by themselves and the person they cared for were 67.7% during 2023/24 with dissatisfaction rates at 12.6% (Fig 282). Rates of satisfaction have fallen since the 2021/22 figure of 74.8% while there has been a growth in those neither satisfied nor dissatisfied. By comparison, rates of satisfaction across England for 2023/24 were 67.1% and rates of dissatisfaction were 15.5%.

Fig 280: Care Needs of person cared for – Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24

Care Need	Percentage
A physical disability	50.6%
Long-standing illness	37.9%
Dementia	34.2%
Problems connected to ageing	33.3%
Sight or hearing loss	29.4%
A mental health problem	21.8%
A learning disability or difficulty	16.1%
Terminal illness	6.1%
Alcohol or drug dependency	0.9%

Fig 281: Where does the person you care for usually live? – Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24

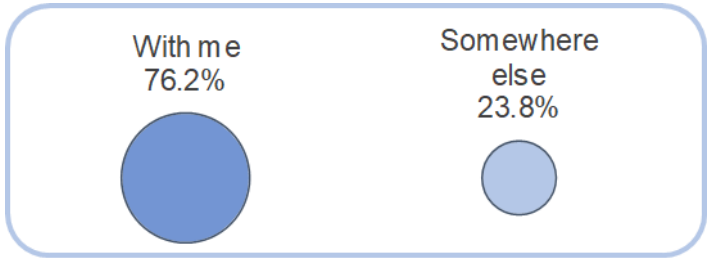

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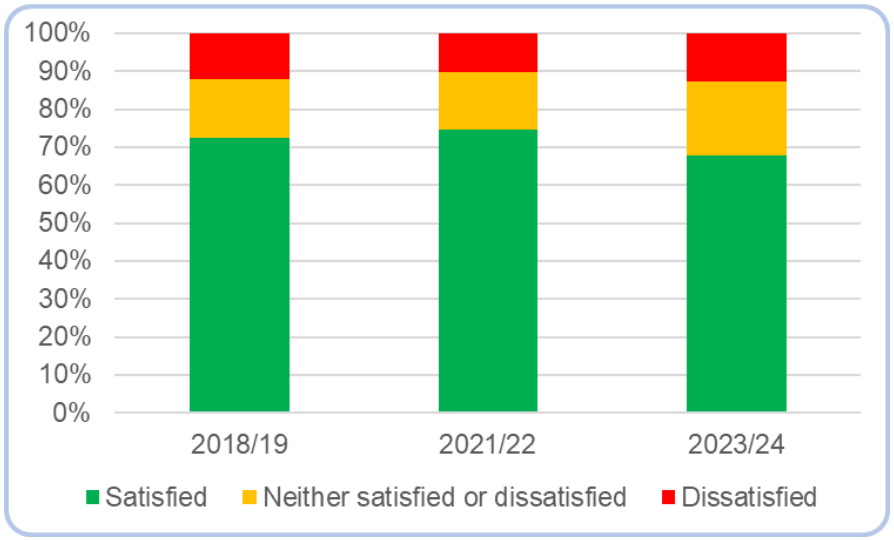
Fig 282: Levels of satisfaction with support and services carer and person cared for received from social services in last 12 months – Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24



For the period 2023/24, just over 1 in 9 Torbay adult social carers (11.8%) state that they are able to spend their time doing things that they value or enjoy, this is significantly lower than the England figure of 16.0%. 1 in 6 (16.7%) state they don't do anything that they value or enjoy with their time. Most carers (71.5%) state that they do some of the things they value or enjoy but not enough. Similar sentiments were expressed when asked about how much control carers had over their life.

For Torbay, 30% of adult social carers stated that they had as much social contact as they would like, which was slightly lower than the last survey in 2021/22 (34.4%). Rates were broadly similar to England and the South West (Fig 283). 21.3% of Torbay carers stated that they had little social contact and were socially isolated (England 18.7%, South West 19.0%) which was slightly higher than the previous survey in 2021/22 (17.6%).

Close to 1 in 2 Torbay carers (45.8%) stated that they felt lonely often, always or some of the time (Fig 284). The figures for loneliness are broadly in line with England and the South West.

Fig 283: Percentage of adult social carers who have as much social contact as they would like – Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24

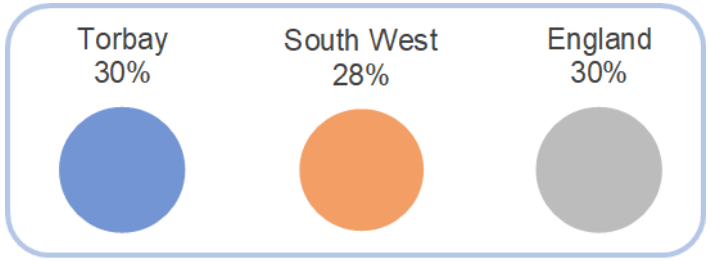
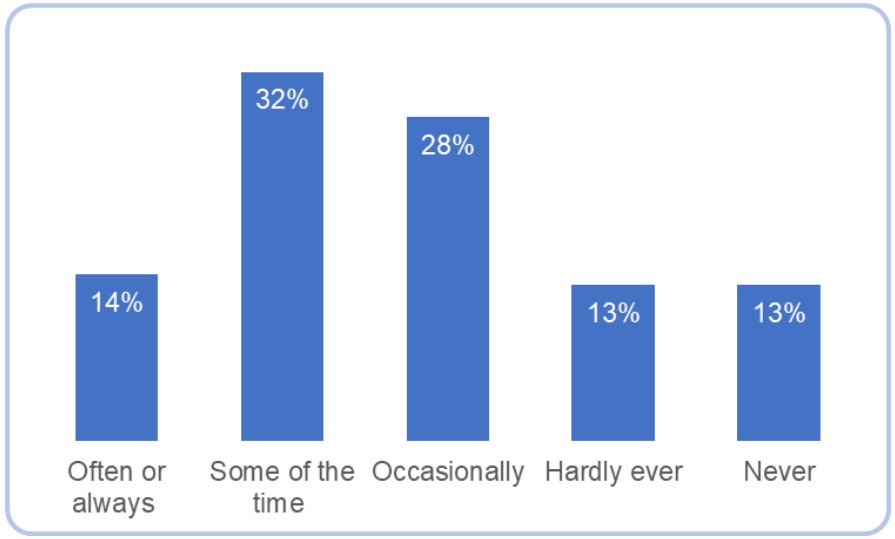


Fig 284: Percentage of adult social carers who feel lonely – Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24



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For the 2023/24 survey, almost 1 in 5 (19.3%) of Torbay adult social carers feel that they do not have enough encouragement and support. This has fallen from 2021/22 when the percentage was 24.6%.

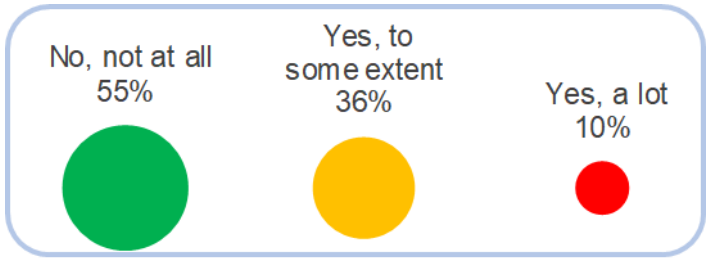
Carers were also asked if their health had been affected by their caring role, a majority of carers replied that at least 1 of the following 5 effects were felt: feeling tired, general feeling of stress, disturbed sleep, feeling depressed and being short tempered or irritable (Fig 285). Just 6% of respondents said that their health had not been affected by their caring role.

Fig 285: Percentage of adult social carers whose health had been affected by caring role in the ways listed - Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24

Health affected	Percentage
Feeling tired	82.7%
General feeling of stress	71.1%
Disturbed sleep	67.2%
Feeling depressed	54.4%
Short tempered/irritable	53.5%
Physical strain (eg back)	38.0%
Made an existing condition worse	26.4%
Developed my own health conditions	26.4%
Had to see own GP	25.2%
Loss of appetite	16.7%

For the period 2023/24, adult social carers were asked if caring had caused them any financial difficulties in the previous 12 months, approximately 45% (figures in graph rounded to nearest percent) said that it caused some or a lot of financial difficulties (Fig 286). These figures are broadly in line with the 2021/22 survey, the South West and England.

Fig 286: Percentage of adult social carers, has caring caused you any financial difficulties in the last 12 months - Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24



Being able to access information and advice about support, services and benefits quickly and easily helps not only with practical outcomes but can also help to reduce levels of stress and anxiety around someone's caring duties. Of those Torbay adult social carers in 2023/24 who attempted to access this information and advice in the previous 12 months, more than 1 in 3 (36%) found this fairly or very difficult which is similar if a little lower than South West and England rates (Fig 287). This is much higher than the 2016/17 and 2018/19 figures of 26% and 28% respectively although lower than the 39% figure during 2021/22 for Torbay. Once accessed, 89% of information or advice was very or quite helpful. Fewer than 1 in 4 (22.7%) Torbay carers did not attempt to access information or advice in the previous 12 months.

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Fig 287: Percentage of adult social carers who have found it easy or difficult to find information and advice - Torbay (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24

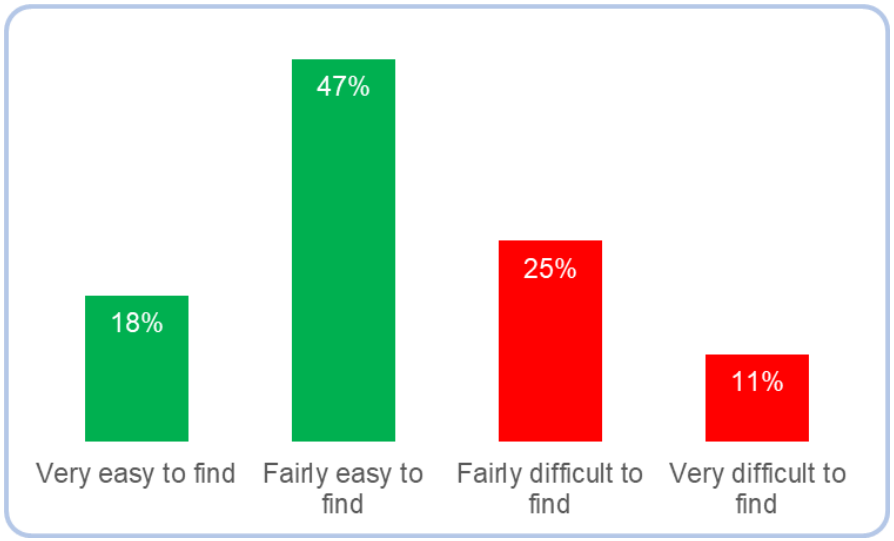
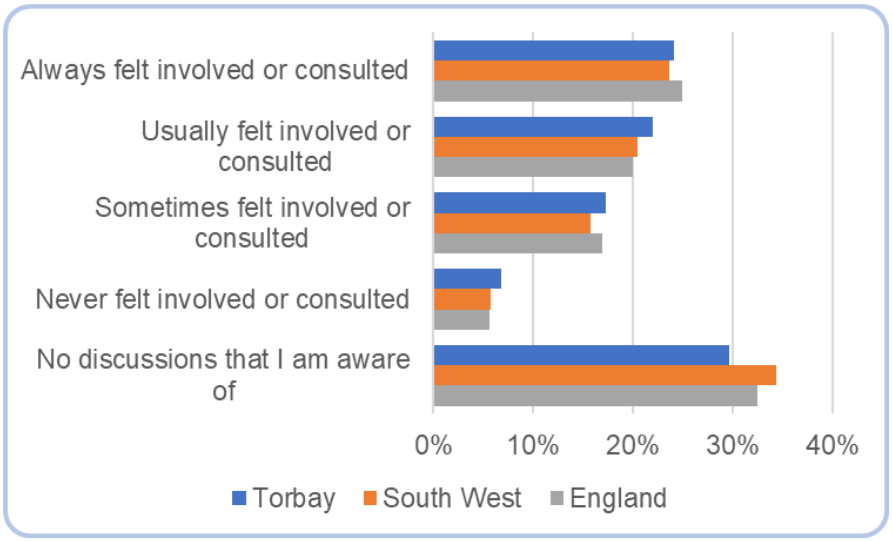


Fig 288: Percentage of adult social carers who feel involved or consulted (2023/24)
Source: Personal Social Services Survey of Adult Carers, 2023/24



Adult social carers were asked if they have been involved or consulted as much as they would want to be, in discussions about the support or services provided to the person they care for. For Torbay during 2023/24, approximately 3 in 10 (29.7%) were not aware of any discussions in the last 12 months, this was slightly lower than both England (32.5%) and the South West (34.4%). Results for Torbay were broadly similar to 2016/17 and 2018/19 but much higher than the 2021/22 figure of 12.7% not being aware of any discussions in the last 12 months. A further 6.8% said they never felt involved or consulted. Just under 2 in 3 (63.4%) of carers always, usually or sometimes felt involved (Fig 288).

58% of Torbay adult social carers are not in paid employment for 'other reasons' the primary reason being that of retirement, with a further 16% not in paid work because of their caring responsibilities. 1 in 4 were in paid full-time or part-time employment. 44% state that they spend 100 hours or more a week looking after or helping the person that they care for, this was significantly more than the England average of 36%.

Reports and further information around the Personal Social Services Survey of Adult Carers (PSSSAC) can be found at Personal Social Services Survey of Adult Carers in England, 2023-24 - NHS England Digital

Support provided to carers

For 2023/24, the number of carers of adult social care clients supported by Torbay Council during the year was 1,685, an increase

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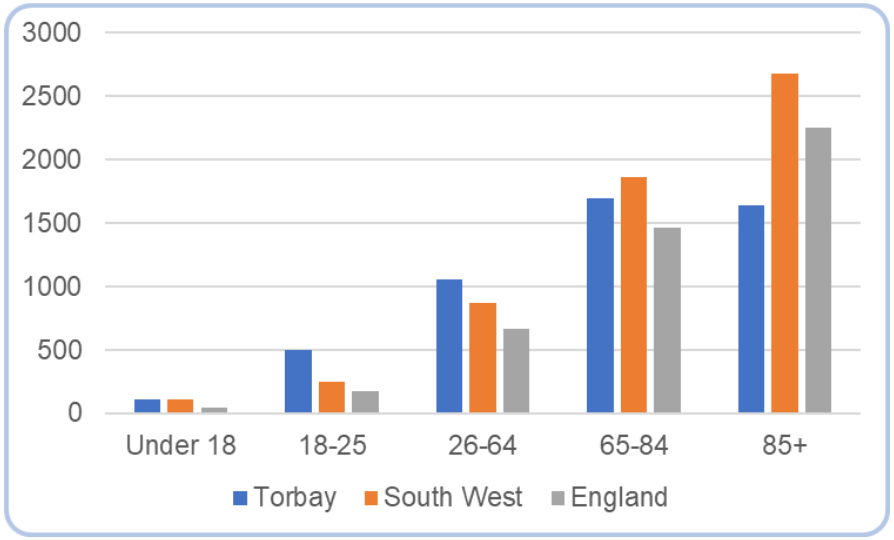
of 355 from the year before and more than 250 higher than any of the preceding 4 years. Torbay's rate of carer support has been significantly higher than the South West and England over the last 5 years.

While 94.5% of these Torbay carers were aged 26 and over, Torbay has significantly higher rates of carers aged 25 and under than England (Fig 289).

Fig 289: Support provided to carers by age band, per 100,000 (2019/20 to 2023/24)
Source: Adult Social Care Activity & Finance Report



Healthwatch Devon

Healthwatch Devon has released the results of a survey around the impact of providing unpaid care at home across the local authorities of Torbay, Plymouth and Devon. This report provides key findings around carers' health and wellbeing, carers' experience of the caring role and areas highlighted for improvement and change. Findings were based on 224 survey responses and 16 guided conversations.

It also makes the following 6 recommendations in relation to its report:

1. Draw on the valuable insight and suggestions from carers in this report to develop and improve access to training and awareness resources to help carers to manage their own health and wellbeing.
2. Improve access to health and social care services for carers.
3. Draw on the evidence in this report to codesign with carers and carers' ambassadors a risk scale or checklist for carers.
4. Develop a systemwide publicity campaign to identify carers, raise awareness of carers' services and support carers.
5. Identify why, in some areas, carers and/or the cared for person's needs are not being met by paid care services.
6. That NHS and Adult Social Care leaders in Devon, Plymouth and Torbay use the evidence and the findings in this report to further inform local carer strategies and action plans.

The report can be found at the link below

The impact of providing unpaid care at home (Phase 2) - Healthwatch Devon

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Census - Unpaid carers aged 5 and above (2021)	%	11.2%	9.8%	9.0%	8.8%	🔴	Not comparable
Census - Unpaid carers for 50 hours or more (2021)	%	3.9%	3.0%	2.7%	2.6%	🔴	Not comparable
Census - Disabled under the equality act who are also unpaid carers (2021)	%	15.9%	14.4%	14.1%	13.8%	🔴	Not comparable
PSSSAC - Satisfied with support and services from adult social services (2023/24)	%	68%	69%	66%	67%	🟡	↓
PSSSAC - Carers who have as much social contact as they like (2023/24)	%	30%	30%	28%	30%	🟡	↓
PSSSAC - Caring has caused financial difficulties in the last 12 months (2023/24)	%	45%	42%	47%	47%	🟡	↑
PSSSAC - Carers who have found it easy to find information and advice (2023/24)	%	65%	63%	61%	59%	🟡	↑
PSSSAC - Caring for 100 hours or more per week (2023/24)	%	44%	36%	35%	36%	🔴	↓

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Preventable Mortality

Overview

- Rate of deaths from causes considered preventable in under 75 age group over the last decade are higher than England and much higher than the South West.
  Source: OHID – Public Health Profiles (Fingertips)
- Rate of deaths from causes considered preventable in the under 75 age group are much higher in the more deprived areas of Torbay when compared to less deprived areas of Torbay.
  Source: Primary Care Mortality Database
- Most common cause of death in Torbay that was considered preventable in the under 75 age group was Cancer, accounting for over 1 in 3 preventable deaths.
  Source: OHID – Public Health Profiles (Fingertips)
- Most common cause of death in Torbay that was considered preventable in the under 50 age group was related to suicide or potential suicide, followed by accidental poisoning then liver disease, in particular alcoholic liver disease.
  Source: Primary Care Mortality Database
- Rate of preventable deaths among under 75 age group is much higher among males when compared to females in Torbay.
  Source: OHID – Public Health Profiles (Fingertips)

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

Preventable deaths - All causes

Preventable deaths among those aged under 75 have been broadly in line with England and significantly above the South West over the latest four 3-year periods available (Fig 290). It should be noted that COVID-19 deaths are classified as preventable deaths, this is likely to have led to rises in the overall rates of preventable deaths across England during the early 2020s; males were more likely to die before the age of 75 from COVID-19 than females. Rates among females in Torbay have been steady and similar to England, but much higher than the South West over the latest time periods (Fig 291). Male rates are broadly in line with England over the latest time periods (Fig 292). The level of preventable deaths among males under 75 is significantly higher than the rate among females under 75.

Within Torbay, over the 6 year period 2019 – 24, just over 3 out of 4 preventable deaths related to either cancer, cardiovascular disease, liver disease or respiratory disease. 44% of deaths amongst those aged under 75 in Torbay, for 2019 - 24, were considered preventable, this is a little lower than England at 46%.

Those living in the most deprived areas of Torbay are significantly more likely to die of preventable causes under the age of 75 when compared to the Torbay average. Those who live in the less deprived parts of Torbay are significantly less likely to die of preventable causes before the age of 75 when compared to the Torbay average (Fig 293).

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Fig 290: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

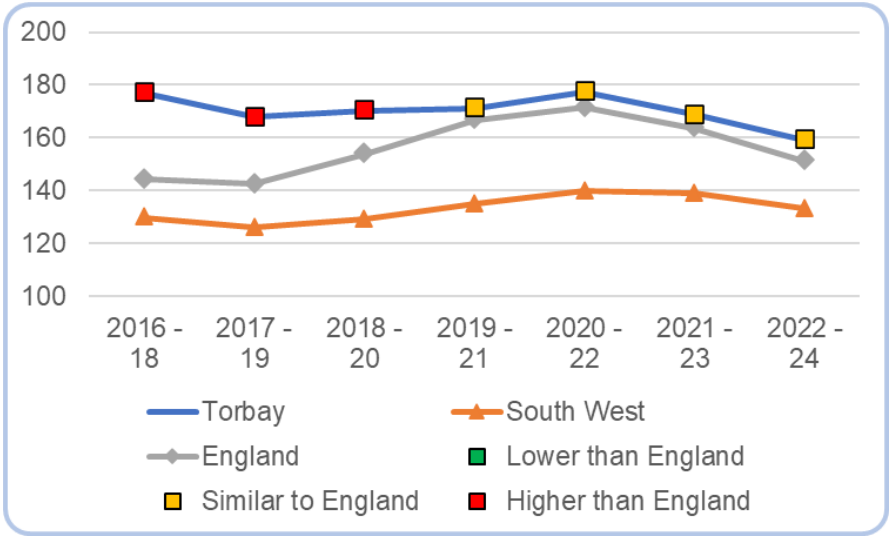


Fig 291: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Female
Source: OHID – Public Health Profiles (Fingertips)

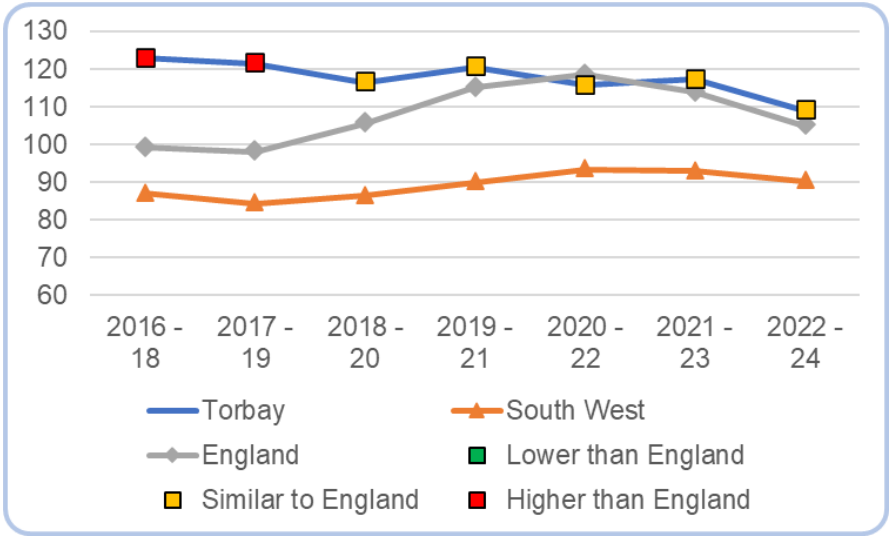


Fig 292: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Male
Source: OHID – Public Health Profiles (Fingertips)

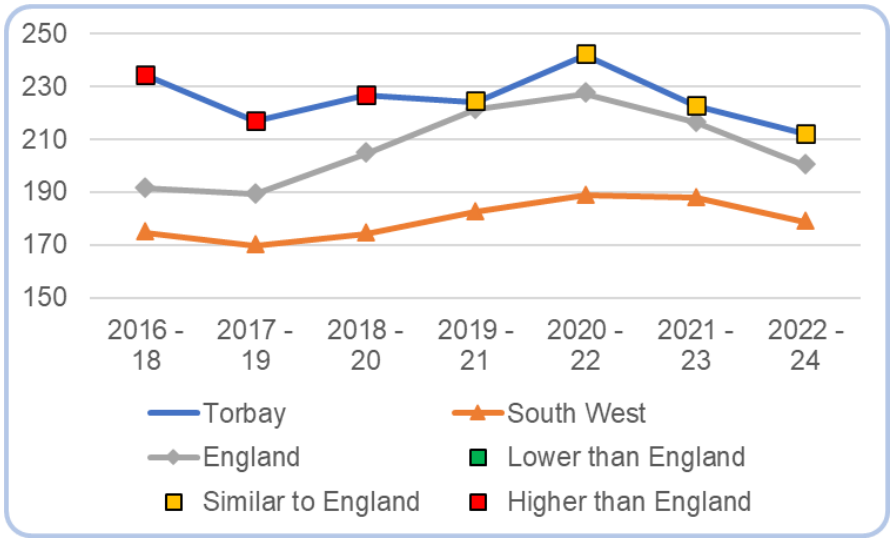
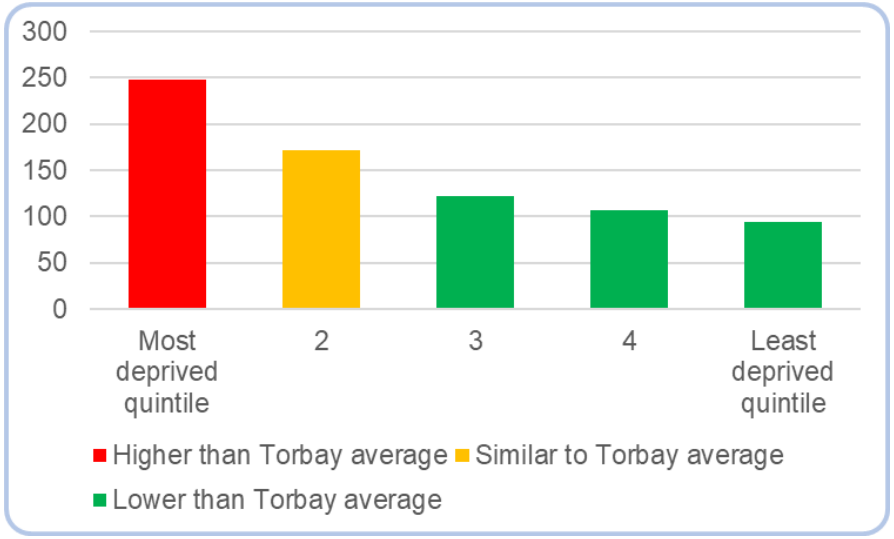


Fig 293: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) – Torbay (2019–2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Preventable deaths - Cancer

Over the period 2022 – 24, over 1 in 3 (35%) preventable deaths had an underlying cause of Cancer. Rates in Torbay have decreased slightly over the last decade, slightly higher than England but well above the South West (Fig 294). Males have been significantly more likely than females to have a preventable cancer death in Torbay, female and male rates have decreased slightly over the last decade.

Over the 6 year period 2019 to 2024, those who live in the most deprived areas of Torbay have broadly higher rates of dying prematurely from Cancer that was considered preventable than less deprived areas of Torbay (Fig 295). 42% of cancer deaths amongst those aged 75 and under in Torbay, for the last 6 years, were considered preventable, this is broadly in line with England. Just over half of the preventable cancer deaths in Torbay during 2019 to 2024 had an underlying cause of lung cancer.

Fig 294: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

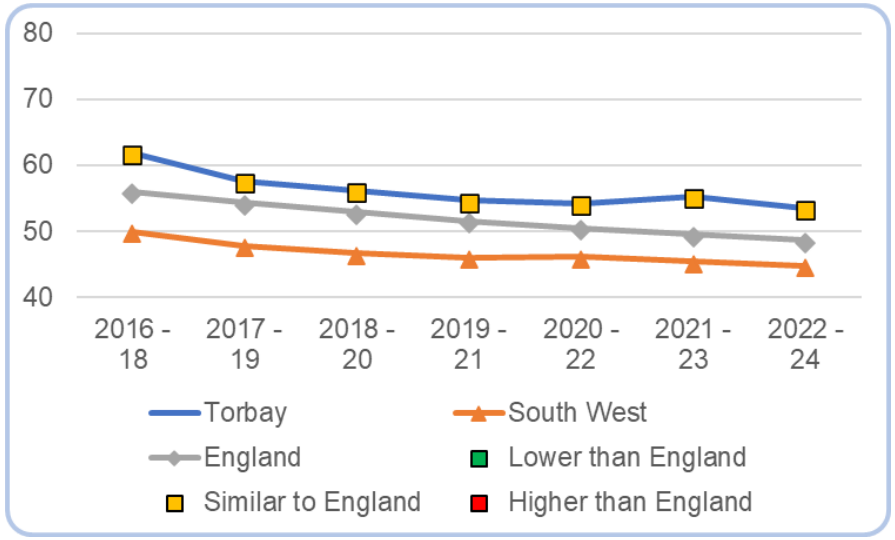


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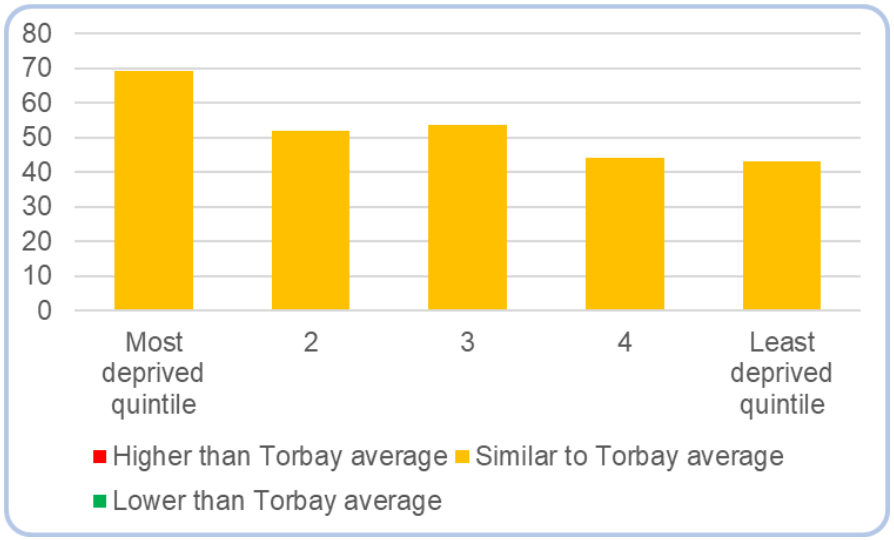
Fig 295: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2019 – 2024)

Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Preventable deaths – Cardiovascular diseases

After Cancer, the next largest area of preventable deaths during 2022 - 24 in Torbay belonged to cardiovascular disease which accounted for just over 1 in 5 (21%) preventable deaths amongst those aged under 75. Over the last decade, rates have been broadly in line with England but higher than the South West (Fig 296). Rates among males are broadly triple the rates among females in Torbay, both Torbay female and male rates are broadly in line with England. There are a number of known risk factors that increase the chance of suffering from cardiovascular disease including high blood pressure, smoking, high cholesterol, diabetes, physical inactivity, excess weight, ethnicity and family history.

In line with overall preventable deaths, rates are significantly higher than the Torbay average in the most deprived areas (Fig 297). 37% of cardiovascular disease deaths amongst those aged 75 and under in Torbay, for the last 6 years, were considered preventable, this is broadly in line with England. 66% of the preventable cardiovascular disease deaths in Torbay during 2019 to 2024 had an underlying cause of coronary (ischaemic) heart disease.

Fig 296: Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)

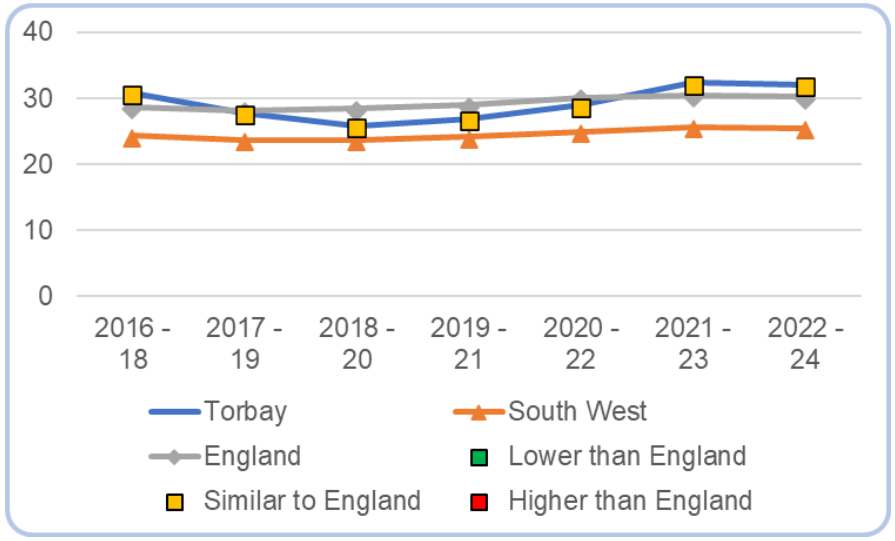


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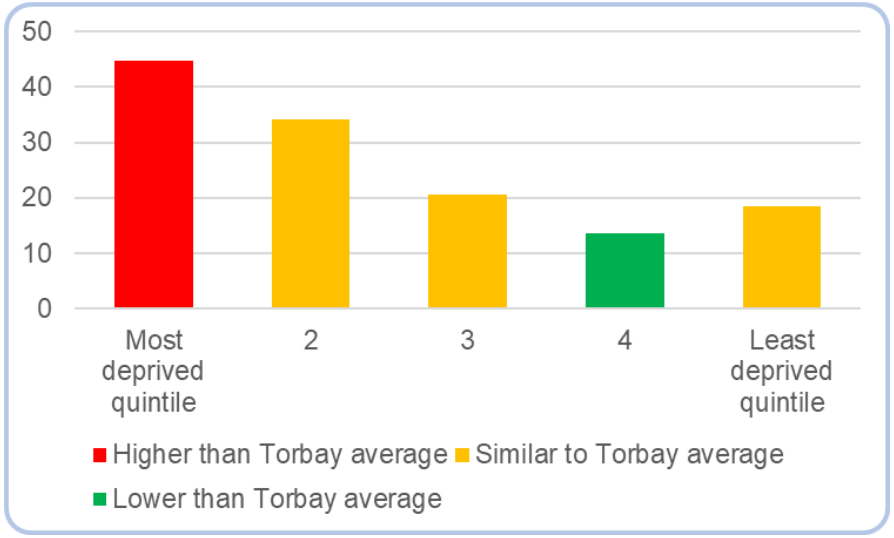
Fig 297: Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2019 – 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Preventable deaths – Liver disease

During 2022 – 24, 1 in 7 (14%) preventable deaths for those aged under 75 had an underlying cause of liver disease. Rates have fallen slightly since the middle to end of the last decade (Fig 298). Rates among males are consistently higher than females (for 2022 – 24, 65% higher), both female and male rates have consistently been higher than England and the South West.

In line with other areas of preventable death, rates are higher in more deprived areas when compared to less deprived areas (Fig 299). More than 9 in 10 (92%) liver disease deaths amongst those aged 75 and under in Torbay, for the last 6 years, were considered preventable, this is broadly in line with England (89%). Liver disease is significantly influenced by alcohol consumption and obesity which are both amenable to public health interventions.

For the period 2019 – 24 in Torbay, 2 out of 3 preventable liver disease deaths had an underlying cause of alcoholic liver disease, the majority of the rest were due to an underlying cause of liver cancer. If just looking at those under 50 years of age, alcoholic liver disease accounted for more preventable deaths in Torbay than either cancer, cardiovascular disease or respiratory disease individually.

Fig 298: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

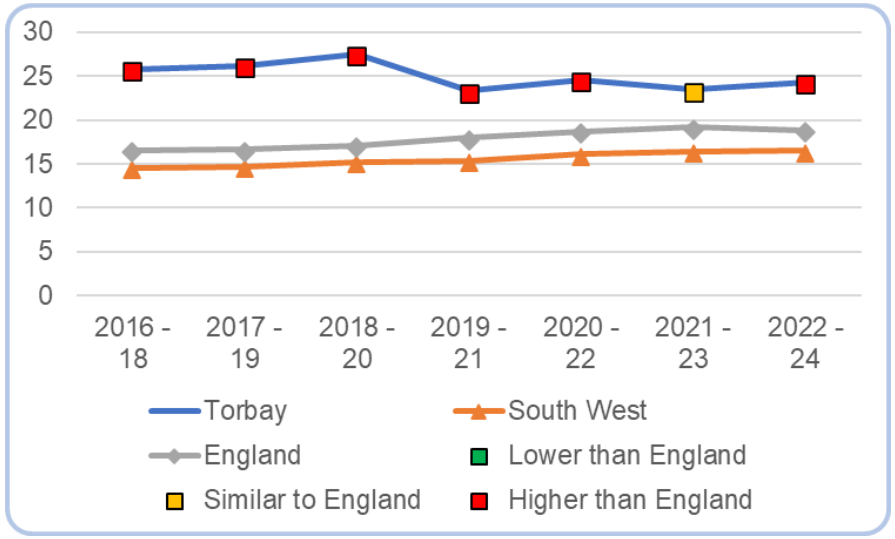


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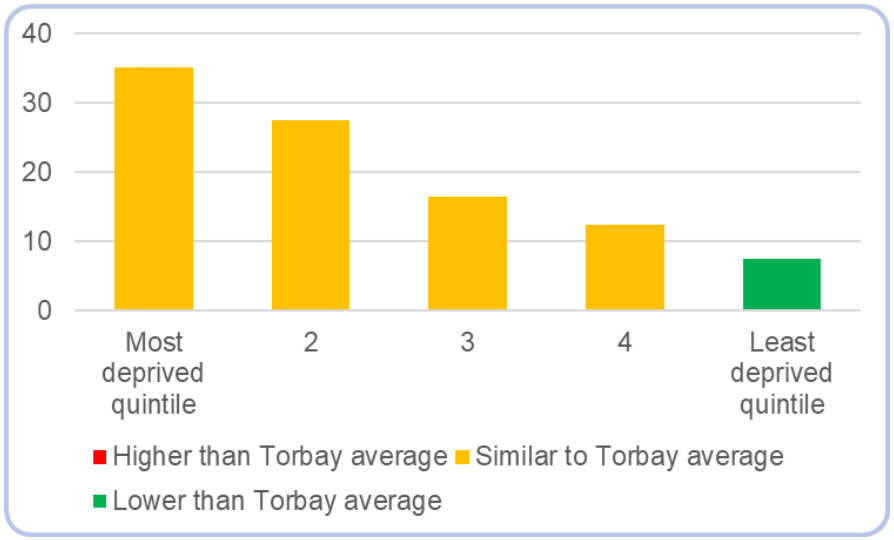
Fig 299: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2019 – 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Preventable deaths – Respiratory disease

During 2022 – 24, approximately 1 in 8 (13%) preventable deaths for those aged under 75 had an underlying cause of respiratory disease. Rates have been on a slight downward trajectory over the last decade (Fig 300). Rates among males are higher than females over the last decade although the difference has narrowed to almost nothing in the most recent periods, both female and male rates are broadly in line with England and higher than the South West. It should be noted that COVID-19 was not included nationally within the respiratory disease definitions.

Rates are significantly higher than the Torbay average in the most deprived areas (Fig 301). 56% of respiratory disease deaths amongst those aged 75 and under in Torbay, for the last 6 years, were considered preventable, this is broadly in line with England.

Chronic obstructive pulmonary disease (COPD) which is a major respiratory disease is significantly influenced by smoking. 9 out of 10 preventable respiratory disease deaths in Torbay during 2019 - 24 had an underlying cause of COPD.

Fig 300: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

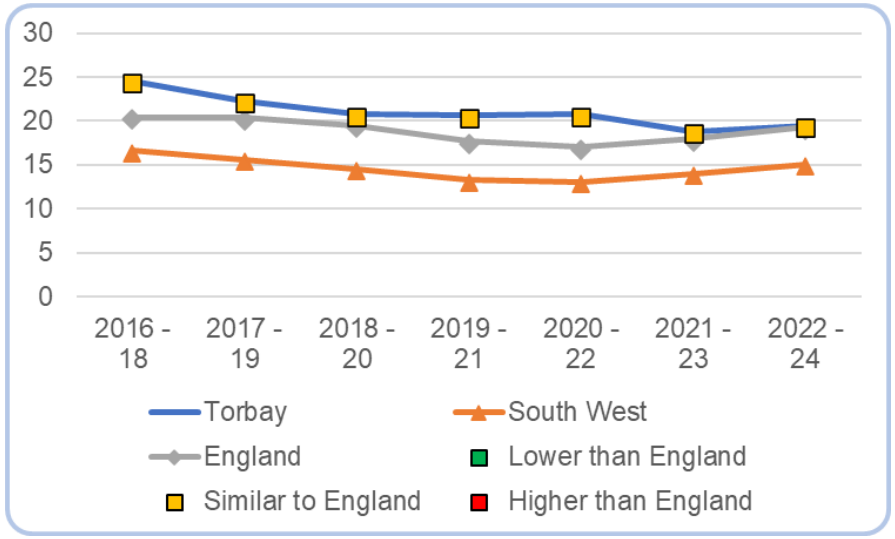


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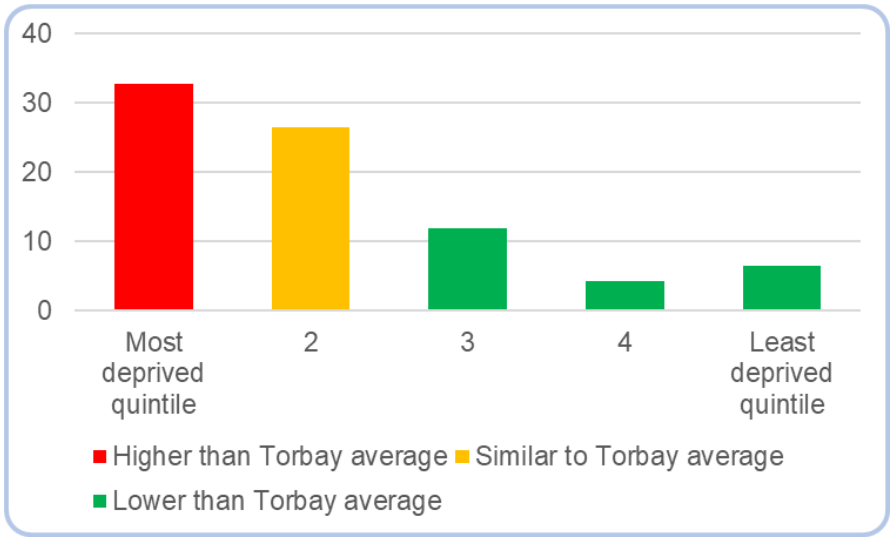
Fig 301: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2019 – 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Preventable deaths – Other causes

Looking at Torbay data for 2019 to 2024 in relation to those under 75 years, just over 3 out of 4 deaths (77%) that were considered preventable related to cancer, cardiovascular disease, liver disease and respiratory disease. Of deaths outside of those 4 areas, 25% related either to suicide or potential suicide (classified as intentional self-harm or undetermined intent), 23% related to accidental poisoning and 22% related to COVID-19. Torbay has consistently had a suicide rate that is significantly higher than England since the middle of the last decade but recent years have seen an artificial fall due to a backlog in coroners' inquests rather than a reduction in suicides.

Intentional self-harm or undetermined intent was the most common preventable death in Torbay among those aged under 50 years, closely followed by accidental poisoning. Levels were higher than deaths from liver disease, cardiovascular diseases, cancer or respiratory diseases individually in the under 50 age group.

Premature deaths

Premature deaths relate to all deaths of those aged 75 and under, regardless of whether they are considered preventable. A 2 page profile giving detailed information on premature deaths can be found at Premature Death in Torbay.

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Preventable mortality - All causes (2022 - 24)	DSR per 100,000	159	162	133	151	🟡	↓
Preventable mortality - All causes (Female) (2022 - 24)	DSR per 100,000	109	114	90	105	🟡	↓
Preventable mortality - All causes (Male) (2022 - 24)	DSR per 100,000	212	213	179	200	🟡	↓
Preventable mortality - Cancer (2022 - 24)	DSR per 100,000	54	51	45	49	🟡	↓
Preventable mortality - Cardiovascular disease (2022 - 24)	DSR per 100,000	32	30	25	30	🟡	↓
Preventable mortality - Liver disease (2022 - 24)	DSR per 100,000	24	20	16	19	🔴	↑
Preventable mortality - Respiratory disease (2022 - 24)	DSR per 100,000	20	21	15	19	🟡	↑

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Diabetes, Heart Disease, Stroke and Respiratory Disease

Overview

- 8.4% of Torbay GP patients aged 17 and over have recorded diabetes. 10,500 patients have recorded diabetes, over 90% relate to 'Type 2 and other' diabetes.
  Source: OHID – Public Health Profiles (Fingertips), National Diabetes Audit
- Rates of emergency hospital admissions and under 75 deaths from coronary heart disease are much higher in the most deprived areas of Torbay when compared to the least deprived.
  Source: Hospital Episode Statistics, Primary Care Mortality Database, English Indices of Deprivation 2025
- Rates of emergency hospital admissions and under 75 deaths from respiratory disease are much higher in the most deprived areas of Torbay when compared to the least deprived.
  Source: Hospital Episode Statistics, Primary Care Mortality Database, English Indices of Deprivation 2025
- Rates of hospital admissions and under 75 mortality from strokes have broadly fallen over the last decade in Torbay.
  Source: OHID – Public Health Profiles (Fingertips)
- Prevalence of smoking in Torbay is significantly higher than England.
  Source: OHID – Public Health Profiles (Fingertips)
- Over the last decade, close to 30% of adults were classified as obese in Torbay.
  Source: OHID – Public Health Profiles (Fingertips)

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Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high as your body is unable to break down glucose into energy. Over a period of time these high glucose levels can seriously damage your heart, eyes, feet and kidneys. There are two main types of diabetes, for Type 1 diabetes there are no lifestyle changes that you can make to lower your risk. For Type 2 diabetes which accounts for around 90% of cases in the UK (Diabetes UK), you can help reduce your risk by controlling your weight, exercising regularly, stopping smoking, limiting alcohol and eating a balanced healthy diet.

Diabetes prevalence as recorded by the Quality Outcomes Framework has shown the prevalence of diabetes recorded by GP practices to be significantly higher than national and regional rates. For 2024/25, 8.4% of those aged 17 and over on Torbay GP Practice lists were recorded as having Diabetes as opposed to 7.9% across England (Fig 302). Since 2014/15, numbers for Torbay have increased from 7,665 in 2014/15 to 10,500 for 2024/25 (Fig 303).

For 2018, OHID estimated that 71% of those with diabetes in Torbay had been diagnosed, this was significantly less than the estimated diagnosis rate of 78% for England. This estimate was based on the Health Survey of England and adjusted for age, sex, deprivation and ethnicity.

The National Diabetes Audit (NDA) is a clinical audit undertaken by NHS England in partnership with Diabetes UK. For Torbay in 2024/25, this showed that 8% of registrations related to Type 1 diabetes, the remaining 92% related to Type 2 and other diabetes.

For Type 2 and other diabetes registrations in Torbay for 2024/25, 58% were for males and 42% for females. 41% related to those aged 65 to 79 and 38% for those aged 40 to 64 (Fig 304).

Fig 302: Diabetes Prevalence (17+) - Torbay

Source: OHID – Public Health Profiles (Fingertips)

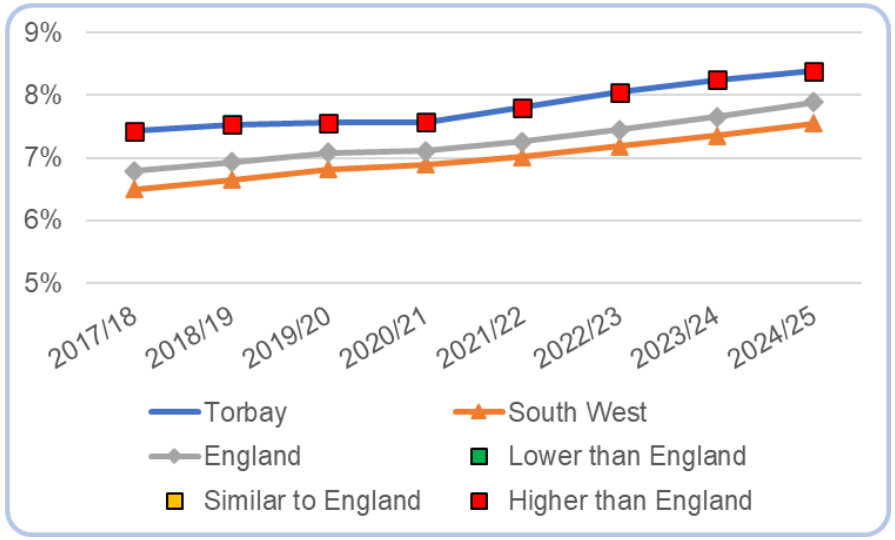

Fig 303: Number of patients recorded as having Diabetes (17+) - Torbay

Source: OHID – Public Health Profiles (Fingertips)

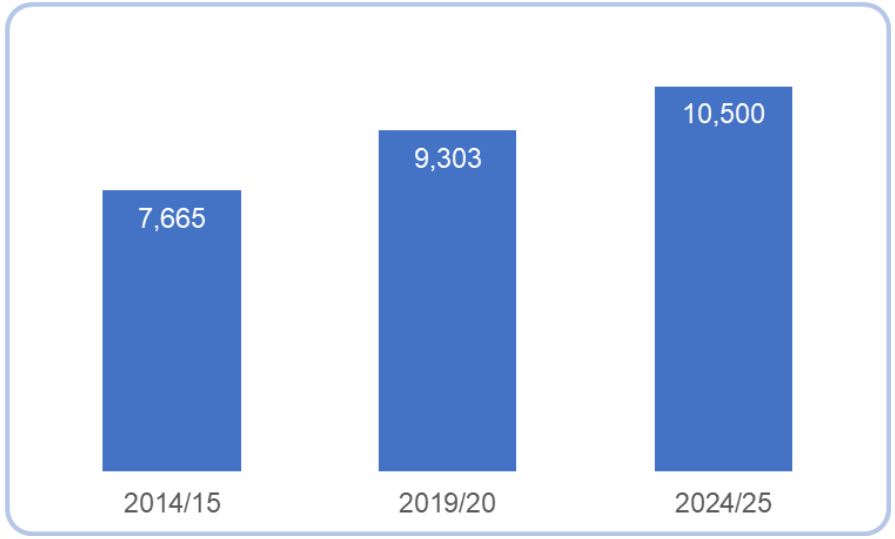

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Fig 304: Number of patients with Type 2 and other diabetes (Not Type 1) by age group – Torbay (2024/25)
Source: National Diabetes Audit

	Type 2 registrations
Aged under 40	276 (3%)
Aged 40 to 64	3,531 (38%)
Aged 65 to 79	3,821 (41%)
Aged 80 and over	1,720 (18%)

The Royal National Institute of Blind People (RNIB) offer a sight loss data tool that provides data at a local level at Sight Loss Data Tool | RNIB , this gives some information around areas such as people living with severe diabetic retinopathy.

There is further information around diabetes at National Diabetes Audit - NHS England Digital and Context | Diabetic foot problems: prevention and management | Guidance | NICE

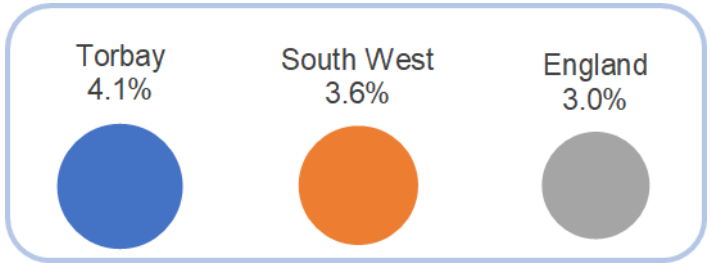
Heart Disease

Heart Disease is a cardiovascular disease such as heart failure or coronary heart disease. Coronary heart disease is one of the most common causes of premature death in the UK (OHID – Public Health Profiles).

Coronary heart disease (also known as Ischaemic heart disease) accounts for the single largest percentage (8.5%) of Disability-Adjusted Life Years (DALYs) within Torbay according to the Global Burden of Disease data 2019 shared by OHID at Microsoft Power BI A DALY represents the loss of one year due to premature mortality or years lived with a disability.

Coronary heart disease prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by GP practices to be significantly higher than national and regional rates. For 2024/25, 4.1% of patients on Torbay GP Practice lists were recorded as having coronary heart disease as opposed to 3.0% across England (Fig 305). Rates in Torbay have been broadly flat over the last decade. Higher prevalence of coronary heart disease is to be expected in Torbay given its older population profile.

Fig 305: Coronary Heart Disease Prevalence (2024/25)
Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay's rate of emergency admissions for coronary heart disease had been broadly in line with England and the South West until 2024/25 when rates for Torbay were significantly higher (Fig 306). Within Torbay, the rate of admissions is significantly higher among the most deprived areas when compared to the Torbay average (Fig 307).

The number of emergency admissions are highest amongst those in their 70s (Fig 308). Almost twice as many emergency admissions related to males (1,764 admissions) when compared to females (902 admissions) over the 6 year period 2019/20 to 2024/25 Note on Hospital admissions and SDEC – page 9.

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Fig 306: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised)

Source: Hospital Episode Statistics

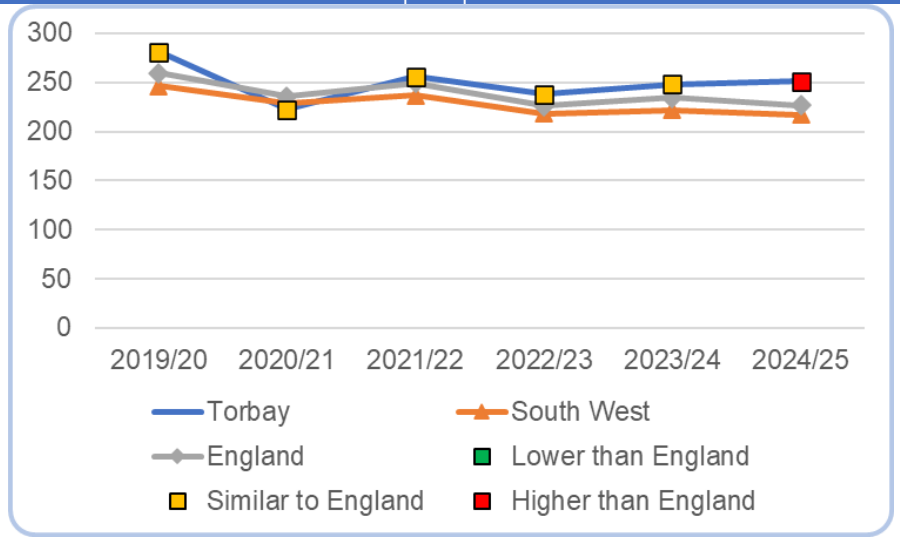


Fig 307: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2019/20 to 2024/25)

Source: Hospital Episode Statistics, English Indices of Deprivation 2025

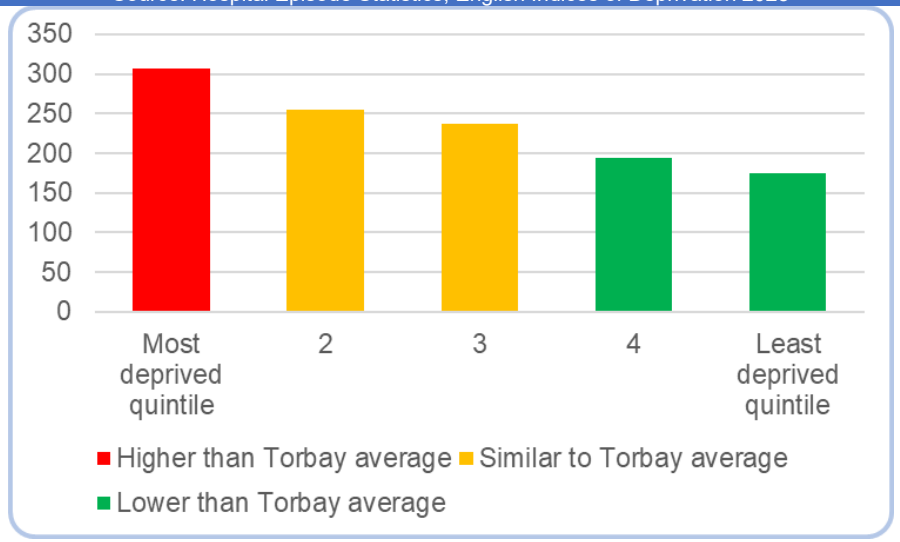
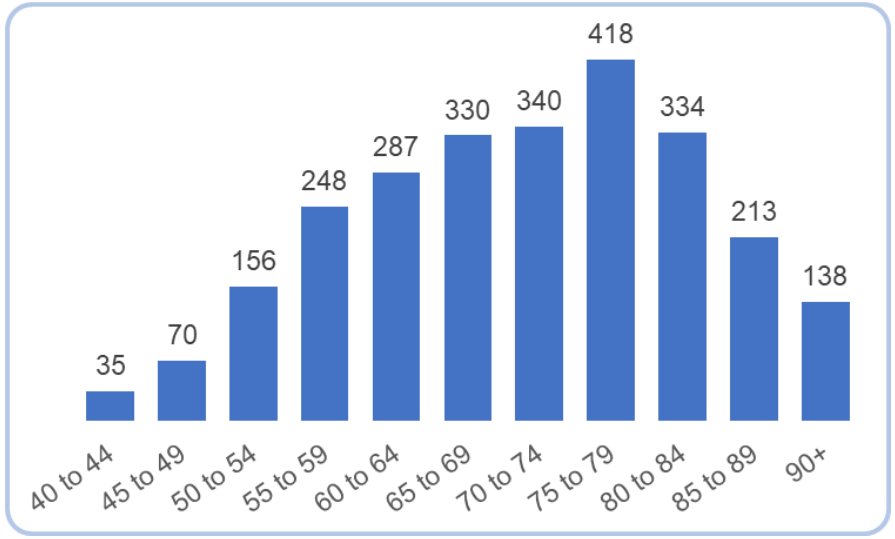


Fig 308: Number of emergency hospital admissions for coronary heart disease by age group – Torbay (2019/20 to 2024/25)

Source: Hospital Episode Statistics



Over the last 10 years, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate from coronary heart disease than those who live in the less deprived areas of Torbay. Those in the most deprived quintile are more than twice as likely to die from coronary heart disease before the age of 75 than those in the middle quintile of deprivation (Fig 309). Overall, there were 128 female and 466 male deaths over the 10 year period 2015-2024 of Torbay residents under the age of 75 from coronary heart disease.

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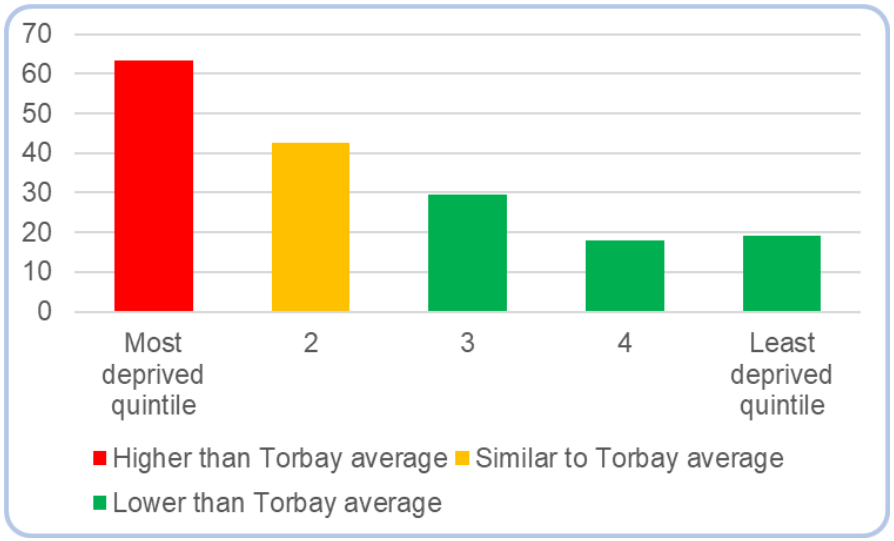
Fig 309: Rate of under 75 mortality for coronary heart disease per 100,000 (Age Standardised) – Torbay (2015 to 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Hypertension which is commonly known as high blood pressure increases your risk of having a heart attack, it is a condition that many people do not realise that they have and as such the prevalence rates recorded by GPs will be significant underestimates.

Hypertension prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by GP practices to be significantly higher than national and regional rates. For 2024/25, 19.9% of patients on Torbay GP Practice lists were recorded as having hypertension as opposed to 15.2% across England (Fig 310). Torbay's GP patient population is older than England so it would be expected that hypertension prevalence would be higher.

Heart failure causes a substantial impairment of the quality of life and is very costly for the NHS to treat, second only to stroke (OHID – Public Health Profiles), it is a long-term condition that tends to get gradually worse over time, but symptoms can often be controlled for many years.

Heart failure prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by Torbay GP practices to be rising and significantly higher than national rates and in line with regional rates. For 2024/25, 1.4% of patients on Torbay GP Practice lists were recorded as having heart failure as opposed to 1.1% across England (Fig 311). Torbay's GP patient population is older than England so it would be expected that heart failure prevalence would be higher.

Fig 310: Hypertension Prevalence – Torbay
Source: OHID – Public Health Profiles (Fingertips)

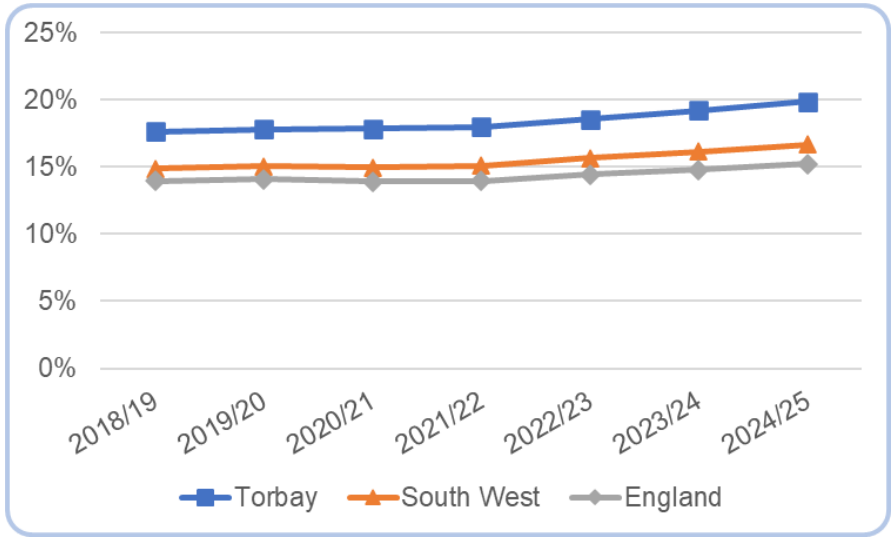


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Fig 311: Heart Failure Prevalence
Source: OHID – Public Health Profiles (Fingertips)

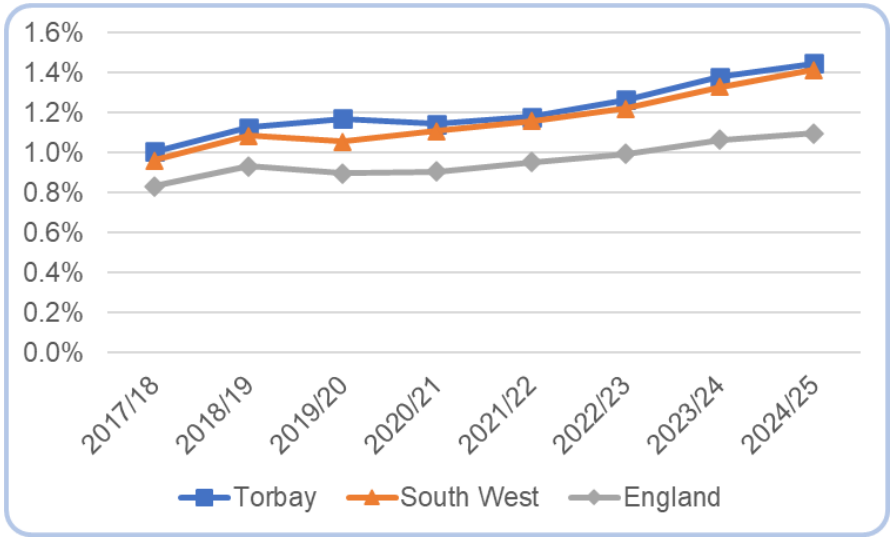
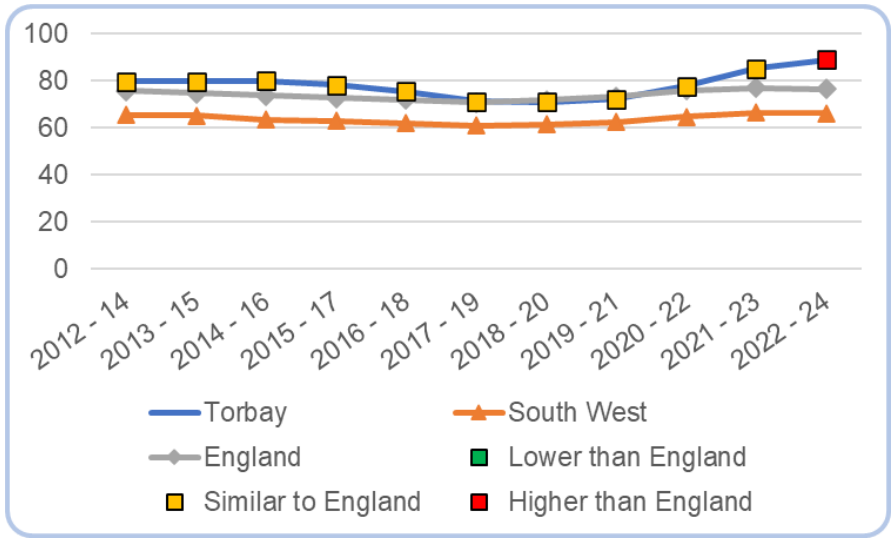


Fig 312: Rate of under 75 cardiovascular disease mortality per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



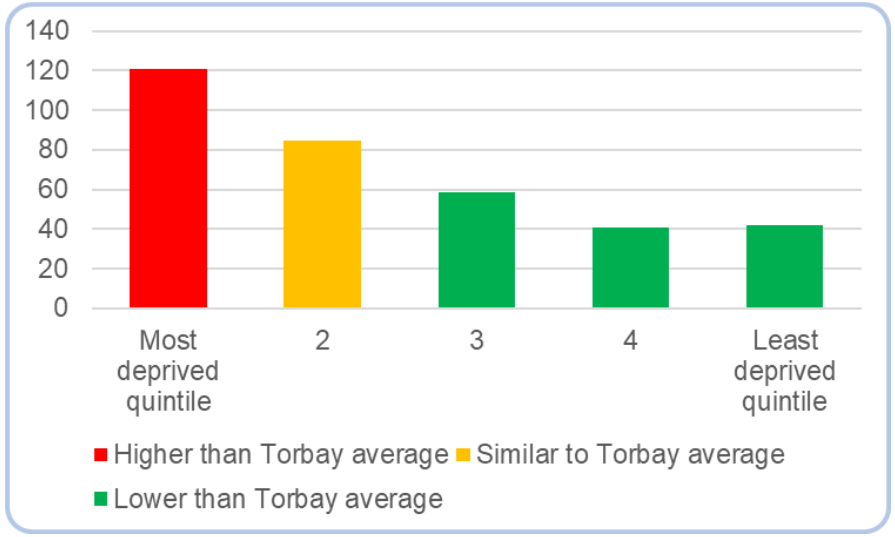
Cardiovascular mortality

Cardiovascular disease is one of the major causes of death among those aged under 75 in England (OHID – Public Health Profiles).

Allowing for age, Torbay's under 75 mortality rate for cardiovascular disease had been broadly in line with England. The latest period of 2022 – 24 has seen a rise in Torbay mortality rates to be significantly higher than England and rates are consistently higher than the South West (Fig 312). During 2022 - 24, 398 Torbay residents aged under 75 died due to an underlying cause of cardiovascular disease.

Over the last 10 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate for cardiovascular disease than those who live in the less deprived areas of Torbay. Those in the most deprived quintile have under 75 mortality rates more than double those in the middle deprivation quintile (Fig 313).

Fig 313: Rate of under 75 mortality for cardiovascular disease per 100,000 (Age Standardised) – Torbay (2015 to 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



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Stroke

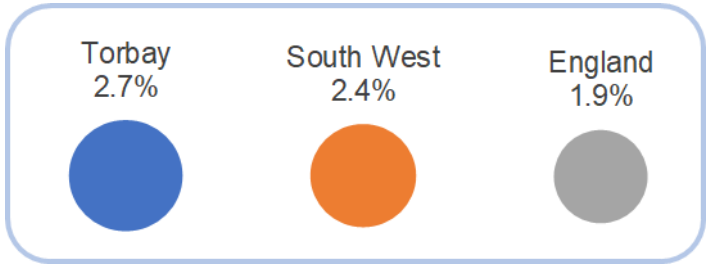
A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. The sooner a person receives treatment for a stroke, the less damage is likely to happen. You can significantly reduce your risk of having a stroke by eating well, taking regular exercise, not drinking more than 14 units a week and by not smoking Stroke - NHS (www.nhs.uk).

Strokes accounted for the second largest percentage (4.6%) of Disability-Adjusted Life Years (DALYs) within Torbay during 2019 according to the Global Burden of Disease 2019 shared by OHID at Microsoft Power BI. A DALY represents the loss of one year due to premature mortality or years lived with a disability. Only coronary heart disease had a higher level of DALYs within Torbay.

Stroke prevalence as recorded by the Quality Outcomes Framework shows the prevalence of strokes or transient ischaemic attacks (TIA) which are often referred to as mini strokes, recorded by GP practices, to be significantly higher than national and regional rates. For 2024/25, 2.7% of patients on Torbay GP Practice lists were recorded as having strokes or TIA as opposed to 1.9% across England (Fig 314).

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate, it is associated with a five fold increase in the risk of a stroke (OHID – Public Health Profiles). For 2024/25, 5,103 patients at Torbay GP Practices were recorded as having atrial fibrillation which equates to 3.4% of the practice population, this is significantly higher than the England rate of 2.2%.

Fig 314: Stroke Prevalence (2024/25)
Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay's rate of admissions for strokes has fallen from the middle of the last decade and has been broadly in line with England and the South West over the last 8 years (Fig 315).

Within Torbay, allowing for age, the rate of admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 316) Note on Hospital admissions and SDEC – page 9.

Fig 315: Rate of hospital admissions for strokes per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

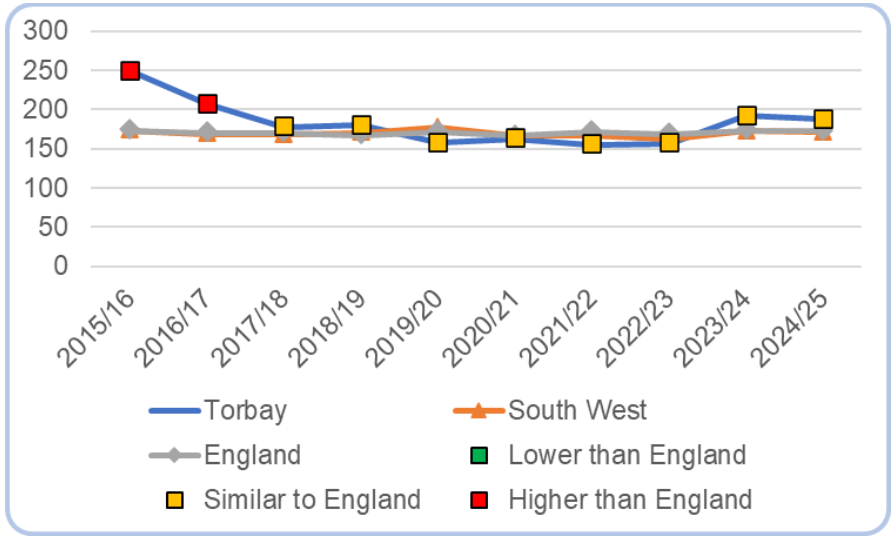


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Fig 316: Rate of hospital admissions for strokes per 100,000 (Age Standardised) by deprivation quintile – Torbay (2019/20 to 2024/25)
Source: Hospital Episode Statistics, English Indices of Deprivation 2025

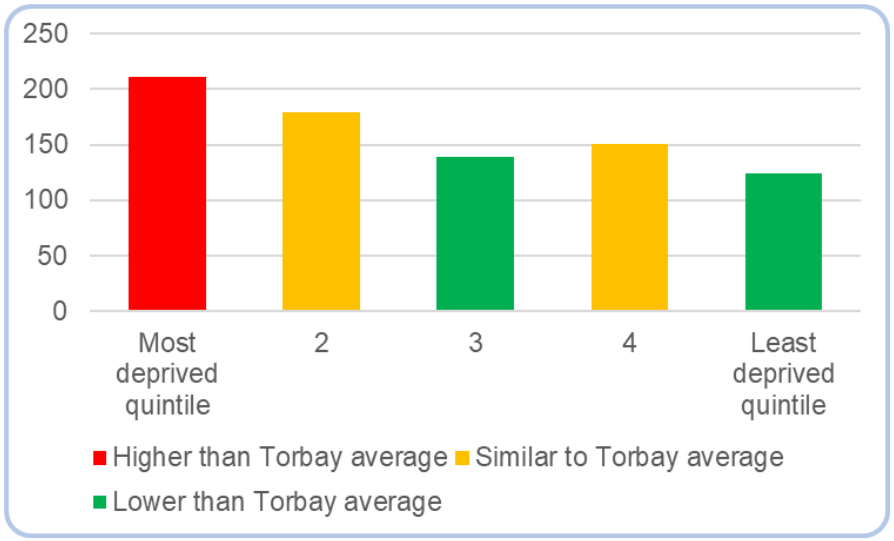
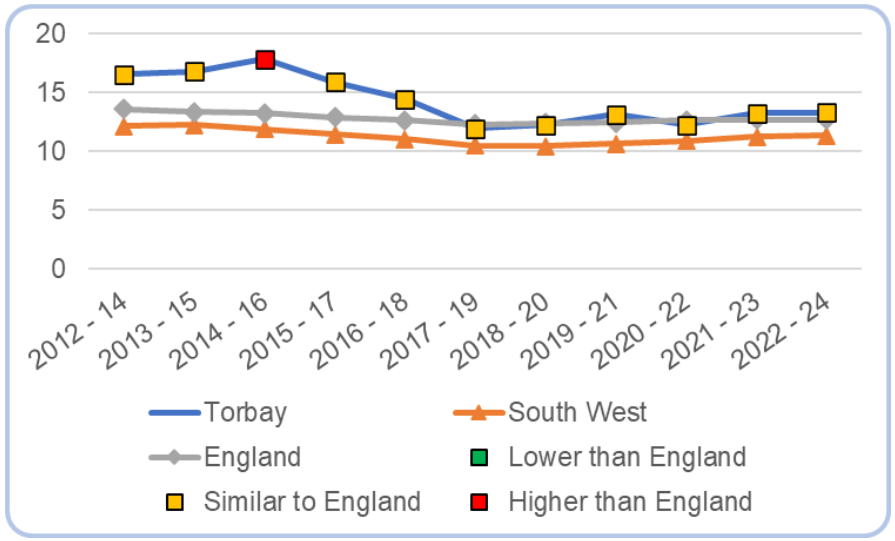


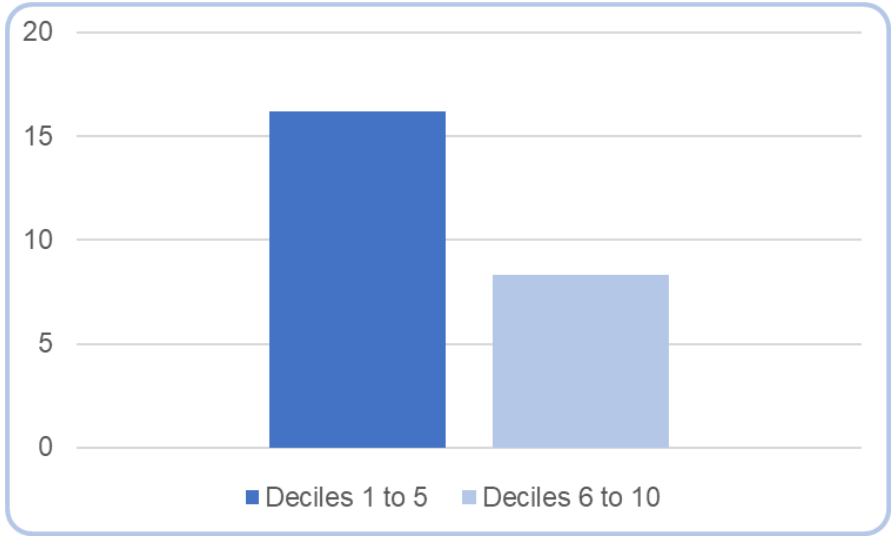
Fig 317: Rate of under 75 mortality due to strokes per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay's under 75 mortality rate for strokes has fallen from the start of the last decade and has been broadly in line with England and the South West (Fig 317). Falls in the mortality rate attributed to strokes have occurred in England but at a less steep rate.

Over the last 10 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate due to strokes than those who live in the less deprived areas of Torbay. Those in the more deprived half (Deciles 1 to 5) are almost twice as likely to die from strokes before the age of 75 when compared to those in the less deprived half (Fig 318). Overall, there were 97 female and 114 male deaths over the 10 year period 2015-2024 of Torbay residents under the age of 75 due to strokes.

Fig 318: Rate of under 75 mortality due to strokes per 100,000 (Age Standardised) – Torbay (2015 to 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



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Respiratory Disease

Respiratory disease affects 1 in 5 people and is the 3rd biggest cause of death in England after cancer and cardiovascular disease. Respiratory diseases are a major factor in winter pressures faced by the NHS. In total, all lung conditions directly cost the NHS £11 billion annually. Among the main causes of respiratory disease are smoking, exposure to higher levels of air pollution and poor housing conditions NHS England » Respiratory disease.

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties, it mainly affects middle-aged or older adults who smoke Chronic obstructive pulmonary disease (COPD) - NHS. Many people do not realise they have it.

COPD prevalence as recorded by the Quality Outcomes Framework shows Torbay to have significantly higher rates than national and regional rates. For 2024/25, 2.9% of patients on Torbay GP Practice lists were recorded as having COPD as opposed to 1.9% across England (Fig 319). Torbay would be expected to have a higher COPD prevalence than England given its older age profile.

Asthma is a common condition that causes occasional breathing difficulties. Common asthma triggers include allergies, smoke, pollution, infections such as cold or flu, mould and damp Asthma - Causes - NHS.

Asthma prevalence as recorded by the Quality Outcomes Framework shows Torbay to have significantly higher rates than national and regional rates. For 2024/25, 7.9% of patients aged 6 and over on Torbay GP Practice lists were recorded as having Asthma as opposed to 6.6% across England (Fig 320).

Fig 319: COPD Prevalence
Source: OHID – Public Health Profiles (Fingertips)

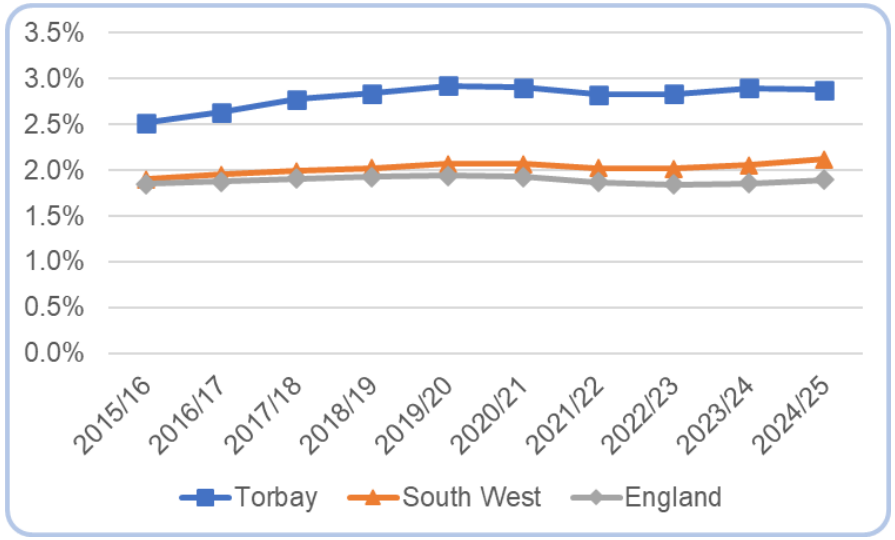
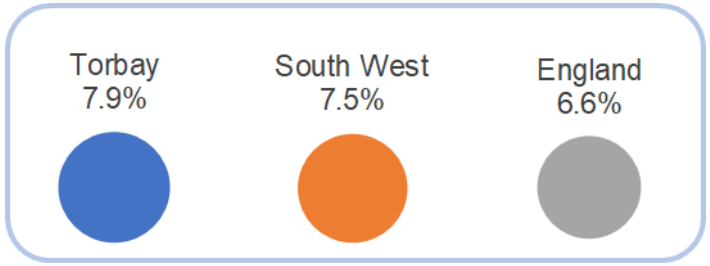


Fig 320: Asthma Prevalence (2024/25)
Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay's rate of emergency admissions for respiratory disease has been significantly higher than England for 4 of the last 5 years. Emergency admission rates fell significantly across England in 2020/21 when COVID-19 restrictions were at their height but have since climbed to rates closer to pre-COVID-19 levels (Fig 321). Within Torbay, the rate of admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 322).

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The number of emergency admissions are highest amongst those aged 4 years and under. Leaving aside the very young, emergency admissions start to rise from the late 40s peaking in the 70s and 80s (Fig 323). Clearly, the diagnosis mix of respiratory admissions differs significantly between those aged 4 and under when compared to those aged 65 and over who are often admitted with diagnosis codes relating to pneumonia and COPD Note on Hospital admissions and SDEC – page 9.

It should be noted that emergency admissions for respiratory diseases do not include admissions whose primary diagnosis was that of COVID-19.

Fig 321: Rate of emergency hospital admissions for respiratory disease per 100,000 (Age Standardised)
Source: Hospital Episode Statistics

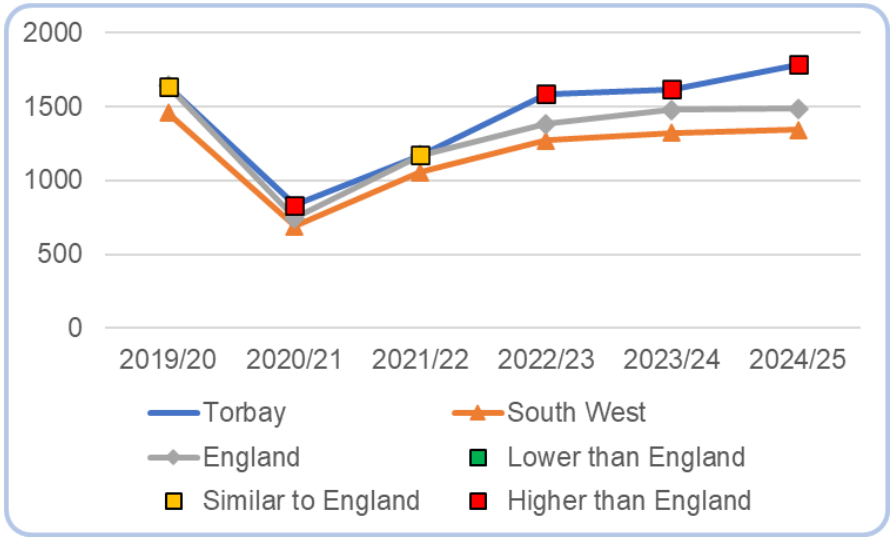


Fig 322: Rate of emergency hospital admissions for respiratory disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2019/20 to 2024/25)
Source: Hospital Episode Statistics, English Indices of Deprivation 2025

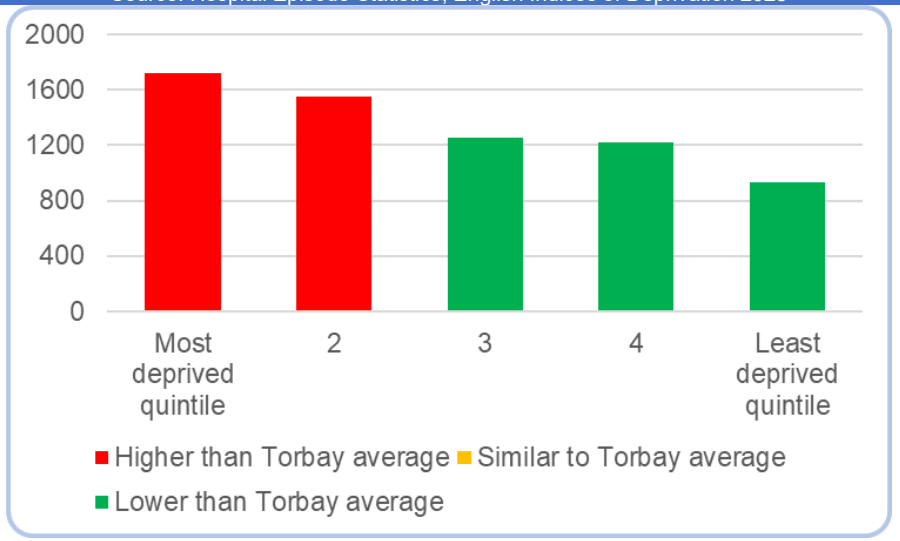
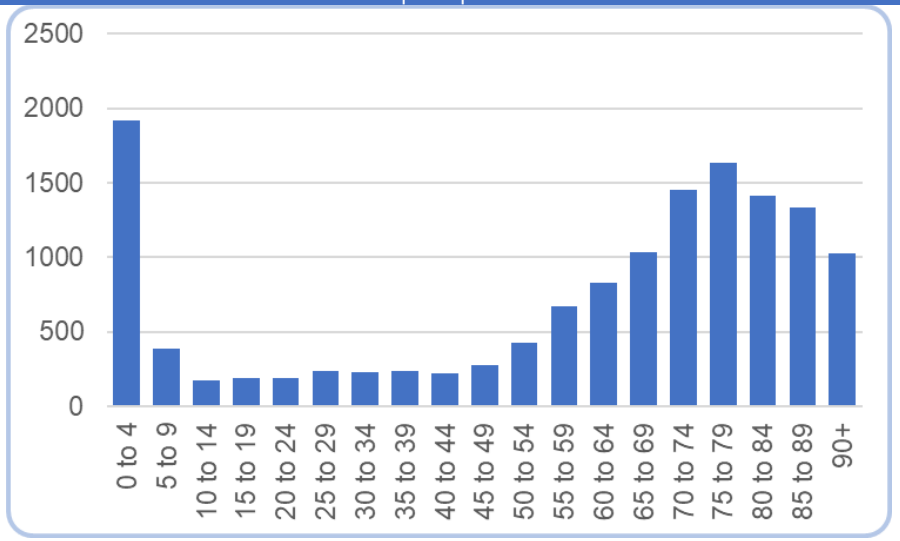


Fig 323: Number of emergency hospital admissions for respiratory disease by age group – Torbay (2019/20 to 2024/25)
Source: Hospital Episode Statistics



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Allowing for age, Torbay's under 75 mortality rate for respiratory disease had been significantly higher than England for 6 periods until 2021 - 23 (Fig 324). Males are more likely to die from respiratory disease than females in Torbay but the gap has been narrowing. It should be noted that deaths from respiratory disease do not include those whose underlying cause of death was recorded as COVID-19.

Over the last 10 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate due to respiratory disease than those who live in the less deprived areas. Those in the most deprived quintile are more than twice as likely to die from respiratory disease before the age of 75 than those in the middle quintile of deprivation (Fig 325). Overall, there were 245 female and 339 male deaths between 2015 and 2024 of Torbay residents under the age of 75 from respiratory disease.

Fig 324: Rate of under 75 mortality from respiratory disease per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

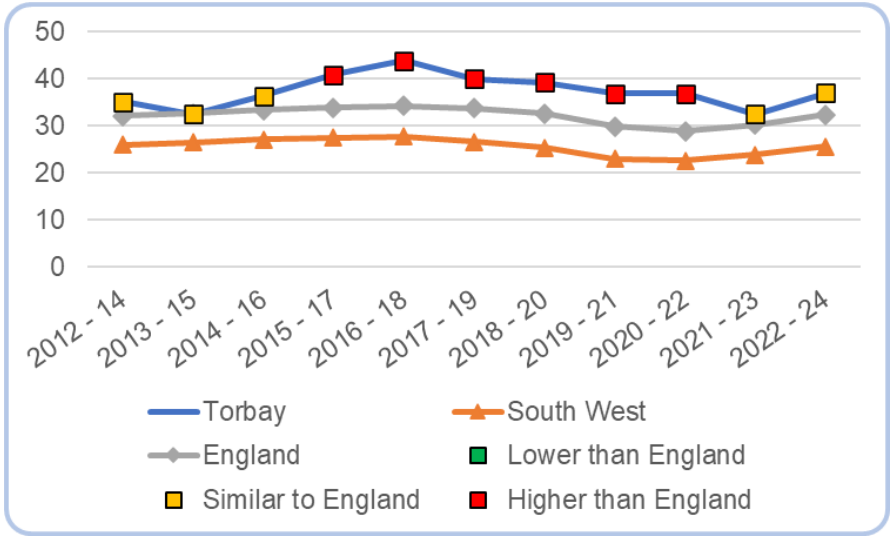
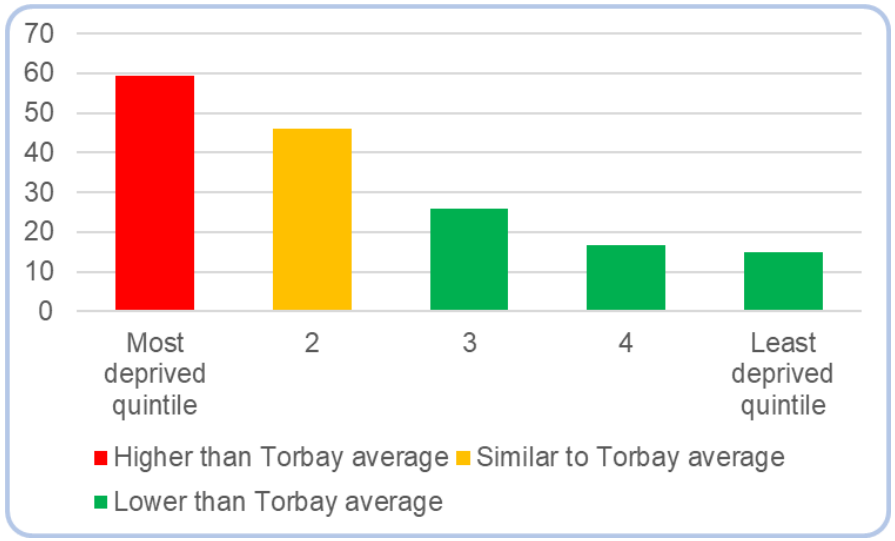


Fig 325: Rate of under 75 mortality from respiratory disease per 100,000 (Age Standardised) – Torbay (2015 to 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



Lung cancer deaths are not included within respiratory deaths data. Allowing for age, lung cancer deaths in those aged under 75 have been broadly in line with the England average since the start of the last decade. Rates across England have been on a downward trajectory since the beginning of the last decade, rates have slightly fallen in Torbay.

Over the last 10 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate due to lung cancer than those who live in the less deprived areas. For the last 10 years in Torbay, there have been 185 female and 241 male deaths with an underlying cause of lung cancer in those aged under 75.

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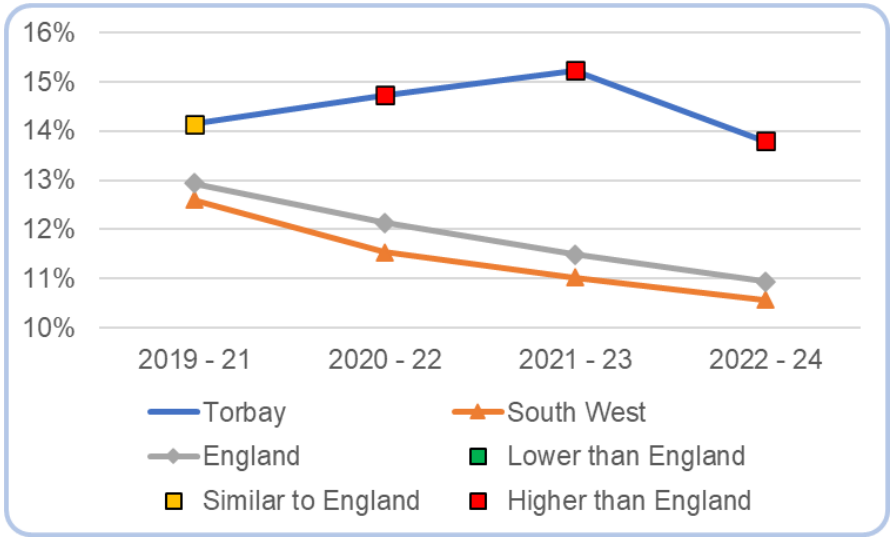
Selected Actionable Risk factors

Type 2 Diabetes, Heart Disease and Strokes have a number of common actionable risk factors to lower your chance of suffering these conditions. You can help reduce your risk by controlling your weight, exercising regularly, stopping smoking, drinking less alcohol and eating a balanced healthy diet. Stopping smoking is also an actionable risk factor in relation to respiratory disease.

The prevalence of adult smokers in Torbay according to the Annual Population Survey was 13.8% for 2022 - 24 which maintains a pattern over the last 3 time periods of being significantly higher than England (Fig 326). Rates have been on a generally downward trend over the last 2 decades. Smoking prevalence is significantly higher amongst those who have never worked, are long-term unemployed or work in 'routine and manual occupations' when compared to the Torbay average.

Fig 326: Smoking Prevalence in adults – Annual Population Survey
Source: OHID – Public Health Profiles (Fingertips)



Sport England undertakes an annual 'Active Lives Survey' for those aged 18 and over which asks for height and weight to calculate their BMI.

Torbay has had a rate of adults classified as obese that is generally significantly higher than the South West and England. For 2023/24, Torbay rates of adult obesity fell to 25.9% from 32.6% in the previous year (Fig 327). It should be noted that the sample size was a little smaller for the latest year and the sample size lends the indicator a level of volatility from year to year. When you look at England figures, the percentage of those who are classified as obese increases with age until you reach those who are 65 years and older (Fig 328). There is almost no difference between females and males in relation to obesity rates over the last 9 years. However, across the last 9 years, males are 10 to 13 percentage points more likely to be classified as overweight (including obese) when compared to females, for 2023/24, 70% of males and 59% of females were classified as overweight (including obese) across England.

Those who live in more deprived areas are more likely to be classified as obese when compared to those in the least deprived areas. For 2023/24 across England, 37% of those in the most deprived decile in England were classified as obese compared to 20% in the least deprived decile. A lack of access to items such as fresh fruit and vegetables combined with highly processed food which is often a much cheaper option and significantly more calorific may exacerbate this deprivation link.

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Fig 327: Percentage of adults classified as obese
Source: OHID – Public Health Profiles (Fingertips)

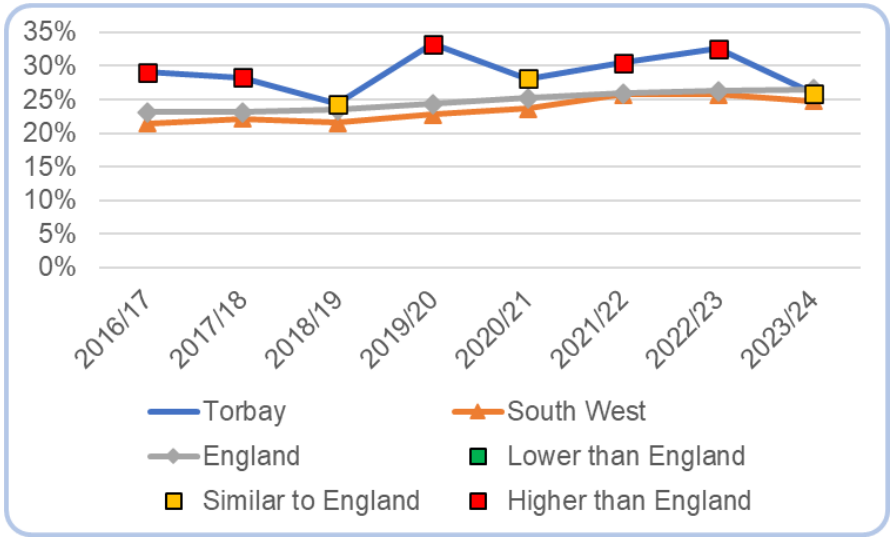
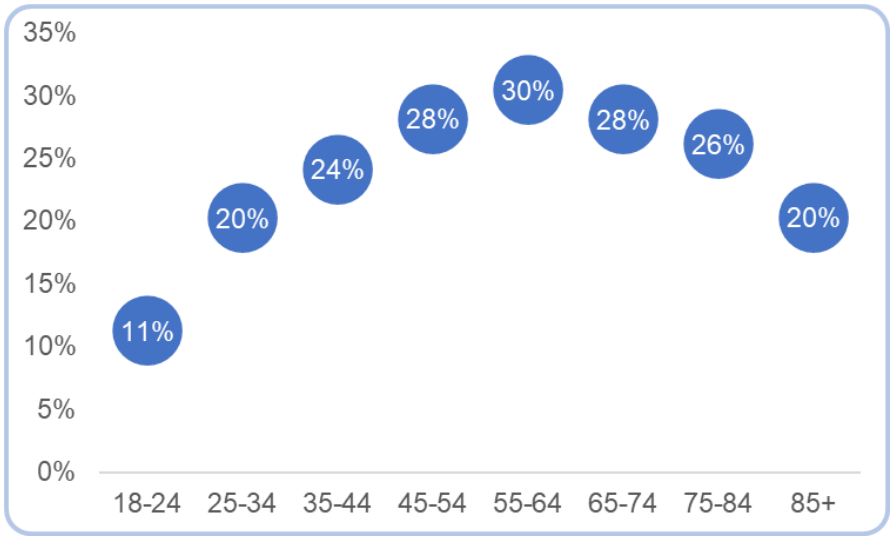
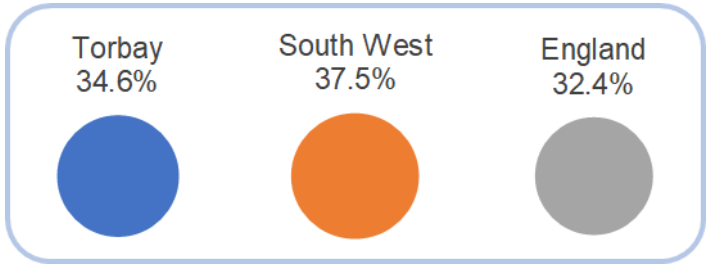


Fig 328: Percentage of adults classified as obese by age band - England (2015/16 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)



The proportion of those Torbay adults eating 5 portions of fruit and vegetables on the previous day as reported by the Active Lives Survey is 34.6% (2020/21 to 2023/24), this is higher than England but lower than the South West (Fig 329). Across England, there are significant differences between the most and least deprived areas, for 2023/24, 20% of those in the most deprived decile in England had their '5-a-day' compared to 39% of those in the least deprived decile.

Fig 329: Percentage of adults eating 5 portions of fruit and vegetables on the previous day (2020/21 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)



Data from the 'Active Lives Survey' undertaken by Sport England asks questions about a person's level of physical activity over the previous 28 days. 68% of Torbay respondents over the last 9 years said that they were physically active (150 minutes of moderate intensity physical activity per week over the last 28 days), this is broadly in line with England and lower than the South West (Fig 330). The data was weighted to take account of differing population structures in different local authorities.

Levels of adults who responded as being physically active were higher across England in the least deprived areas when compared to the most deprived areas (Fig 331). Rates of being physically active were significantly higher if you were in paid employment.

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Fig 330: Percentage of adults classified as physically active (2015/16 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)

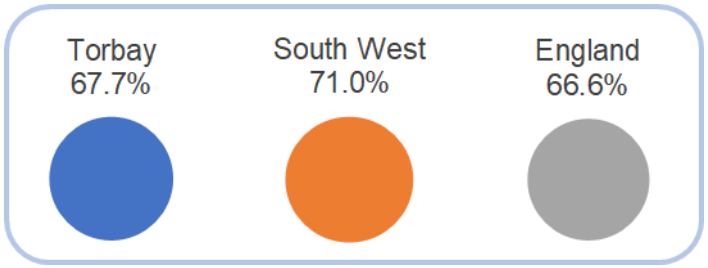
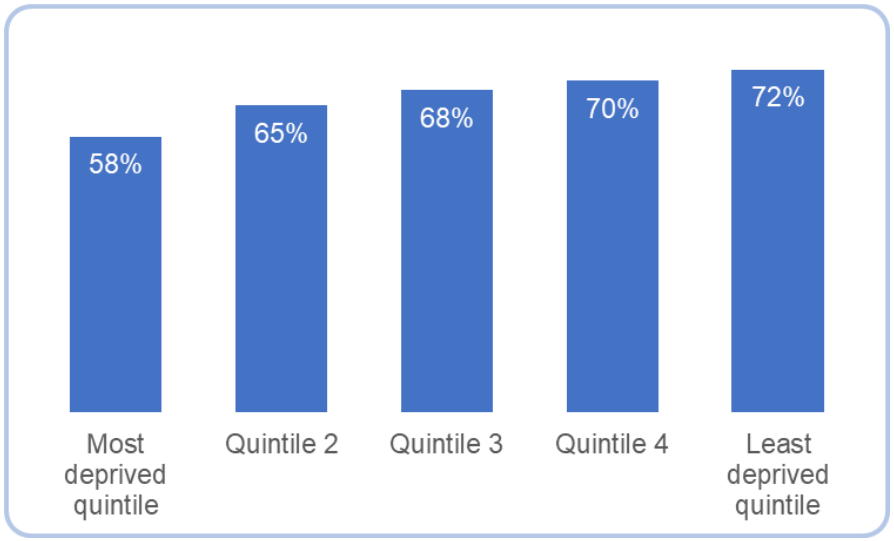
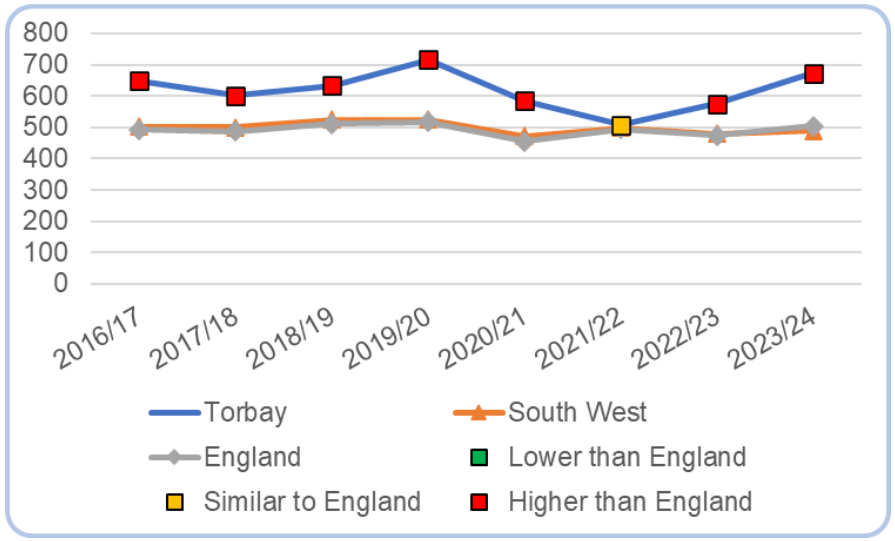


Fig 331: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2023/24)
Source: OHID – Public Health Profiles (Fingertips)



Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital than England (Fig 332). Rates are significantly higher in males when compared to females, for the last 3 years they are more than double female rates in Torbay. The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code Note on Hospital admissions and SDEC – page 9.

Fig 332: Rate of admission episodes for alcohol-related conditions (Narrow) per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)



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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Diabetes Prevalence (17+) (2024/25)	%	8.4%	8.1%	7.6%	7.9%	🔴	↑
Coronary Heart Disease Prevalence (2024/25)	%	4.1%	3.8%	3.6%	3.0%	🔴	↓
Heart Failure Prevalence (2024/25)	%	1.4%	1.5%	1.4%	1.1%	🔴	↑
Hypertension Prevalence (2024/25)	%	19.9%	17.9%	16.7%	15.2%	🔴	↑
Stroke Prevalence (2024/25)	%	2.7%	2.4%	2.4%	1.9%	🔴	↓
COPD Prevalence (2024/25)	%	2.9%	2.5%	2.1%	1.9%	🔴	↓
Asthma Prevalence (2024/25)	%	7.9%	7.4%	7.5%	6.6%	🔴	↓
Smoking Prevalence (2022 - 24)	%	13.8%	10.3%	10.6%	10.9%	🔴	↓
Adults classified as obese (2023/24)	%	25.9%	28.6%	24.8%	26.5%	🟡	↓
Adults classified as physically active (2015/16 to 2023/24)	%	67.7%	66.8%	71.0%	66.6%	🟡	↑

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Cancer

Overview

- Prevalence of those living with cancer is higher in Torbay than England, this is to be expected given Torbay's older age profile.
  Source: OHID – Public Health Profiles (Fingertips)
- For the latest year available, 50% of cancers identified in Torbay residents were identified at Stages 1 and 2.
  Source: OHID – Public Health Profiles (Fingertips)
- Torbay has seen rising rates of those eligible for bowel screening having a test, testing rates are better than the England average.
  Source: OHID – Public Health Profiles (Fingertips)
- Breast screening rates in Torbay and England have not returned to pre COVID-19 levels. Cervical screening rates in Torbay and England have gradually fallen over the last decade.
  Source: OHID – Public Health Profiles (Fingertips)
- Urgent suspected cancer referrals for Torbay GP patients have risen significantly in recent years but rates of those referrals leading to a diagnosis of cancer have fallen.
  Source: OHID – Public Health Profiles (Fingertips)

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Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy healthy tissue including organs. Close to 1 in 2 people will develop some form of cancer during their lifetime. The most common forms of cancer in the UK are prostate, breast, lung, and bowel Cancer - NHS.

Early diagnosis and screening

Diagnosing a cancer in the earlier stages increases the chance of a better outcome for the patient. A stage at diagnosis is a measure of how much the cancer has grown and spread (OHID). Cancers at stages 1 are small and haven't spread, at stage 2 the cancer has grown but not spread. By comparison, stage 4 means that the cancer has spread from where it started to at least 1 other body organ What do cancer stages and grades mean? - NHS (www.nhs.uk).

The percentage of cancers diagnosed at Stages 1 and 2 for Torbay residents had been broadly in line with England over the last decade with just over half of cancers diagnosed at Stages 1 and 2. However, for the latest year available diagnosis rates at Stages 1 and 2 were significantly lower than England (Fig 333). Across England over the last 7 years, those in the most deprived areas of England are less likely than those in the least deprived to have their cancer diagnosed at Stages 1 and 2 (52.4% compared to 58.1%).

Breast screening coverage for Torbay females aged 53 to 70 years has been lower than England for the last 2 years, previously rates had been similar or higher than England for the 6 years before. Rates have fallen significantly in Torbay when compared to the pre-COVID-19 period, falls have also been notable across England. Torbay's latest rate was 69% compared to 77% for 2019/20 (Fig 334).

Across England over the last 5 years, those eligible for breast screening who lived in the least deprived areas of England were more likely to have had a test than those who lived in the most deprived areas by a factor of 11 percentage points (72.2% compared to 61.1%).

As outlined earlier, better outcomes are more likely to be dependent on how early a cancer is diagnosed. Over the last 5 years, approximately 2 out of 3 (66.2%) Torbay GP patients had a breast screening test result recorded within 6 months of receiving a screening invitation, this is slightly lower than the England rate of 66.8%. Uptake rates fell during the COVID-19 period and continue to be lower in Torbay when compared to the pre COVID-19 period although uptake rates for 2024/25 were the highest since 2019/20.

Fig 333: Percentage of Cancers diagnosed at Stages 1 and 2
Source: OHID – Public Health Profiles (Fingertips)

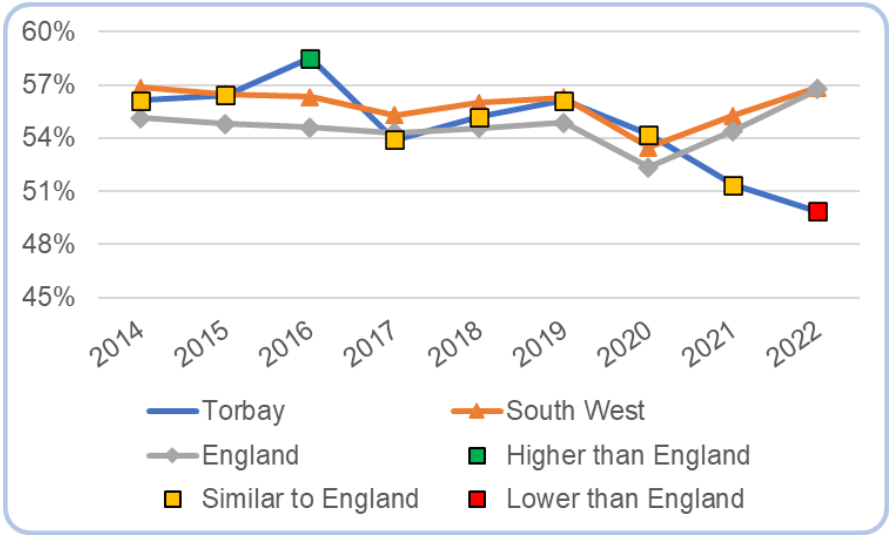

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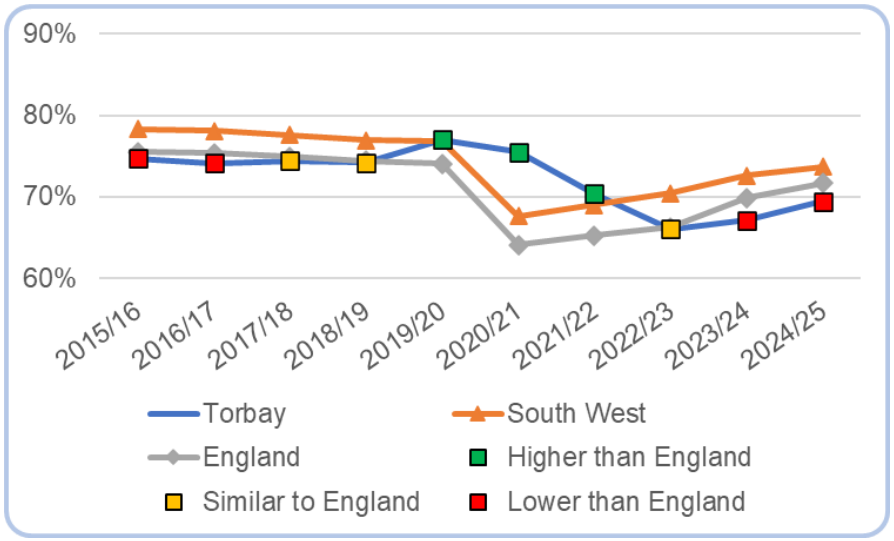
Fig 334: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years
Source: OHID – Public Health Profiles (Fingertips)

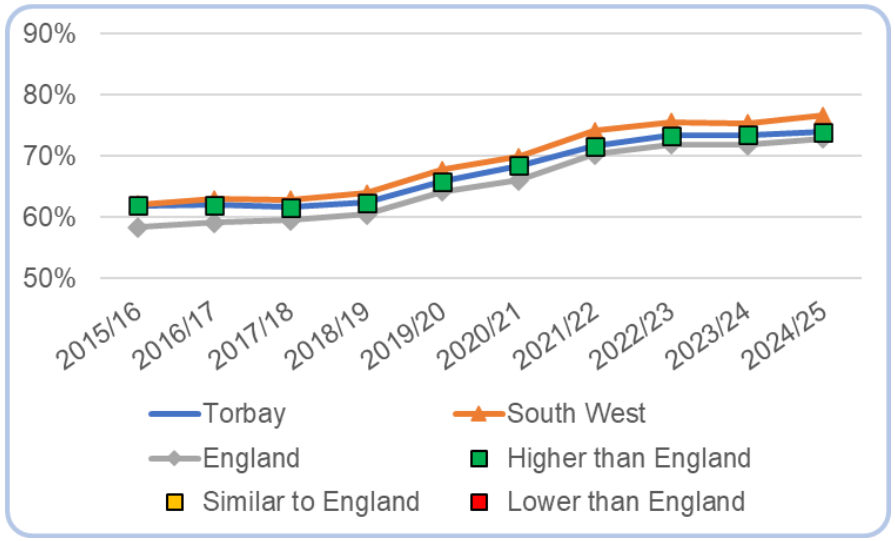


Levels of people eligible for bowel screening who have had a test in the previous 30 months have increased significantly over the last decade, Torbay has consistently had a higher rate of bowel screening than England (Fig 335). Unlike breast screening there was no fall during the COVID-19 period, bowel cancer screening can be done from home and the sample posted.

Across England over the last 5 years, those eligible for bowel screening who lived in the least deprived areas of England were more likely to have had a test than those who lived in the most deprived areas by a factor of approximately 10 percentage points (73.5% compared to 63.6%).

Over the last 5 years, more than 7 out of 10 (71.8%) Torbay GP patients had an adequate bowel screening test result recorded within 6 months of receiving a screening invitation, this is significantly higher than the England rate of 70.3%. Uptake rates have been steadily improving over the last decade.

Fig 335: Percentage of people eligible for bowel screening who have had a test in the previous 2½ years – Aged 60 to 74 years
Source: OHID – Public Health Profiles (Fingertips)



Cervical cancer screening is estimated to save around 4,500 lives a year (OHID). The proportion of those women aged 25 to 49 who were eligible for cervical screening that received a test (technically adequate screen) during the last 3½ years has consistently been higher in Torbay than England, since COVID-19 there have been falls in these screening rates in Torbay and across England (Fig 336).

The proportion of those women aged 50 to 64 who were eligible for cervical screening that received a test during the last 5½ years has consistently been lower in Torbay than England. There has been a steady decline over the last decade in Torbay from 79% to 73% in the level of eligible women who have had a test over the last decade. This decline is broadly mirrored in the England figures (Fig 337).

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Fig 336: Percentage of women eligible for cervical screening who have had a test in the previous 3½ years – Aged 25 to 49 years
Source: OHID – Public Health Profiles (Fingertips)

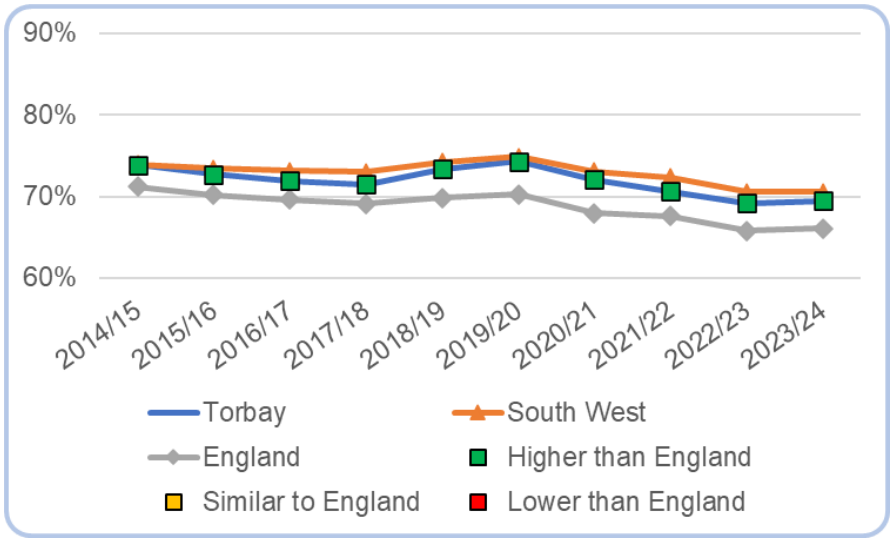
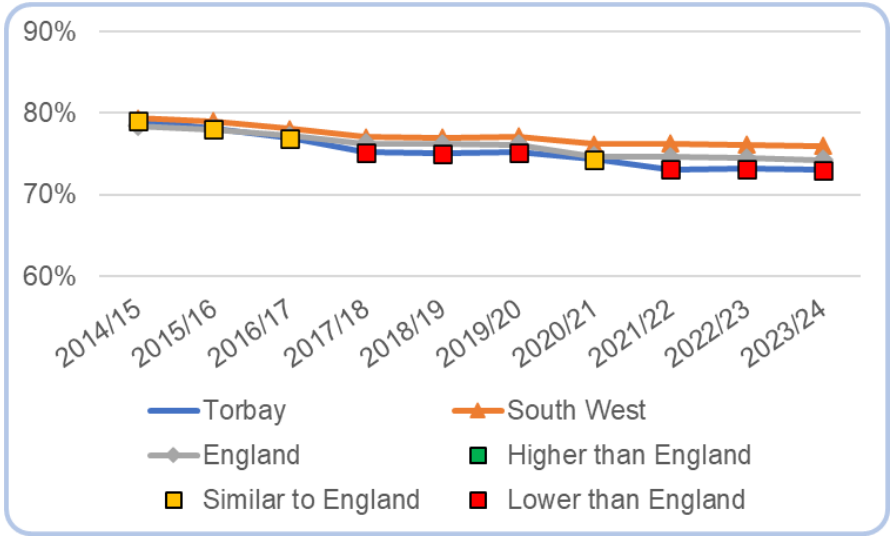


Fig 337: Percentage of women eligible for cervical screening who have had a test in the previous 5½ years – Aged 50 to 64 years
Source: OHID – Public Health Profiles (Fingertips)



Urgent referrals

Rates of urgent suspected cancer referrals are given as a crude rate per 100,000 GP patients, the figures provided do not take account of the differing population structures of GP practices. It would be expected to have higher rates of referrals from areas such as Torbay that have significantly higher than average proportions of people aged 65 and over.

The level of urgent suspected cancer referrals for patients at Torbay GP practices has increased significantly over the last 6 years, at a far steeper rate than England or the South West (Fig 338). However, it should be noted that the percentage of referrals resulting in a diagnosis of cancer for Torbay GP patients has reduced from 8.1% to 6.3% during the same period (Fig 339). So, the large rise in urgent suspected cancer referrals does not fully translate into a large rise in the number of cancers diagnosed.

Fig 338: Rate of urgent suspected cancer referrals per 100,000
Source: OHID – Public Health Profiles (Fingertips)

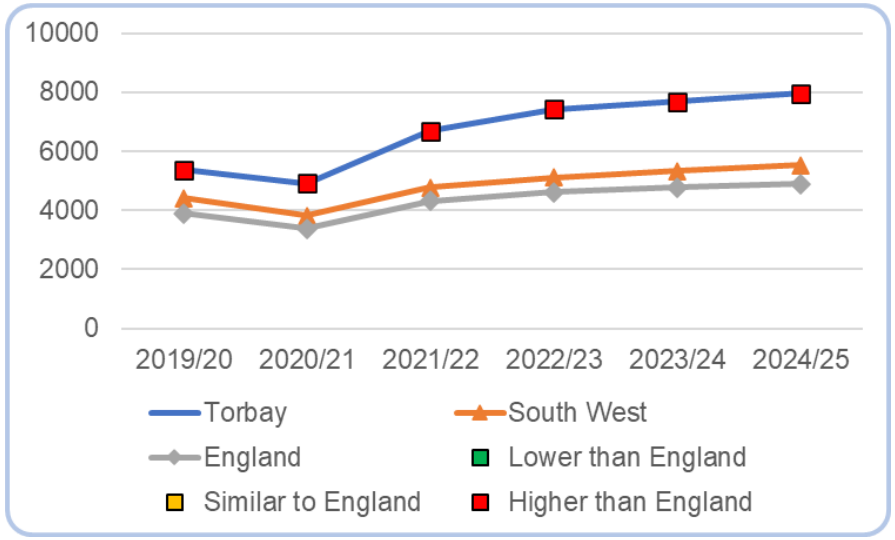


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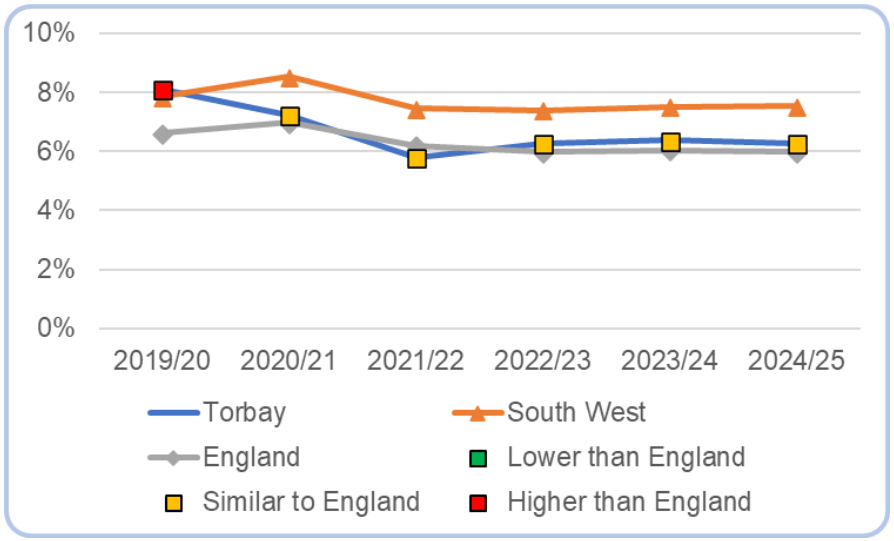
Fig 339: Percentage of urgent suspected cancer referrals resulting in a diagnosis of cancer
Source: OHID – Public Health Profiles (Fingertips)



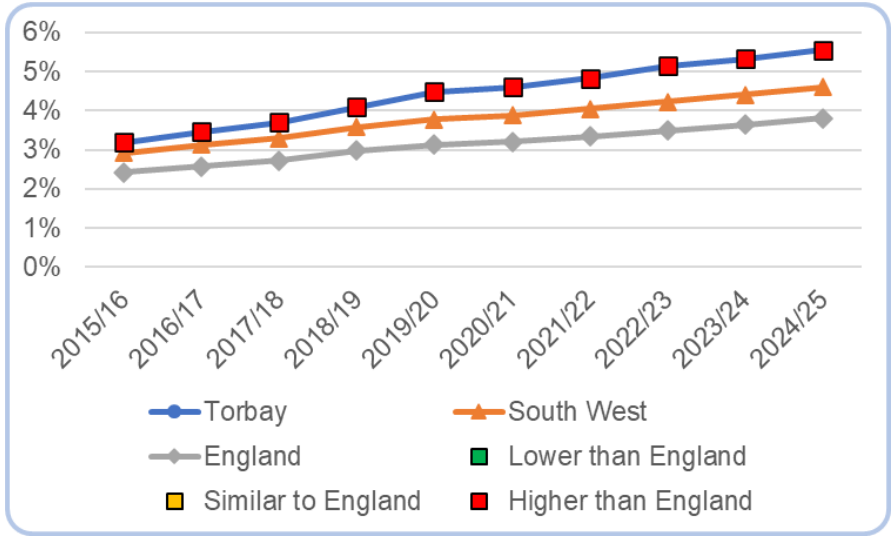
When looking at urgent suspected cancer referrals for differing cancer types, Torbay has consistently had much higher rates of suspected cancer referrals in relation to suspected skin cancer. During the latter period of the last decade into this decade, Torbay urgent referral rates for suspected lung cancer became significantly higher than England whereas previously rates had been broadly in line with England. Urgent referral rates for suspected lower gastrointestinal cancer have also increased significantly in Torbay over the last decade to be much higher than England.

Over the last 5 years, 55% of all new cancer cases treated in Torbay GP patients were referred through the urgent suspected cancer referral route, this was in line with England rates.

Prevalence

Cancer prevalence as recorded by the Quality Outcomes Framework has shown prevalence recorded by Torbay GP practices to be significantly higher than national and regional rates, this is not surprising in light of Torbay's older population profile. Cancer prevalence in Torbay has risen over the last decade from 3.2% of Torbay GP patients to 5.6% of Torbay GP patients (Fig 340). The number of Torbay GP patients recorded with cancer for 2024/25 was 8,261 compared to 4,629 in 2015/16. Increases in the average age of populations and better survival rates would lead to increases in Cancer prevalence.

Fig 340: Cancer Prevalence
Source: OHID – Public Health Profiles (Fingertips)



Torbay has consistently had a higher rate of new cancer cases than England and the South West (Fig 341), this is unsurprising given Torbay's older age profile. On average, over the last 5 years, just over 1,100 new cancer cases are estimated to be diagnosed among Torbay GP patients every year.

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Fig 341: Rate of new cancer cases per 100,000
Source: OHID – Public Health Profiles (Fingertips)

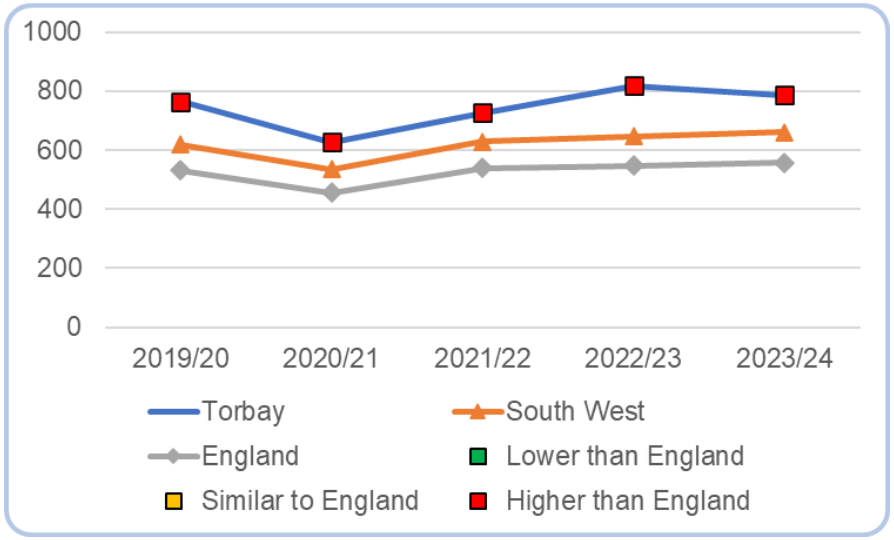
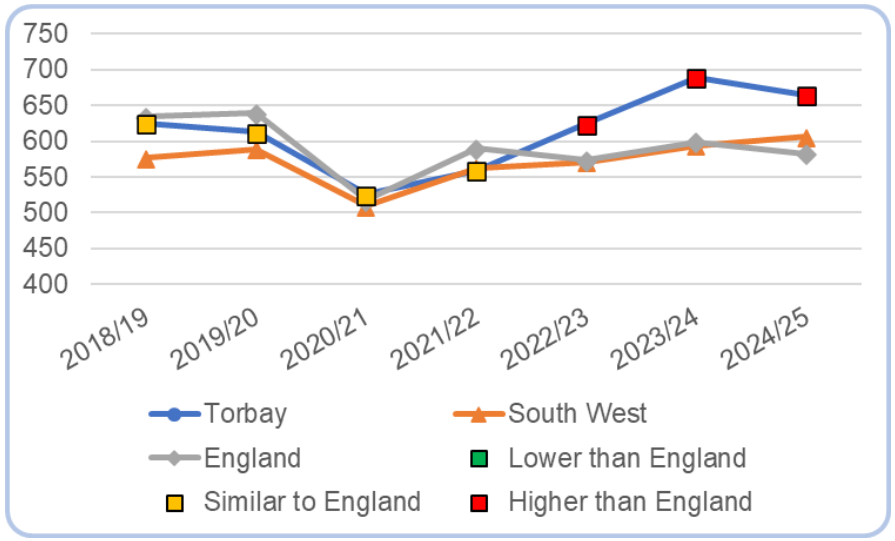


Fig 342: Rate of emergency admissions for cancer per 100,000 (Age Standardised)
Source: Hospital Episode Statistics



Hospital admissions

Emergency hospital admissions are linked to lower short-term survival in newly diagnosed patients. More emergency presentations can be expected among older patients and particular tumours such as those related to lung cancer (OHID). Over the last 7 years, approximately 17% of Torbay patients diagnosed with Cancer are emergency presentations, this is lower than the England rate of 19%.

When adjusted to take account of differing area age structure, rates of emergency hospital admissions for cancer have been significantly higher than England for the last 3 years after previously being broadly in line with England for the 4 years previous (Fig 342). If Torbay's older population structure had not been taken into account then Torbay has a higher crude rate per 100,000 than England for each of the 7 years Note on Hospital admissions and SDEC – page 9.

Mortality

Adjusted to take account of differing area age structures, deaths of those aged under 75 from cancer have been broadly in line with England although compared to England, rates have not fallen as quickly in Torbay (Fig 343). Levels of mortality are higher amongst males. When looking at the last decade as a whole, male rates in Torbay were significantly higher than England, female rates in Torbay were broadly in line with England.

Those who live in the most deprived areas of Torbay are significantly more likely to die from cancer before the age of 75 (adjusted for differing area age structures) than those who live in our least deprived areas (Fig 344).

When looking at individual cancer types adjusted for differing area age structures, rates of under 75 deaths from lung cancer over the

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last decade have broadly fallen across Torbay, the South West and England. In Torbay the fall has come from males, female rates of under 75 deaths have remained broadly static and this has led to a closing of the mortality gap between males and females in relation to lung cancer. Those in the most deprived areas of England are approximately twice as likely to die from lung cancer before the age of 75 than those who live in the least deprived areas.

Under 75 deaths (adjusted for local age structure) for Torbay residents in relation to breast cancer have been broadly in line with the South West and England over the last decade. There has been a broad fall in under 75 deaths since the start of the century across Torbay, the South West and England.

Under 75 deaths (adjusted for local age structure) for Torbay residents in relation to colorectal cancer and for leukaemia/lymphoma are both broadly in line with the South West and England over the last decade, both recording falls in deaths since the start of the century with rates significantly higher among males.

Over the 6 year period 2019 to 2024, there were 2,919 deaths with an underlying cause of cancer, of these 1,189 (41%) deaths occurred before the age of 75 with 1,730 (59%) occurring among those aged 75 and over. 44% of deaths with an underlying cause of lung cancer occurred before the age of 75, this compares to prostate cancer for which 26% of deaths occur before the age of 75.

Fig 343: Under 75 mortality rate with underlying cause of cancer, per 100,000 (Age Standardised)
Source: OHID – Public Health Profiles (Fingertips)

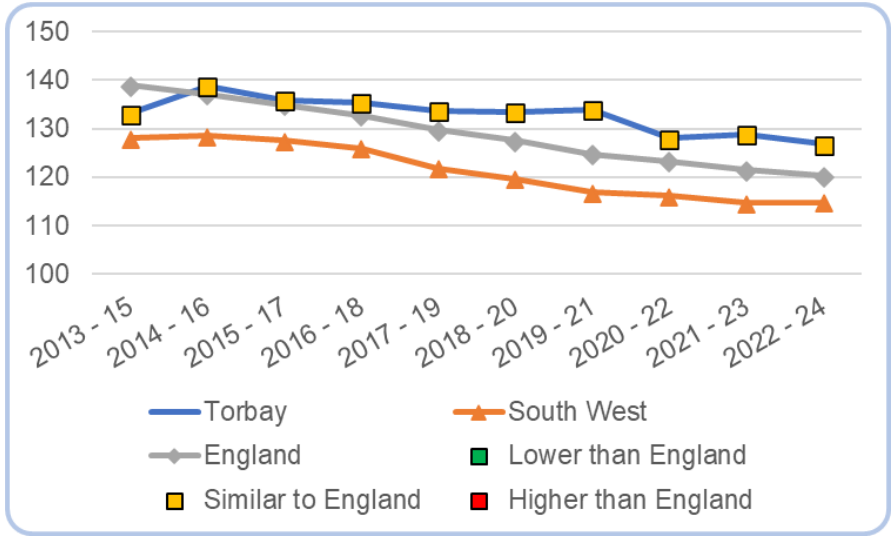
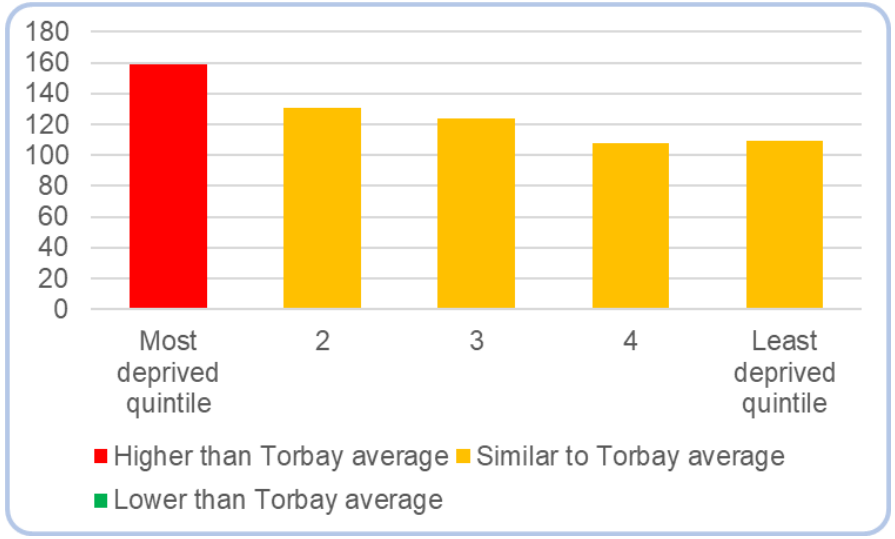


Fig 344: Under 75 mortality, underlying cause of cancer per 100,000 (Age Standardised) by deprivation quintile – Torbay (2019 to 2024)
Source: Primary Care Mortality Database, English Indices of Deprivation 2025



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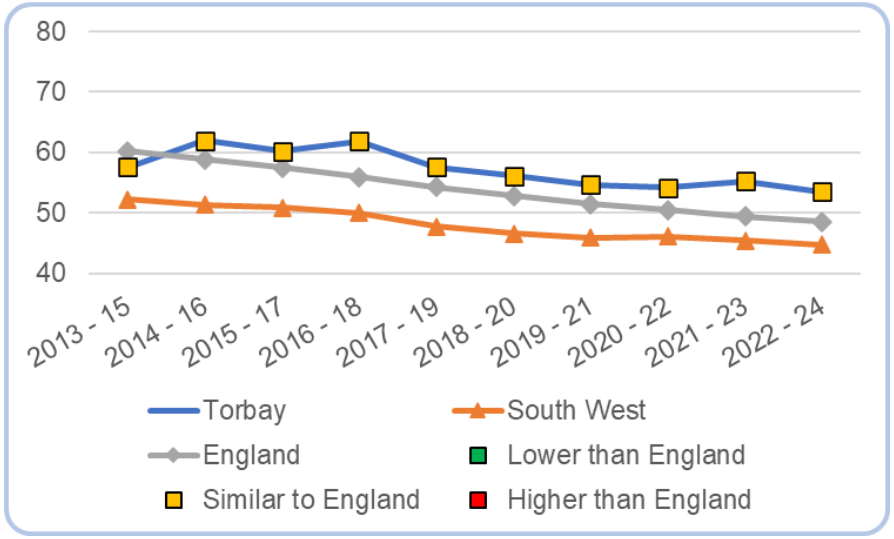
The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through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

Over the period 2022 – 24, just over 1 in 3 (35%) of preventable deaths had an underlying cause of Cancer. Rates in Torbay have decreased slightly over the last decade, broadly in line with England but above the South West (Fig 345). Males have been significantly more likely than females to have a preventable cancer death in Torbay, female rates are broadly steady whilst male rates are on a gradual downward trajectory.

Fig 345: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)

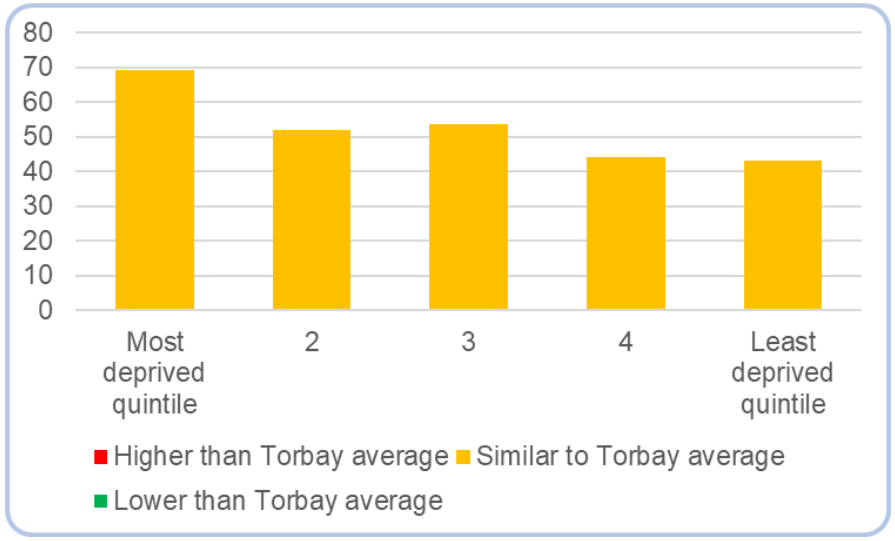
Source: OHID – Public Health Profiles (Fingertips)



Over the 6 year period 2019 to 2024, those who live in the most deprived areas of Torbay are more likely than the Torbay average to die prematurely from Cancer that was considered preventable, but the difference is not statistically significant at a Torbay level (Fig 346). At an England level, there are significant differences between the preventable mortality rates of the most and least deprived areas. 42% of cancer deaths amongst those aged under 75 in Torbay, for the last 6 years, were considered preventable, this is broadly in line with England (41%). Just over 50% of the preventable cancer deaths in Torbay during 2019 to 2024 had an underlying cause of lung cancer.

Fig 346: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2019 – 2024)

Source: Primary Care Mortality Database, English Indices of Deprivation 2025



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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Cancers diagnosed at Stages 1 & 2 (2022)	%	50%	56%	57%	57%	🔴	↓
Breast screening coverage - 53 to 70 years (2024/25)	%	69%	74%	74%	72%	🔴	↑
Bowel screening coverage - 60 to 74 years (2024/25)	%	74%	74%	77%	73%	🟢	↑
Cervical screening coverage - 25 to 49 years (2023/24)	%	69%	71%	71%	66%	🟢	↑
Cervical screening coverage - 50 to 64 years (2023/24)	%	73%	75%	76%	74%	🔴	↓
Cancer Prevalence (2024/25)	%	5.6%	Cannot calculate	4.6%	3.8%	🔴	↑
Emergency admissions for cancer (2024/25)	DSR per 100,000	665	599	606	582	🔴	↓
Preventable mortality - Cancer (2022 - 24)	DSR per 100,000	54	51	45	49	🟡	↓

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Health Protection

Overview

- Childhood immunisation rates in Torbay are generally higher than England, although rates have broadly fallen in recent years from their peaks.
  Source: OHID – Public Health Profiles (Fingertips)
- MMR vaccination rates (2 doses) remain below 90% in Torbay for the 3rd consecutive year. Previously rates had not been below 90% since 2014/15.
  Source: OHID – Public Health Profiles (Fingertips)
- The all new sexually transmitted infection diagnosis rate sharply increased in Torbay for 2022 but has since fallen, it is consistently lower than England. HIV testing and prevalence rates in Torbay are consistently lower than England.
  Source: OHID – Public Health Profiles (Fingertips)
- Flu vaccination rates among those aged 65 and over had been higher than the target rate of 75% for 4 consecutive years but fell to 74% for 2024/25.
  Source: OHID – Public Health Profiles (Fingertips)
- Antibiotic prescribing in NHS primary care has been on a downward trend over the last decade but Torbay rates, adjusted for age, are the highest in the South West.
  Source: OHID – Public Health Profiles (Fingertips)

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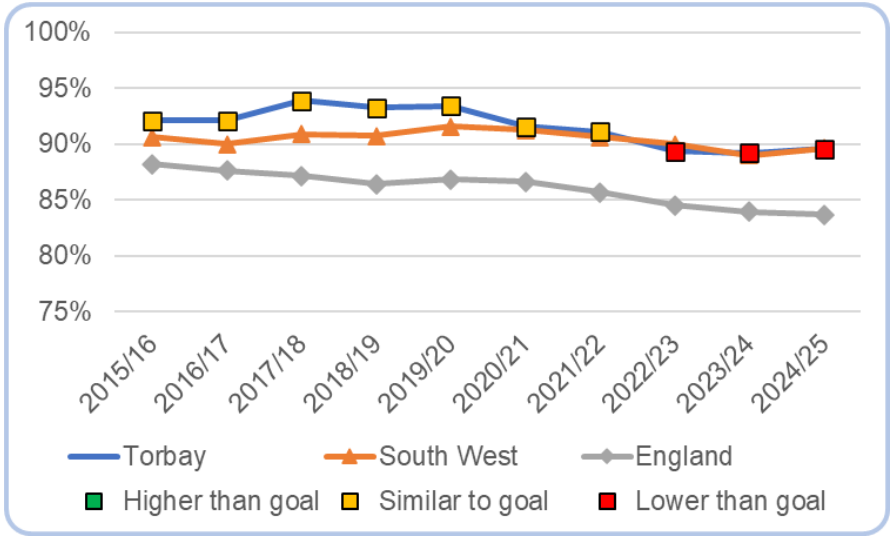
Health Protection is the protection of populations to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats Oxford Academic (oup.com). This chapter will deal almost exclusively with infectious disease prevention.

MMR

The MMR vaccine is a safe, effective vaccine that protects against measles, mumps and rubella. First dose is usually given within a month of a child's 1st birthday with the second given between the 3rd and 5th birthday. The target rate for this vaccination is 95%. For receiving the second dose of MMR, Torbay had been rated as amber (between 90% and 95%) for 7 years but for the last 3 years it was rated as red with a rate below 90% for the first time since 2014/15. Torbay currently has a rate of 89.5%, this is in line with the South West rate and significantly above the England rate of 83.7% (Fig 347). Torbay's rate of the first dose having been administered by the age of 2 is 91.2% for 2023/24 which is the lowest rate since 2010/11.

Fig 347: MMR vaccination coverage for 5 year olds (2 doses)
Source: OHID – Public Health Profiles (Fingertips)

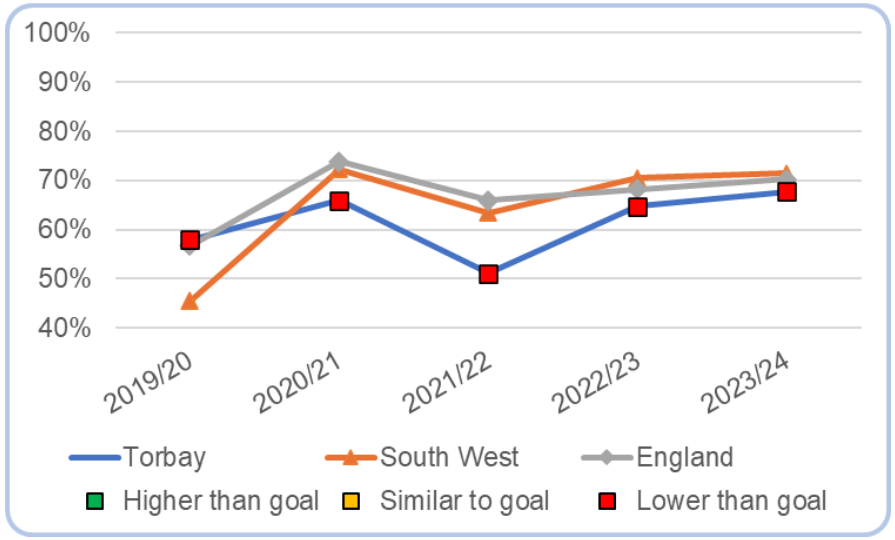


HPV

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

An immunisation programme is currently offered to 12 to 13 year olds, initially for females but extended to males from 2019. From September 2023, the programme changed from two-doses to one-dose. This is because the Joint Committee on Vaccination and Immunisation advised that a one-dose HPV vaccine schedule was shown to be just as effective as a two-dose schedule. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 academic year across England. Across England, rates have since risen, but are well below the goal of 90% vaccination, Torbay's rate is 67.7% for 2023/24 (England - 70.3%, South West - 71.5%).

Fig 348: Percentage receiving the HPV vaccine for one dose, aged 12 to 13 years
Source: OHID – Public Health Profiles (Fingertips)



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Rates across England are consistently higher for females when compared to males. For Torbay during 2023/24, the female rate of immunisation was 71.6% as opposed to 64.0% for males.

Other Childhood immunisations

Aside from MMR and HPV there are a significant number of vaccinations offered to babies and children, a number of these will be outlined over the next 3 pages.

The combined DTaP IPV Hib HepB is the first in a course of vaccines offered to babies to protect them against diphtheria, whooping cough, tetanus, haemophilus influenzae type b, hepatitis B and polio (OHID). Until 2022/23, rates had been above the 95% target during the last decade but these rates have fallen to just under 95% in the last 3 years (Fig 349). It shows how many children received 3 doses of DTaP IPV Hib HepB at any time before their 2nd birthday.

Torbay has been below 90% for 7 of the last 10 years, including the last 4 years in relation to the DTaP and IPV booster for 5 year olds (Fig 350). Rates are consistently significantly higher in Torbay than England amongst those aged 2 years and 5 years (booster).

Fig 349: Percentage receiving the DTaP IPV Hib HepB vaccine aged 2 years – Torbay

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

Source: OHID – Public Health Profiles (Fingertips)

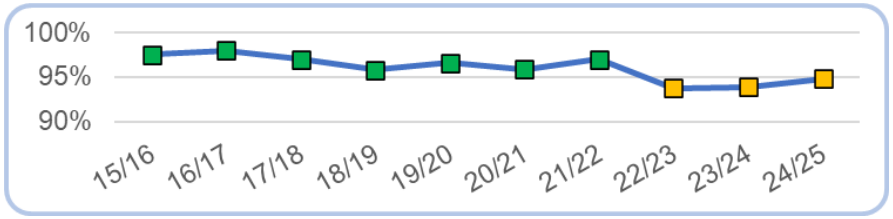
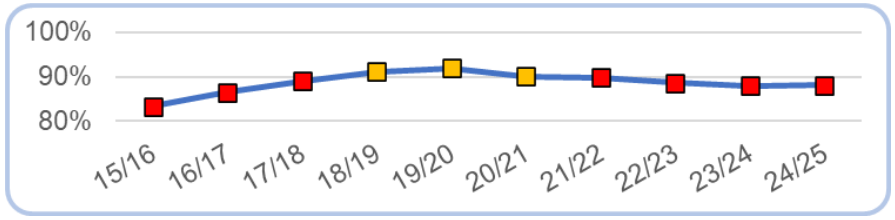


Fig 350: Percentage receiving the DTaP and IPV booster aged 5 years – Torbay

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

Source: OHID – Public Health Profiles (Fingertips)

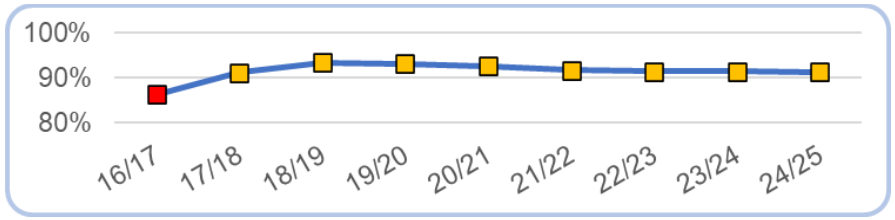


The rotavirus vaccine protects against gastroenteritis. Torbay has been rated as amber (between 90 and 95%) for the last 8 years (Fig 351), data relates to babies who completed a course of rotavirus vaccine at any time up to 6 months of age. Torbay has a consistently higher rate than England.

Fig 351: Percentage receiving the Rotavirus vaccine aged 6 months – Torbay

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

Source: OHID – Public Health Profiles (Fingertips)



The MenB vaccine protects against invasive meningococcal disease capsule group B which most commonly presents as either septicaemia or meningitis, or a combination of both (OHID). Rates of Torbay 1 year olds with vaccination coverage have either been rated green or amber for the last 8 years. For 2024/25 the rate was 93.4% (Fig 352), rates are consistently higher than England. The measure indicates children who received 2 doses of MenB at any time before their 1st birthday.

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Rates of the MenB booster given to Torbay children by their 2nd birthday were 90.5% for 2024/25 after having been just below 90% for the last 2 years (Fig 353). Rates are consistently higher than the England average.

The MenACWY vaccination was introduced into the national immunisation programme to respond to a rapid and accelerating increase in cases of invasive meningococcal group W disease (OHID). Rates of those 14 and 15 year olds who have ever received the MenACWY vaccine in Torbay have consistently been below 80% but fell very significantly after 2019/20 by 20 percentage points to 56.7% for 2021/22. For the latest year, it has recovered a little to 66.3% (Fig 354). This steep fall was not mirrored across England which fell more gradually, England's rate for 2023/24 is 73.0%.

Fig 352: Percentage receiving the MenB vaccine aged 1 year – Torbay

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

Source: OHID – Public Health Profiles (Fingertips)

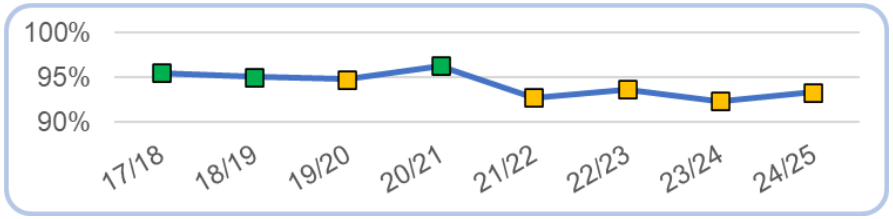


Fig 353: Percentage receiving the MenB booster aged 2 years – Torbay

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

Source: OHID – Public Health Profiles (Fingertips)

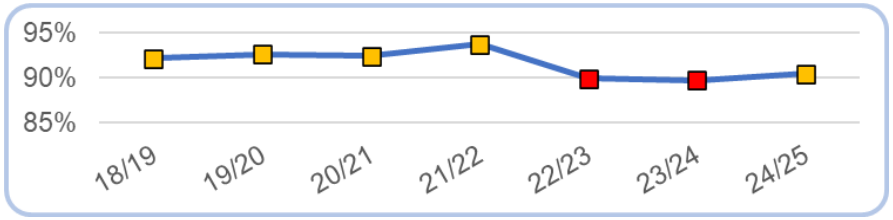
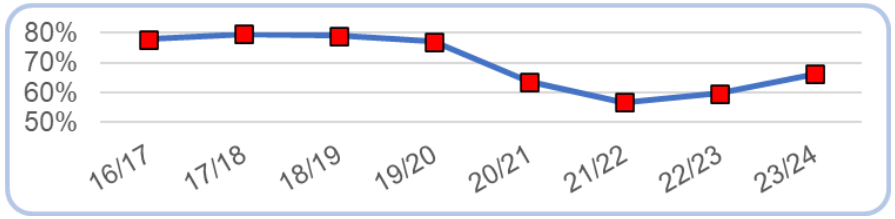


Fig 354: Percentage receiving the MenACWY vaccine aged 14 to 15 years – Torbay

Red – Less than 80%, Amber – 80% to 90%, Green 90% or more

Source: OHID – Public Health Profiles (Fingertips)



Flu vaccination rates amongst those aged 2 to 3 during the September to February flu vaccination season have been volatile on a year to year basis but since 2016/17 have been rated amber (Fig 355). Torbay's 2024/25 rate of 41% was the lowest since 2016/17, combining the last 3 years gives Torbay (41.5%) a significantly lower rate than England (43.6%).

Similar levels of volatility are seen among flu vaccination rates for primary school pupils, for 2024, 56.2% of Torbay primary school pupils received a flu vaccination during the year (Fig 356). This rate was broadly in line with England for 2024, however it has been significantly lower than England for 3 of the 6 years shown.

Fig 355: Percentage receiving the Flu vaccine aged 2 to 3 years – Torbay

Red – Less than 40%, Amber – 40% to 65%, Green 65% or more

Source: OHID – Public Health Profiles (Fingertips)

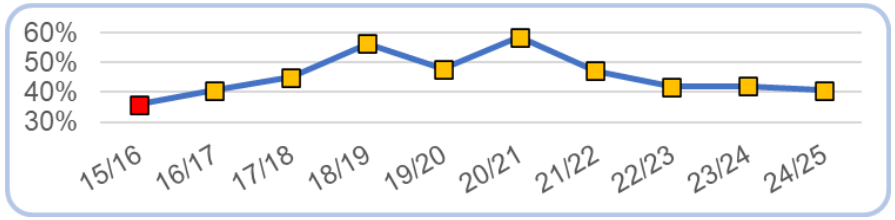


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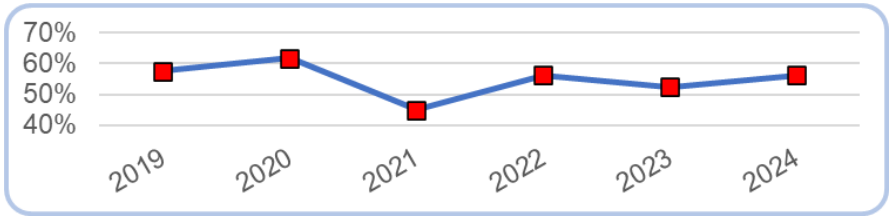
Fig 356: Percentage receiving the Flu vaccine (Primary School pupils) – Torbay
Red – Less than 65%, Green 65% or more
Source: OHID – Public Health Profiles (Fingertips)



The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis (OHID). Torbay consistently has rates of PCV vaccination above 95% for those who have received 2 doses before their 1st birthday (Fig 357). Rates have been consistently higher than England over the last decade. Torbay's rate for 2024/25 was 95.2%. Data was not available across England for 2020/21 due to a change in the vaccine schedule.

Rates of Torbay children who have received a PCV booster before their 2nd birthday have been rated as amber (between 90 and 95%) for the last 8 years (Fig 358). Rates have been consistently higher than England over the last decade although Torbay rates have fallen since 2021/22.

Fig 357: Percentage receiving the PCV vaccine aged 1 year – Torbay
Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: OHID – Public Health Profiles (Fingertips)

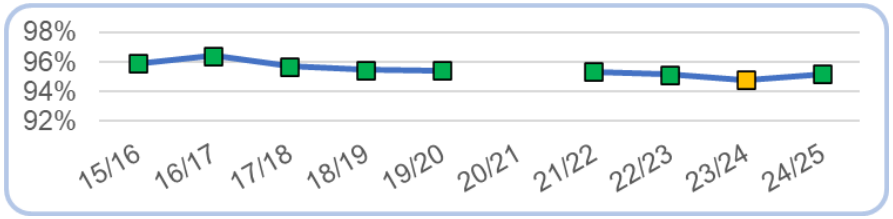
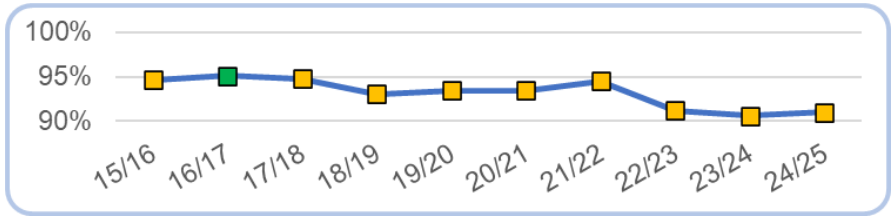


Fig 358: Percentage receiving the PCV booster aged 2 years – Torbay
Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: OHID – Public Health Profiles (Fingertips)



Sexually transmitted infections (STIs)

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

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

Torbay's diagnosis rate of new STIs among people accessing sexual health services was on a decreasing trend and was significantly below England for 8 years until a sharp increase of not far off double in 2022 brought it level with England, the rate has since started to fall again (Fig 359). For 2024, the Torbay rate is significantly lower than the England average and is 523 per 100,000 which is similar to the pre-COVID-19 year of 2019.

Testing rates (excluding chlamydia in those under 25) as a proportion of Torbay's total population have been significantly lower than England over the last decade although testing rates have been broadly on an increasing trend.

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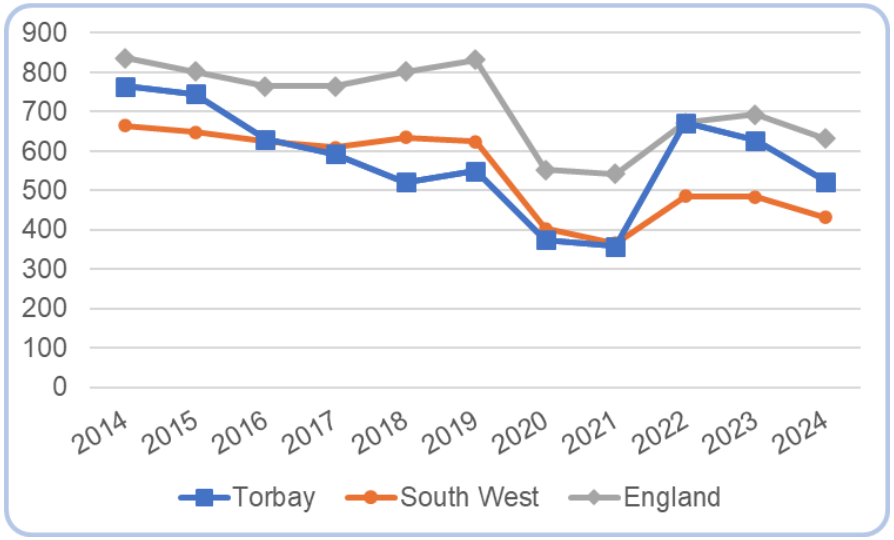
Fig 359: All new STI diagnosis rate, all ages, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Some specific STIs (amongst people accessing sexual health services):

- Gonorrhoea - Torbay's number of diagnoses during 2024 of 72 is lower than 2022 and 2023 (86 & 89). Numbers for the last 3 years are higher than the pre COVID-19 levels. The rate per 100,000 has been far lower than England for at least 13 years. England has also increased significantly in 2022.
- Genital herpes (first episode) - Torbay's rate per 100,000 equates to 68 diagnoses in 2024. This is similar to 2022 and 2023. Torbay's rate is similar to England from 2018 with both areas experiencing a steep drop in 2020, figures have only risen slightly since.
- Genital warts (first episode) – Torbay's rate per 100,000 equates to 67 diagnoses in 2024 and is on a generally decreasing trend over the last 10 years. Torbay's rate is broadly similar to England for 5 of the last 6 years.

Chlamydia

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

Torbay has had a significantly higher rate of chlamydia testing among 15 to 24 year old females than England over the last 4 years of data made available. Torbay's rate was 26.7% for 2024 compared to 18.0% for England.

The chlamydia detection rate (Fig 360) is a measure of control activity (i.e. screening) in the population not morbidity. A higher detection rate is indicative of higher levels of screening. The detection rate had been reducing in Torbay over the last decade although 2020 and 2021 will have been affected by the COVID-19 pandemic. The detection rate among 15 to 24 year olds in Torbay more than doubled during 2022 compared to the previous year and the rise in detection was much higher than the South West and England. The rate dropped for 2023 and again in 2024 but remains significantly higher at 1,939 per 100,000 when compared to 1,250 in England. This encompasses young people accessing sexual health services and community-based settings.

Detection rates are significantly higher among females than males. This is largely due to the National Chlamydia Screening Programme's focus on reducing reproductive harm which largely focuses on the female population.

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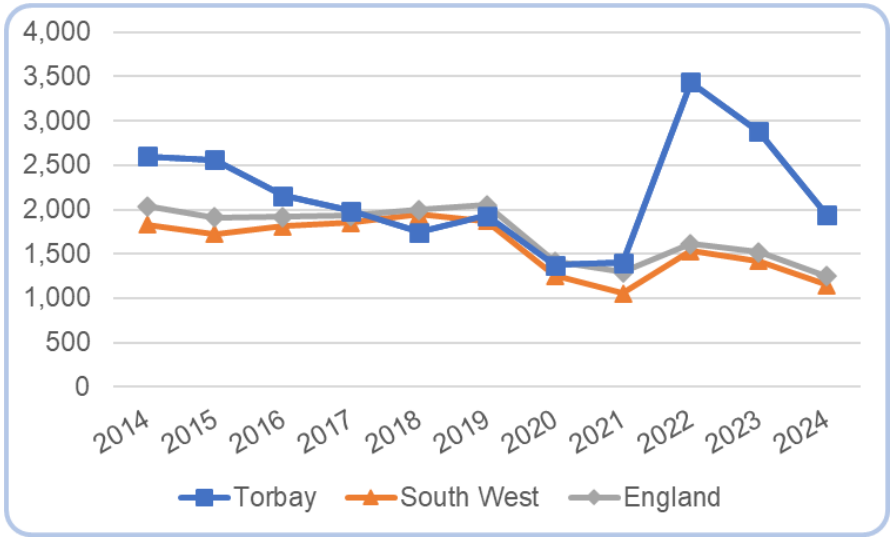
Fig 360: Chlamydia detection rate, aged 15 to 24, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Human Immunodeficiency Virus (HIV)

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

High prevalence of HIV is defined by NICE (National Institute for Health and Care Excellence) guidance HIV testing: increasing uptake among people who may have undiagnosed HIV, 2016, as local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years while extremely high prevalence is defined as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years. Increased life expectancy as well as factors such as testing and diagnosis rates mean that lower diagnosed prevalence rates are not necessarily better than higher rates and need to be interpreted alongside other information.

Torbay's diagnosed prevalence rate of those aged 15-59 (Fig 361) is 2.01 per 1,000 in 2024 so just inside the definition of high prevalence (2 to 5), as well as lower than the England rate. In Torbay this equates to 143 people. There are 218 Torbay residents of all ages living with diagnosed HIV, meaning significant numbers of Torbay residents aged 60 and over are living with diagnosed HIV which reflects that people with HIV are living longer lives.

Fig 361: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000
Source: OHID – Public Health Profiles (Fingertips)

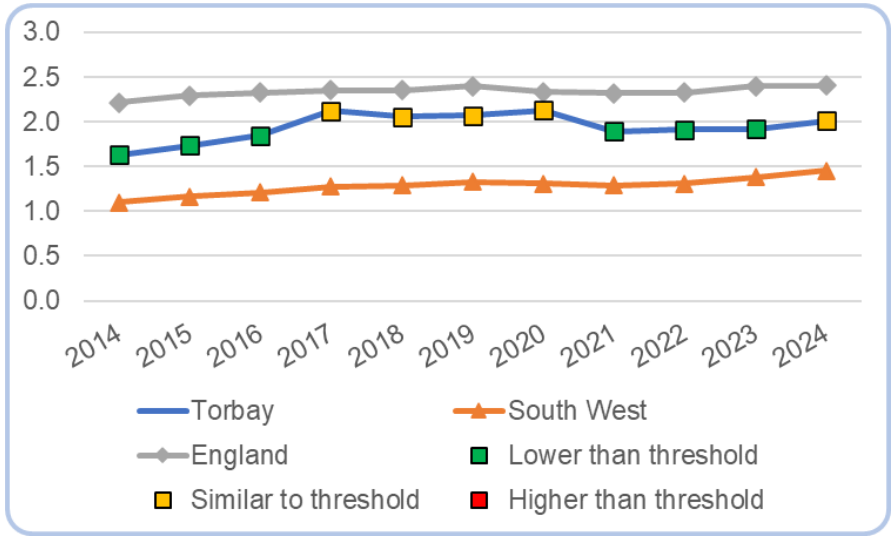


Fig 362 shows the HIV testing rate, these are tests taken by people accessing sexual health services. Rates dropped significantly in 2020, likely affected by the COVID-19 pandemic. Torbay has been on an upward trend since 2020 and has broadly returned to rates similar to the period immediately pre-COVID-19. Rates of HIV testing are consistently lower than England although they follow the England trend.

Rates of new diagnoses of HIV including those who were previously diagnosed abroad are consistently lower than the England average

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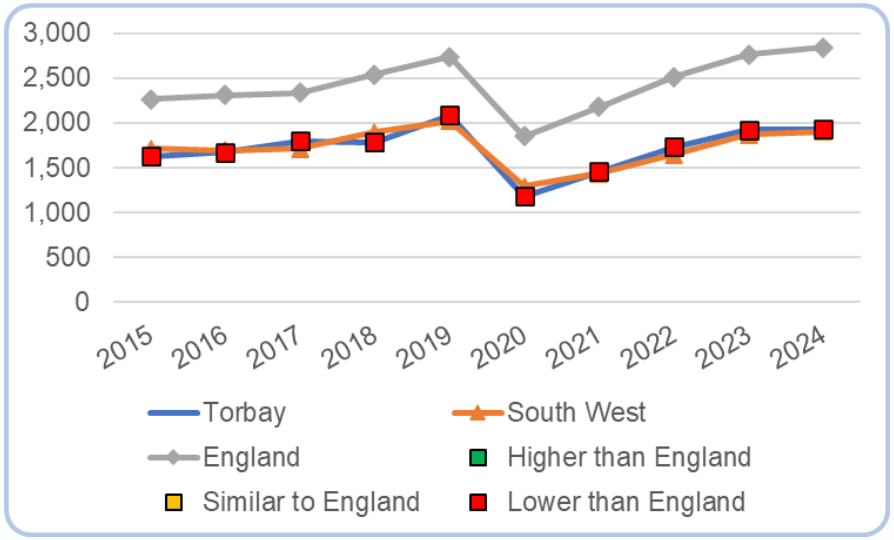
(8 diagnoses for 2022 and 2023 and 10 for 2024), Torbay has a rate of late diagnoses first made in the UK of 66.7% for 2022 to 2024. This is higher than the goal of 25%, the story is similar for the South West and England. Torbay rates fluctuate significantly due to the relatively small numbers involved, for the period 2022 to 2024, there were 6 diagnoses first made in the UK for Torbay residents.

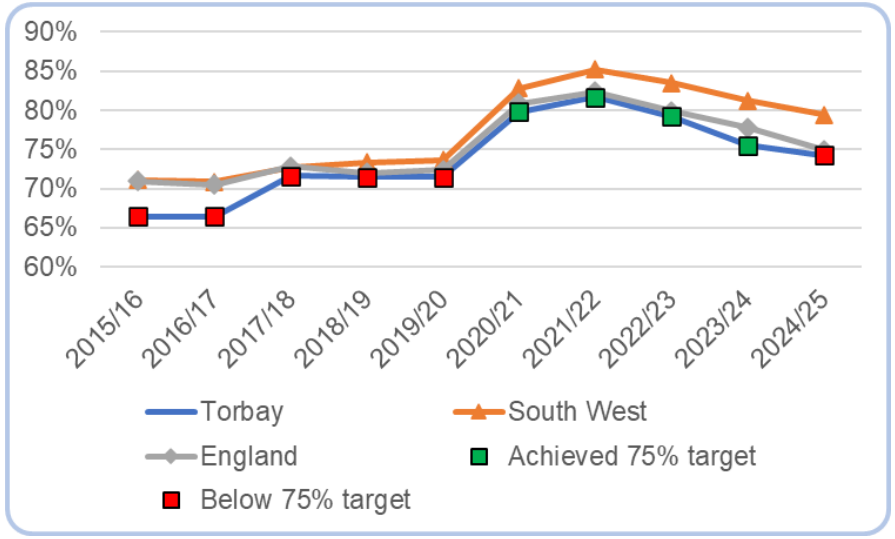
Fig 362: HIV testing rate, all ages, per 100,000
Source: OHID – Public Health Profiles (Fingertips)



Flu among older and at-risk populations

Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap to England is closer than during the middle of the last decade (Fig 363). The World Health Organisation (WHO) target is 75% coverage although the national ambition for 2021 to 2022 was to reach 85% coverage. For the 4 years before 2024/25, the WHO target was reached but not the 85% national ambition. For 2024/25, vaccination rates fell below the WHO target to 74.3%.

Fig 363: Percentage of those aged 65 and over who have received a flu vaccination
Source: OHID – Public Health Profiles (Fingertips)



Flu vaccinations are also offered to 'at-risk' groups whose condition means that they are more likely to develop serious complications from flu. The target rate for flu vaccination among this group is 55%, neither Torbay nor England have achieved this rate over the last decade. Rates between 2020/21 and 2022/23 across Torbay, the South West and England had been higher than at other times during the last decade. However, for the last 2 years rates fell significantly across all 3 areas, falling to 42% and 43% respectively during 2023/24 and 2024/25 for Torbay (Fig 364).

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Fig 364: Percentage of 'at-risk' individuals who have received a flu vaccination
Source: OHID – Public Health Profiles (Fingertips)

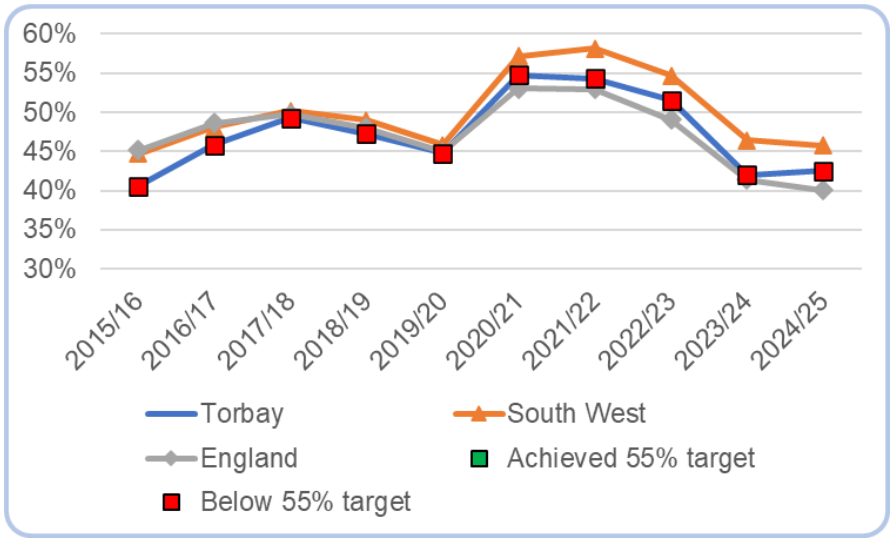
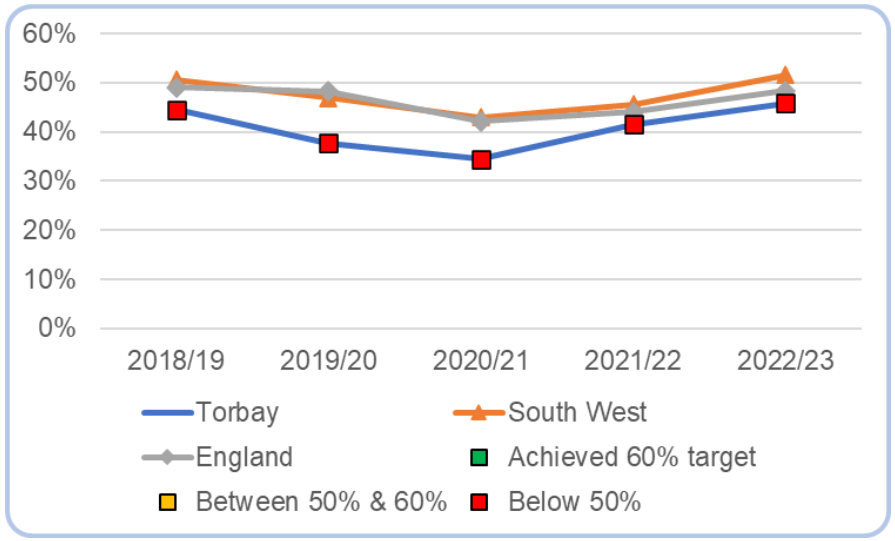


Fig 365: Percentage of those aged 71 who have received a shingles vaccination
Source: OHID – Public Health Profiles (Fingertips)



Shingles

Rates for Torbay residents who have received the Shingles vaccination amongst those aged 71 years have remained significantly lower than the goal of 60% and have also been consistently lower than England (Fig 365). You are more likely to get shingles, and it is more likely to lead to serious problems if you are older and this is a programme of making sure as many people aged 70 to 79 have this vaccination. From 1st September 2023, those aged 65 became eligible for the vaccination Shingles vaccine - NHS (www.nhs.uk).

Antibiotic prescribing

A reduction in the consumption of antibiotics is an international target in antimicrobial resistance policies (OHID). The benchmarking for this measure is for rates of antibiotic prescribing in NHS primary care to be below average antibiotic prescribing in England during 2013/14 which was 1.161 per STAR-PU. STAR-PU adjusts the prescribing level of each GP practice according to the age and sex distribution of that practice.

There have been falls across Torbay, the South West and England and all are below the target rate of 1.161. Rates in Torbay have not fallen as quickly as the South West and England, since 2019 the gap has increased (Fig 366). It should be noted that for 2024, no English local authority was higher than the 1.161 target and Torbay's rate was the highest in the South West.

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Fig 366: Adjusted antibiotic prescribing in primary care by the NHS, per STAR-PU
Source: OHID – Public Health Profiles (Fingertips)

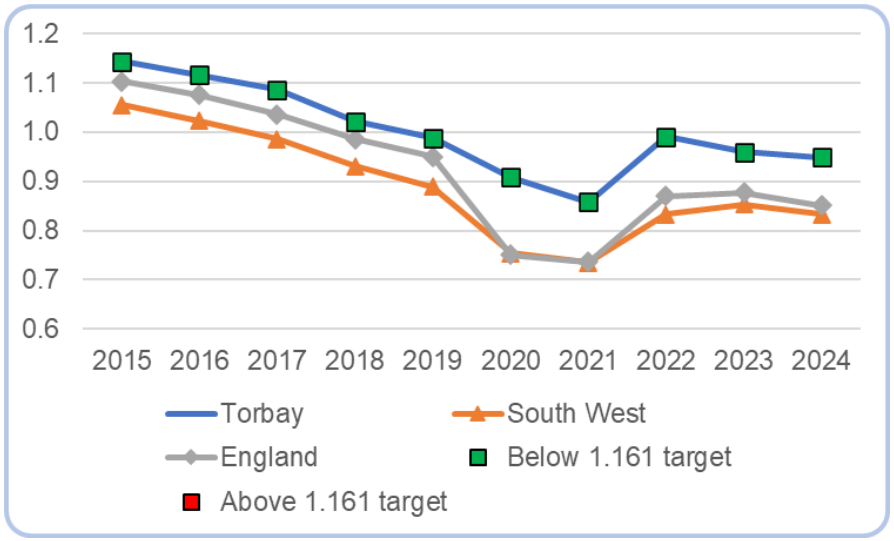
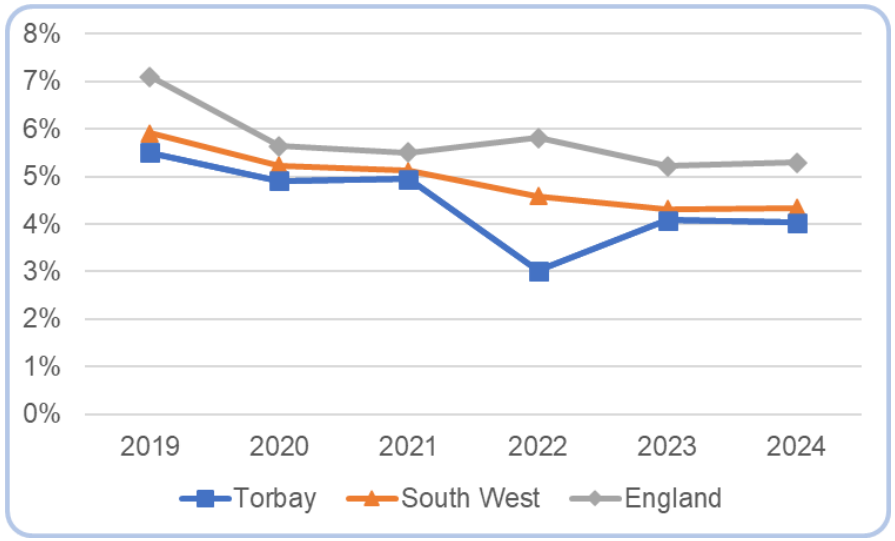


Fig 367: Fraction of mortality attributable to particulate air pollution (new method), age 30+
Source: OHID – Public Health Profiles (Fingertips)



Mortality due to air pollution

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

Fig 367 is a modelled percentage of mortality attributable to long term exposure to particulate air pollution (fine particulate matter). Torbay had remained broadly level until a significant fall in 2022 followed by a rise in 2023 although still lower than previous levels, it has been consistently lower than England. Please note that mortality data will have been affected by the COVID-19 pandemic since March 2020, and air pollution levels year to year will be affected by weather as well as emissions.

Tuberculosis incidence

Incidences of Tuberculosis (TB) in Torbay have been consistently below England over the last decade. For the 3 year period 2022 to 2024, there were 19 recorded instances of TB which is a rate of 4.5 per 100,000. Having fewer than 10 cases per 100,000 qualifies as 'low incidence' according to the World Health Organisation so Torbay has consistently been classified as having low incidence rates over the last decade.

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Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to goal (Latest Year)*	Direction of travel compared to previous period
MMR coverage for 5 year olds - 2 doses (2024/25)	%	89.5%	88.7%	89.6%	83.7%	🔴	↑
HPV coverage for 12 to 13 year olds - 1 dose (2023/24) *	%	67.7%	71.1%	71.5%	70.3%	🔴	↑
DTaP IPV Hib HepB coverage for 2 year olds - 3 doses (2024/25)	%	94.8%	94.3%	94.9%	92.5%	🟡	↑
MenB booster coverage for 2 year olds (2024/25)	%	90.5%	90.7%	91.4%	87.3%	🟡	↑
All new STI diagnosis rate (2024)	Rate per 100,000	523	472	432	632	Not relevant	↓
Chlamydia screening coverage for 15 to 24 year old females (2024) *	%	26.7%	18.4%	18.9%	18.0%	🟢	↓
HIV testing coverage (2024) *	Rate per 100,000	1929	2081	1900	2843	🔴	↑
Flu vaccination coverage - 65+ (2024/25)	%	74.3%	76.8%	79.4%	74.9%	🔴	↓
Antibiotic prescribing in NHS primary care (2024)	Rate per STAR-PU	0.95	0.91	0.83	0.85	🟢	↓

*RAG ratings for Chlamydia Screening and HIV testing are against England, not a goal

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Appendix

The following shows the sources of data for the RAG rated summary pages at the end of many of the chapters. There was not sufficient room to quote sources on those pages.

Demographics (Page 21)

Average Age: ONS mid-year population estimate, 2024
Dependency Ratio: ONS mid-year population estimate, 2024– *Ratio of those aged 0 to 14 years and 65+ years divided by those aged 15 to 64*
Day to day activities limited: Census 2021
Gender identity not the same as sex registered at birth: Census 2021
BAME Population: Census 2021
Have a religion or belief: Census 2021
Gay or Lesbian, Bisexual or other sexual orientations: Census 2021
Life expectancy at birth (Female and Male): OHID – Public Health Profiles (Fingertips)
Healthy life expectancy at birth (Female and Male): Office for National Statistics

Children & Young People's Education and Health (Page 48)

Children meeting expected standard in reading, writing and maths at Key Stage 2: Department for Education – explore education statistics
16 & 17 years not known to be in education, employment or training: Department for Education – explore education statistics
Children with SEN – State primary & secondary schools: Department for Education – explore education statistics
Persistent absence – State Primary and secondary schools: Department for Education – explore education statistics
MMR vaccination coverage for 5 year olds (2 doses): OHID – Public Health Profiles (Fingertips)
Overweight (inc obese) children – Reception and Year 6: OHID – Public Health Profiles (Fingertips)
1 dose HPV coverage – aged 12 to 13: OHID – Public Health Profiles (Fingertips)
Under 18 conception rate: OHID – Public Health Profiles (Fingertips)
Hospital admissions as a result of self-harm, aged 10 to 24: Hospital Episode Statistics

Children's Social Care (Page 56)

Cared for children: Department for Education – Children looked after in England
Children who are subject to a Child Protection Plan: Department for Education – Characteristics of children in need
Children in Need: Department for Education – Characteristics of children in need
Section 47 referrals started during year: Department for Education – Characteristics of children in need
Referrals: Department for Education – Characteristics of children in need
Cared for Children with an EHCP: Department for Education – Outcomes for children in need, including children looked after
Children in Need achieving a 9-4 pass in English & Maths: Department for Education – Outcomes for children in need, including children looked after
Children in Need persistently absent: Department for Education – Outcomes for children in need, including children looked after
Child Protection Plan persistently absent: Department for Education – Outcomes for children in need, including children looked after

Adult Social Care (Page 63)

Requests for support for new clients (18 to 64, 65+): Adult Social Care Activity Report
Long term support (18 to 64, 65+): Adult Social Care Activity Report
Long term support met by permanent admission to nursing/residential homes, aged 65+: Adult Social Care Outcomes Framework
Remaining in community in the 12 weeks after discharge into reablement services, aged 65+: Adult Social Care Outcomes Framework
Adult social care users who have as much social contact as they would like: Adult Social Care Outcomes Framework
Carers who have as much social contact as they would like: Adult Social Care Outcomes Framework
Services have made them feel safe: Personal Social Services Adult Social Care Survey

Women's Health (Page 79)

Healthy life expectancy at birth: Office for National Statistics
Emergency hospital admissions as a result of self-harm: Hospital Episode Statistics
Hospital admissions for eating disorders: Hospital Episode Statistics
Chlamydia detection rate, aged 15 to 24: OHID – Public Health Profiles (Fingertips)
Abortion rate: Department of Health and Social Care, OHID, ONS mid-year population estimates

Unpaid carers aged 5 and above: Census 2021
Breast screening coverage, aged 53 to 70: OHID – Public Health Profiles (Fingertips)
Cervical screening coverage, aged 50 to 64: OHID – Public Health Profiles (Fingertips)
Hospital admissions due to endometriosis: Hospital Episode Statistics

Economy and Employment (Page 90)

20 to 64 year old population: ONS mid-year population estimate, 2024
16 to 64 year olds who are economically active: NOMIS (Annual Population Survey)
Of those employed, in full-time employment: NOMIS (Business Register and Employment Survey)
Unemployment: NOMIS (Claimant count)
16 and 17 year olds not known to be in education, employment or training: Department for Education – explore education statistics
Median full-time salary – Residents: NOMIS (Annual Survey of Hours and Earnings)
Level 4+ Qualification, aged 16 to 64: NOMIS (Annual Population Survey)
Children in relative low income families: OHID – Public Health Profiles (Fingertips)
Individual Insolvency Rate: Insolvency Service

Sexual and Reproductive Health (Page 125)

All measures from OHID – Public Health Profiles (Fingertips) apart from

Abortion rate: Department of Health and Social Care, OHID, ONS mid-year population estimates

Substance Misuse, Gambling and Dependency (Page 138)

Smoking Prevalence: OHID – Public Health Profiles (Fingertips)
Emergency hospital admissions for COPD: Hospital Episode Statistics
COPD mortality: OHID – Public Health Profiles (Fingertips)
Set a quit date who successfully quit smoking: OHID – Public Health Profiles (Fingertips)
Alcohol admissions for Under 18s (Specific): Hospital Episode Statistics
Alcohol related admissions (Narrow): OHID – Public Health Profiles (Fingertips)
Alcohol specific mortality: OHID – Public Health Profiles (Fingertips)
Successful drug treatment (Opiates and non-opiates): OHID – Public Health Profiles (Fingertips)

Weight, Exercise and Diet (Page 155)

Overweight (inc obese) children (Reception and Year 6): OHID – Public Health Profiles (Fingertips)
Obese adults: OHID – Public Health Profiles (Fingertips)
Physically active children: Active Lives Children's Survey
Physically active adults: OHID – Public Health Profiles (Fingertips)
Adults eating their '5-a-day': OHID – Public Health Profiles (Fingertips)
Hospital admissions for eating disorders: Hospital Episode Statistics
Healthy life expectancy (Female and Male): Office for National Statistics

Oral Health (Page 163)

Children seen by NHS dentist in last year: NHS Dental Statistics – NHS Business Services Authority
Adults seen by NHS dentist in last 2 years: NHS Dental Statistics – NHS Business Services Authority
5 year olds with visually obvious tooth decay: OHID – Public Health Profiles (Fingertips)
Hospital tooth extractions due to dental caries (0 to 17, 18+): Hospital Episode Statistics
Tooth extraction treatment (NHS) (0 to 17, 18+): NHS Dental Statistics – NHS Business Services Authority
Mortality from oral cancer: OHID – Public Health Profiles (Fingertips)

Mental Health (Page 174)

Pupils with Social, Emotional & Mental Health Needs: OHID – Public Health Profiles (Fingertips)
People with low satisfaction scores: OHID – Public Health Profiles (Fingertips)
Primary support reason of mental health receiving long-term care (18 to 64, 65+): Adult Social Care Activity Report
Emergency hospital admissions as a result of self-harm: Hospital Episode Statistics
Hospital admissions due to an eating disorder: Hospital Episode Statistics
Hospital admissions for mental health conditions: Hospital Episode Statistics
Premature mortality in adults with severe mental illness: OHID – Public Health Profiles (Fingertips)
Suicide rate: OHID – Public Health Profiles (Fingertips)

Older People (Page 187)

Life expectancy at age 65 (Female, Male): OHID – Public Health Profiles (Fingertips)
Healthy life expectancy at age 65 (Female, Male): Office for National Statistics

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Pension Credit Claimants: Stat-Xplore
Flu vaccination coverage – 65+: OHID – Public Health Profiles (Fingertips)
Prevalence of Dementia – 65+: NHS Digital Primary Care Dementia Data
Emergency admissions due to falls – 65+: Hospital Episode Statistics
Long term support – 65+: Adult Social Care Activity Report

Unpaid Carers (Page 198)

Unpaid carers aged 5 and above: Census 2021
Unpaid carers for 50 hours or more: Census 2021
Disabled under the equality act who are also unpaid carers: Census 2021
Satisfied with support and services from adult social services: Personal Social Services Survey of Adult Carers
Carers who have as much social contact as they like: Personal Social Services Survey of Adult Carers
Caring has caused financial difficulties in the last 12 months: Personal Social Services Survey of Adult Carers
Carers who have found it easy to find information and advice: Personal Social Services Survey of Adult Carers
Caring for 100 hours or more per week: Personal Social Services Survey of Adult Carers

Preventable Mortality (Page 206)

All measures from OHID – Public Health Profiles (Fingertips)

Diabetes, Heart Disease, Stroke and Respiratory Disease (Page 221)

All measures from OHID – Public Health Profiles (Fingertips)

Cancer (Page 230)

All measures from OHID – Public Health Profiles (Fingertips) apart from

Emergency admissions for cancer: Hospital Episode Statistics

Health Protection (Page 241)

All measures from OHID – Public Health Profiles (Fingertips)

Written and compiled by the Torbay Council Public Health Knowledge and Intelligence Team

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

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PROVISIONAL TORBAY JSNA BY WARD - 2026/27

Contents

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Introduction

This document is part of the JSNA in Torbay together with the main Torbay wide-document which can be found at https://www.southdevonandtorbay.info/jsna-narratives/

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

This document provides a breakdown of information held about Torbay to its 16 wards.

Limitations of ward data

Not all data is available at Ward level, to create ward level data from the datasets which are based on other geographical data such as Lower Super Output Areas (LSOAs) requires an estimate to be made regarding how many people in each of Torbay's 91 LSOAs may be in each ward. For instance, the data is provided by LSOA which encompasses 2 different wards and an estimate is made over how much of that data should be allocated to each ward.

Comparisions

For the majority of measures, the data for each ward will be compared against Torbay and England data.

List of Torbay wards

- Barton with Watcombe
- Churston with Galmpton
- Clifton with Maidenway
- Cockington with Chelston
- Collaton St Mary
- Ellacombe
- Furzeham with Summercombe
- Goodrington with Roselands
- King's Ash
- Preston
- Roundham with Hyde
- St Marychurch
- St Peter's with St Mary's
- Shiphay
- Tormohun
- Wellswood

Hospital admissions and Same Day Emergency Care

NHS England are implementing a standardised method of recording the activity of patients accessing Same Day Emergency Care (SDEC). SDEC is for **non-overnight** stays receiving **emergency care** without being admitted to a ward.

Some NHS Trusts have previously reported this activity as an admission, no longer reporting these as admissions may reduce the number of admissions reported for some indicators. As of 2024/25, this has not affected figures from the local NHS Trust which make up the bulk of admissions for Torbay residents, however there may have been a downward effect on national data for the most recent years. The full effect of this change may take a number of years to be reflected in the admissions data.

The potential impact is likely to be highest in relation to an indicator like self-harm which has significant proportions of same day emergency care. Areas such as admissions for coronary heart disease and strokes are likely to be less affected because they are significantly less likely to be non-overnight stays.

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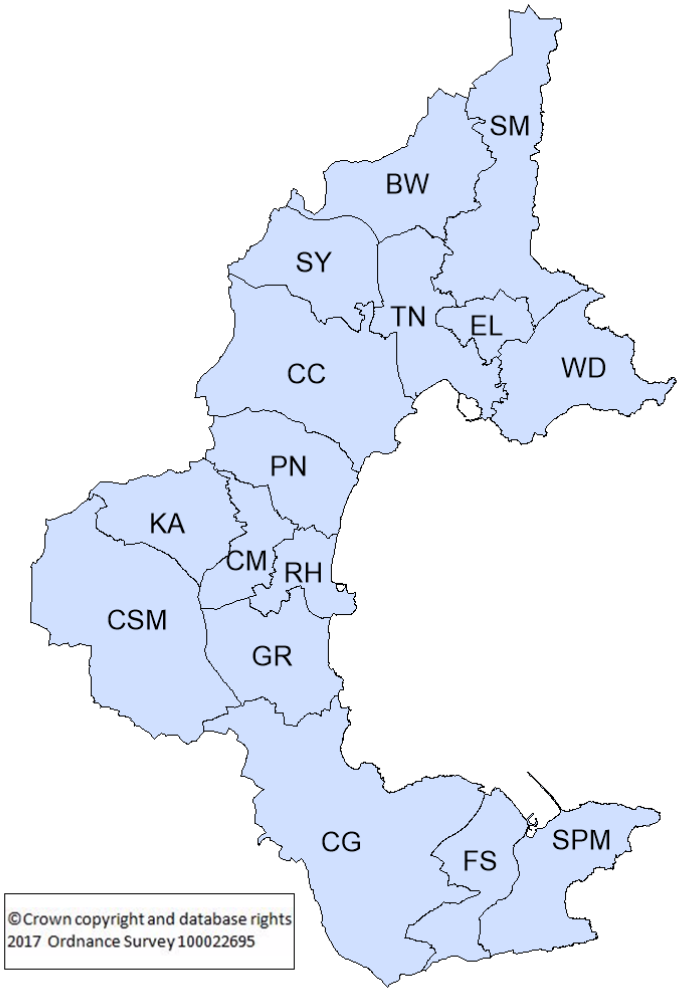
Ward Area Map

Fig 1: Map of Torbay Wards
Source: Office for National Statistics



The key for the ward initials are shown below:-

- BW – Barton with Watcombe
- CC – Cockington with Chelston
- CG – Churston with Galmpton
- CM – Clifton with Maidenway
- CSM – Collaton St Mary
- EL – Ellacombe
- FS – Furzeham with Summercombe
- GR – Goodrington with Roselands
- KA – King's Ash
- PN – Preston
- RH – Roundham with Hyde
- SM – St Marychurch
- SPM – St Peter's with St Mary's
- SY – Shiphay
- TN – Tormohun
- WD – Wellswood

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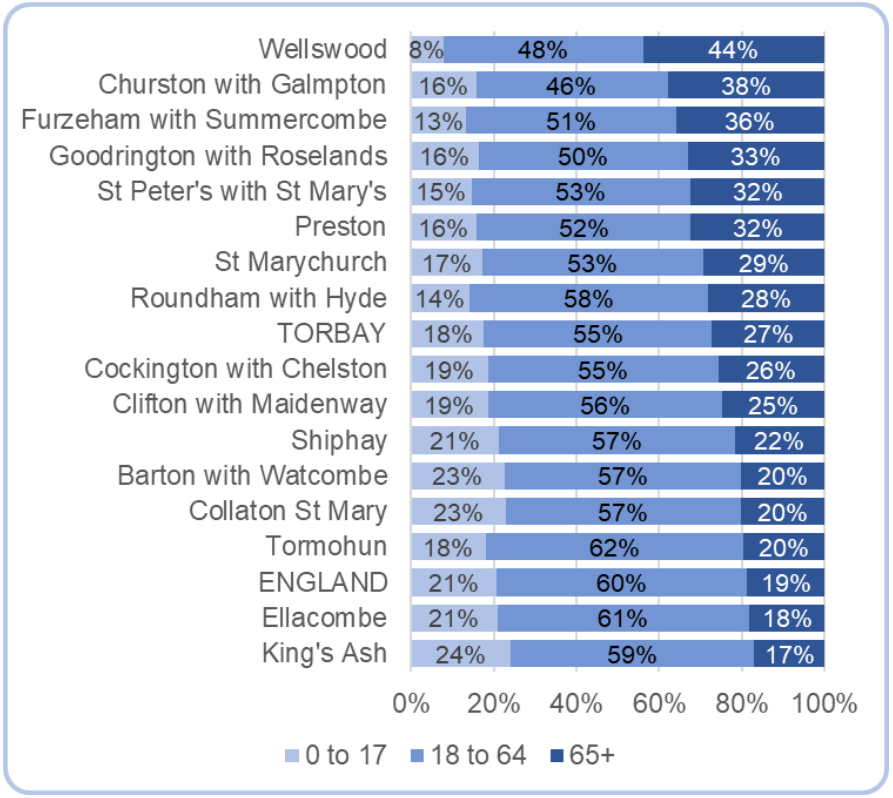
Demographics and Deprivation

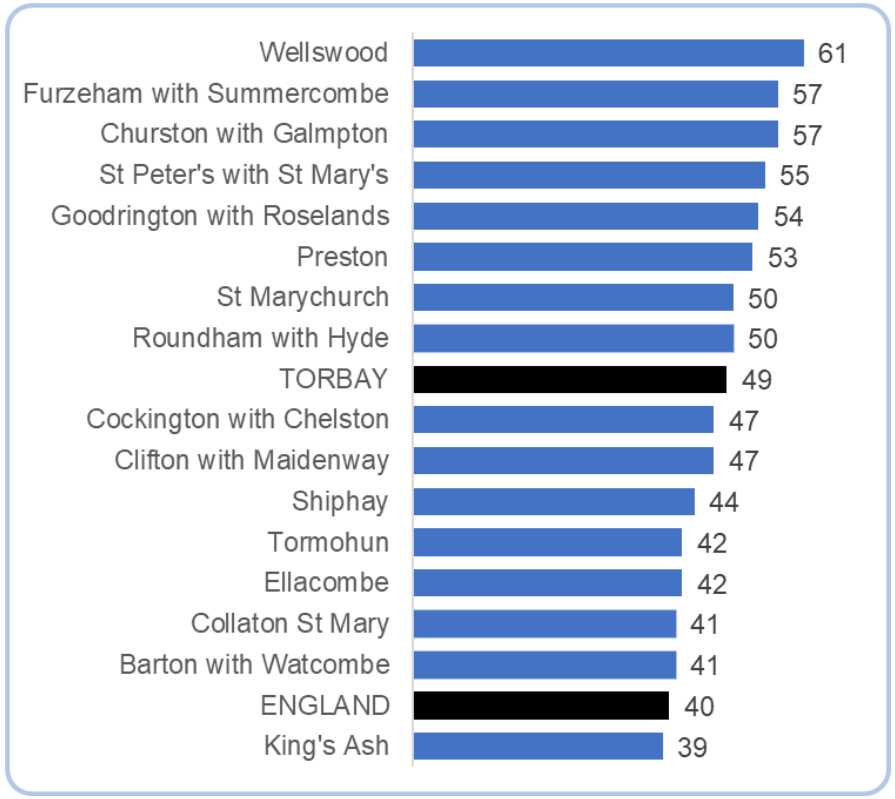
Wellswood, Churston with Galmpton and Furzeham with Summercombe each have more than 1 in 3 of their population aged 65 and over, this is significantly higher than Torbay at 27% and England at 19%. Tormohun and Ellacombe have 18 to 64 populations slightly higher than England. The largest proportion of under 18s is found in King's Ash where they represent 24% of the population compared to 8% in Wellswood (Fig 2).

Fig 2: Ward population breakdown – Largest to smallest proportion of 65+ population
Source: 2024 ONS mid-year population estimate



The median age of a Torbay resident is 49 years, this is 9 years older than the average across England. Within Torbay, there are significant differences between areas. Wellswood has a median age approximately 20 years higher than King's Ash, Barton with Watcombe and Collaton St Mary (Fig 3).

Fig 3: Ward average (median) age
Source: 2024 ONS mid-year population estimate



There is a significant level of variation across Torbay wards in the percentage of households that are 1 person households. In Roundham with Hyde, Tormohun and Wellswood, close to half of all households are 1 person households compared to approximately a

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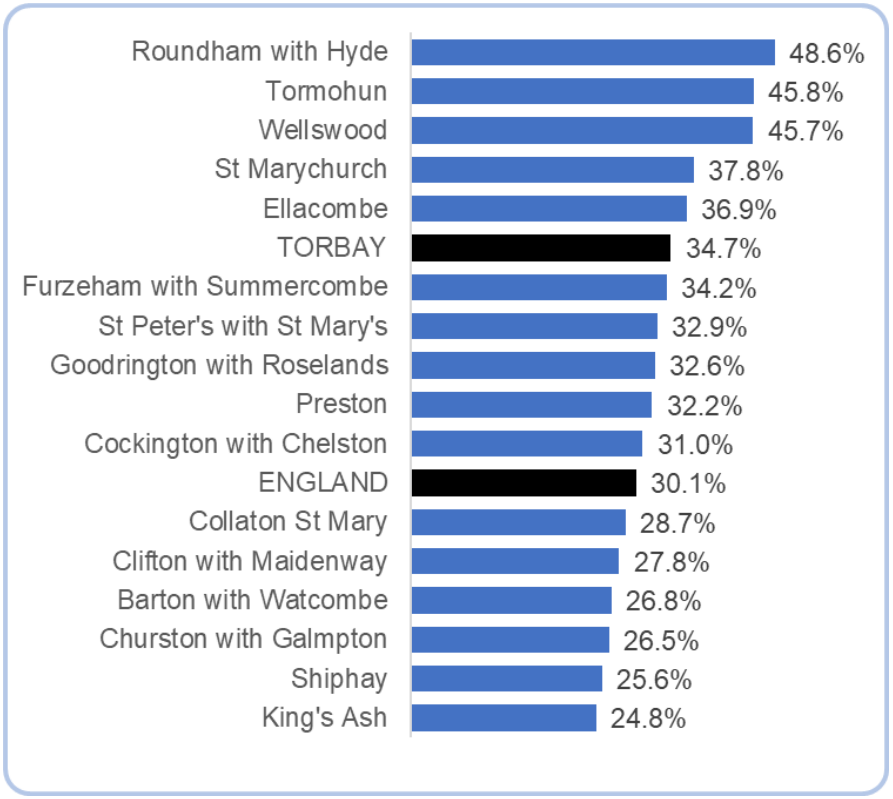
quarter in wards such as King's Ash, Shiphay and Churston with Galmpton (Fig 4)

Fig 4: Percentage of households that are 1 person households
Source: 2021 Census



There are significant gaps in life expectancy in relation to Torbay females (Fig 5) and particularly in relation to males (Fig 6). Churston with Galmpton has the 3rd highest life expectancy for females and the highest life expectancy for males. Roundham with Hyde has the lowest life expectancy for females and males. Tormohun and St Marychurch have the 2nd and 3rd lowest life expectancies respectively for females and males.

Fig 5: Life expectancy at birth (2020 to 2024) - Female
Source: Primary Care Mortality Database, ONS mid-year population estimates

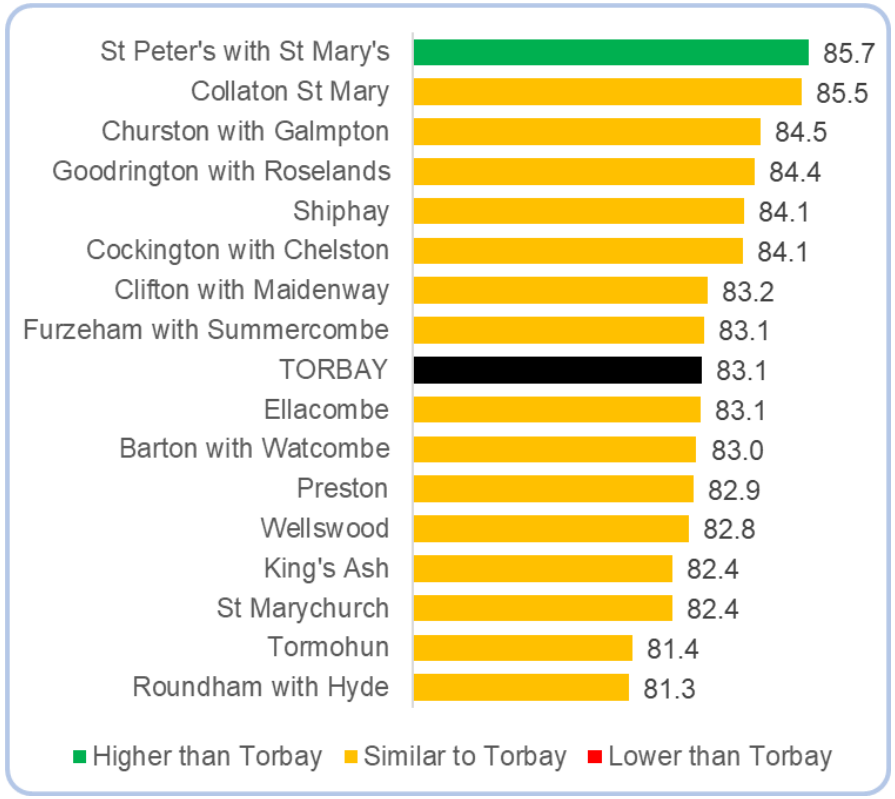


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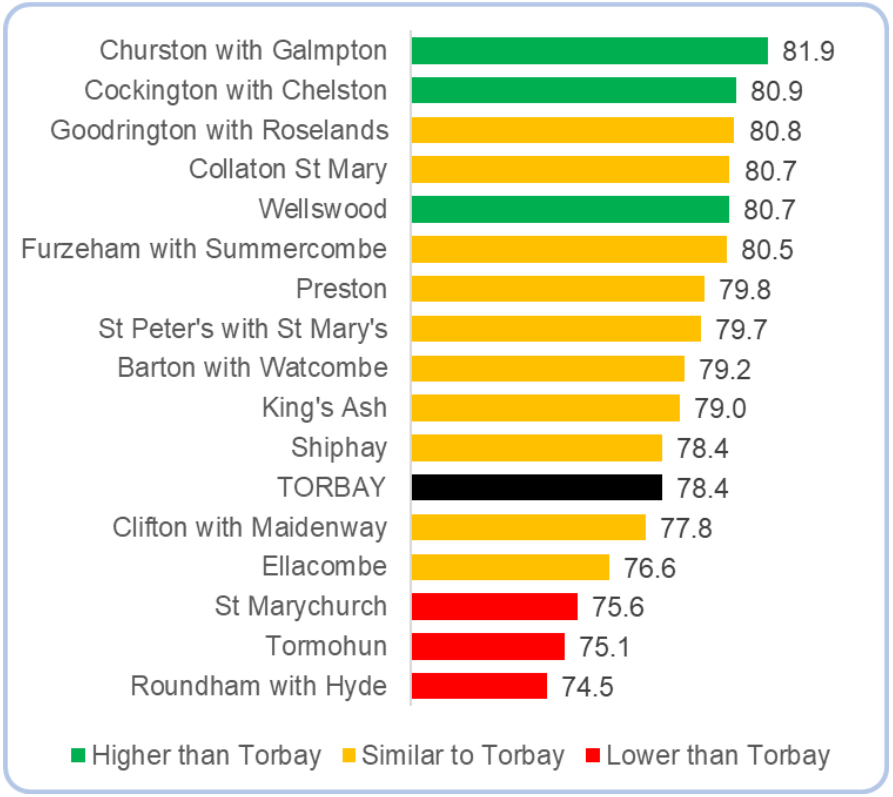
Fig 6: Life expectancy at birth (2020 to 2024) - Male
Source: Primary Care Mortality Database, ONS mid-year population estimates



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

23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot which was significantly higher than England. Within Torbay, Roundham with Hyde, Wellswood, Tormohun and Furzeham with Summercombe had rates significantly higher than Torbay (Fig 7). None of Torbay's wards had a lower rate than England, this is also true if the populations are limited to those aged under 65 when compared to England aged under 65 rates (Fig 8).

Fig 7: Percentage of population who have a disability
Source: 2021 Census

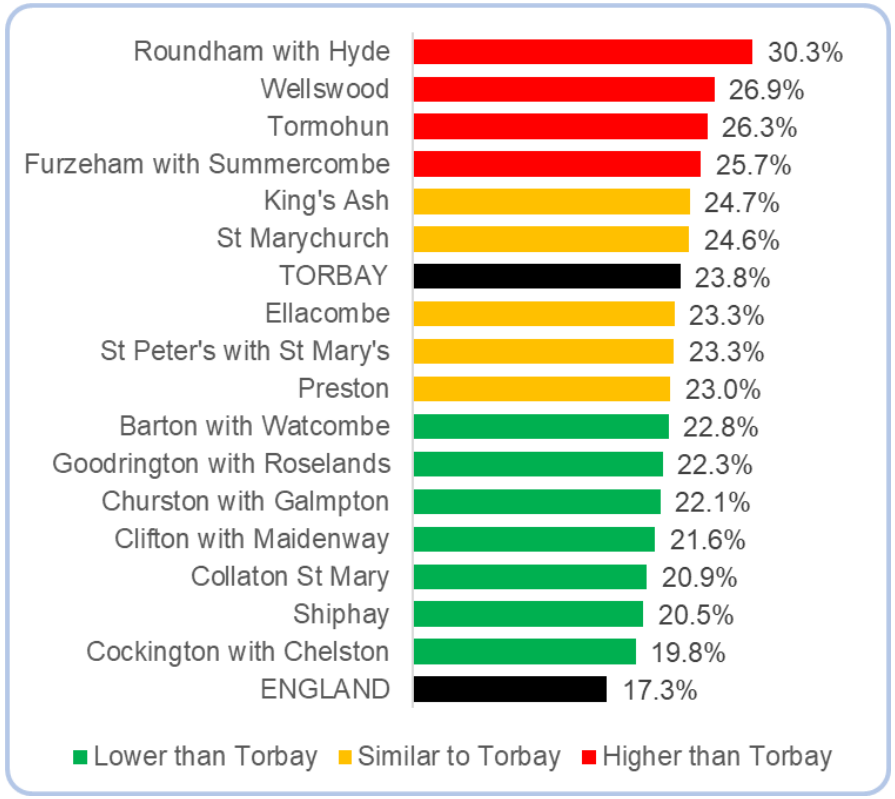


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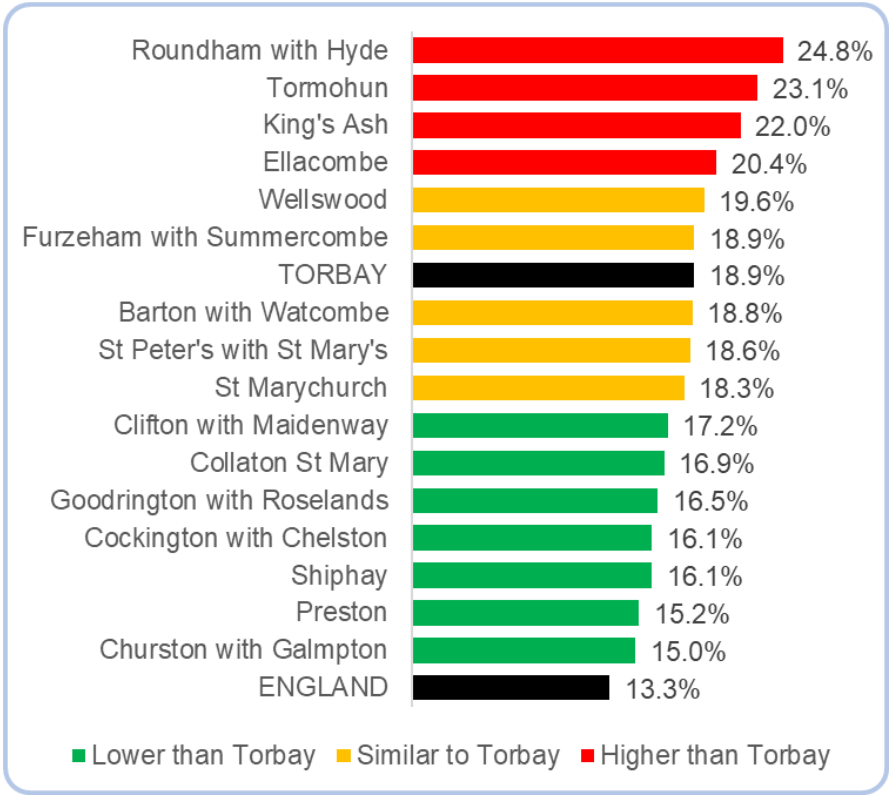
Fig 8: Percentage of population under the age of 65 who have a disability
Source: 2021 Census

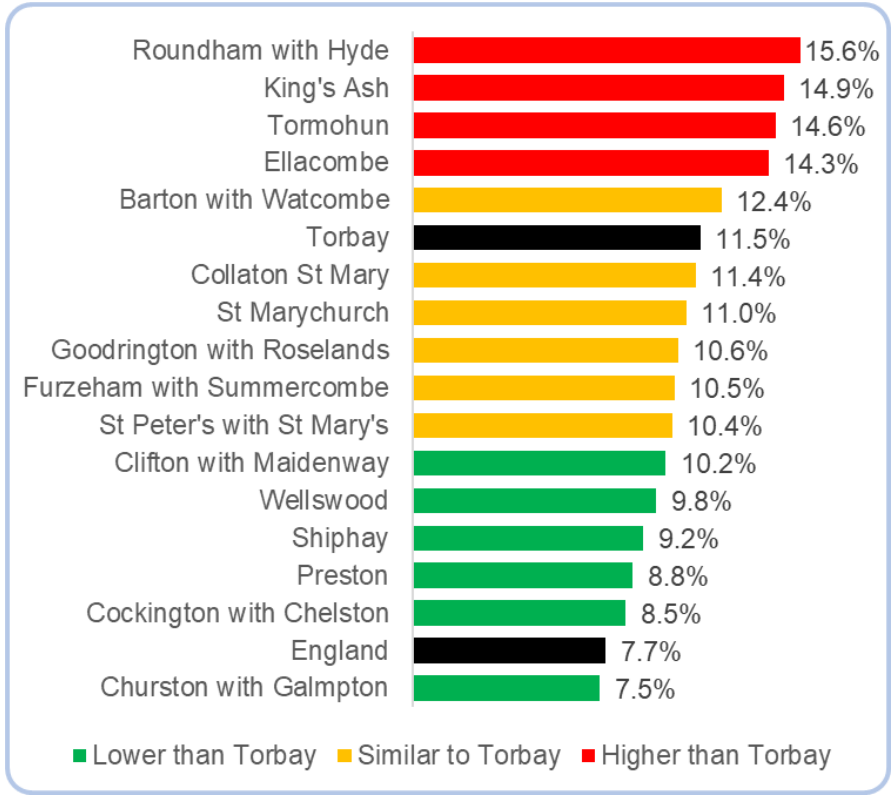


Personal Independence Payments (PIP) can help with extra living costs if you have both:

- A long-term physical or mental health condition or disability
- Difficulty doing certain everyday tasks or getting around because of your condition

PIP claimant levels in Torbay are significantly higher than England and within Torbay there are significant differences in rates between wards (Fig 9).

Fig 9: Percentage of 16-64 population claiming Personal Independence Payments (2025)
Source: Stat-Xplore



3.9% of Torbay residents identified themselves as not being white, this is much lower than the England figure of 19%. No Torbay ward had a level of ethnic diversity comparable to the England level (Fig 10).

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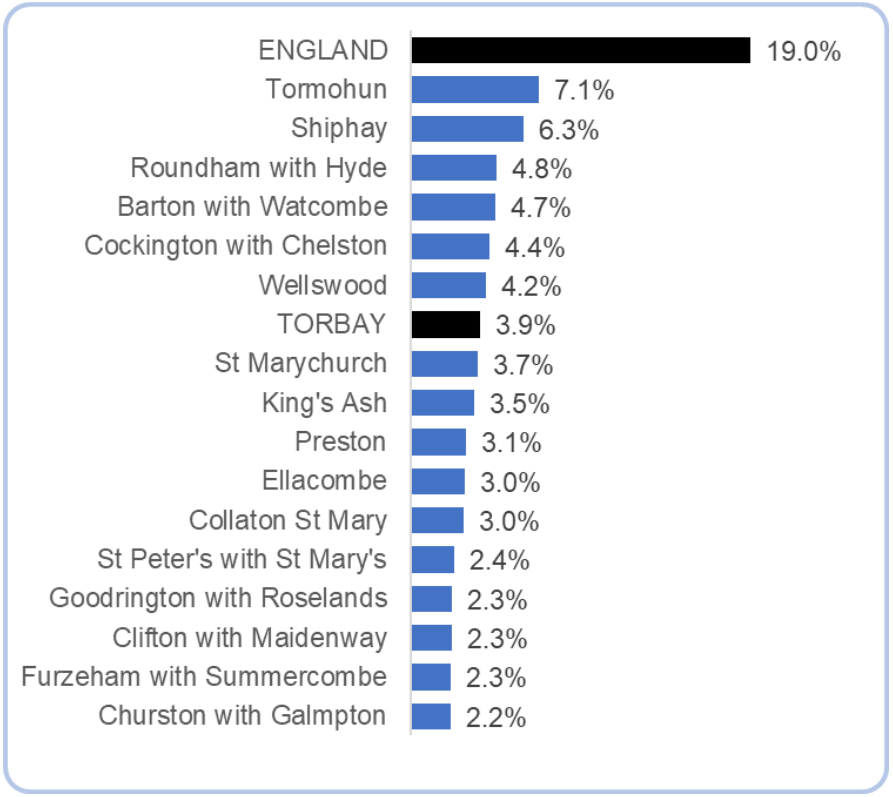
Fig 10: Percentage of people who do not identify as White

Source: 2021 Census



There are particularly high concentrations of deprivation within Roundham with Hyde, Tormohun, Ellacombe and King's Ash. Preston, Goodrington with Roselands, Collaton St Mary and Churston with Galmpton have no areas deemed to be within the 20% most deprived in England (Figs 11 & 12). The Torbay average is approximately 26% of people living in areas deemed to be amongst the 20% most deprived in England.

Fig 11: Rank of Index of Multiple Deprivation

Source: English Indices of Deprivation 2025

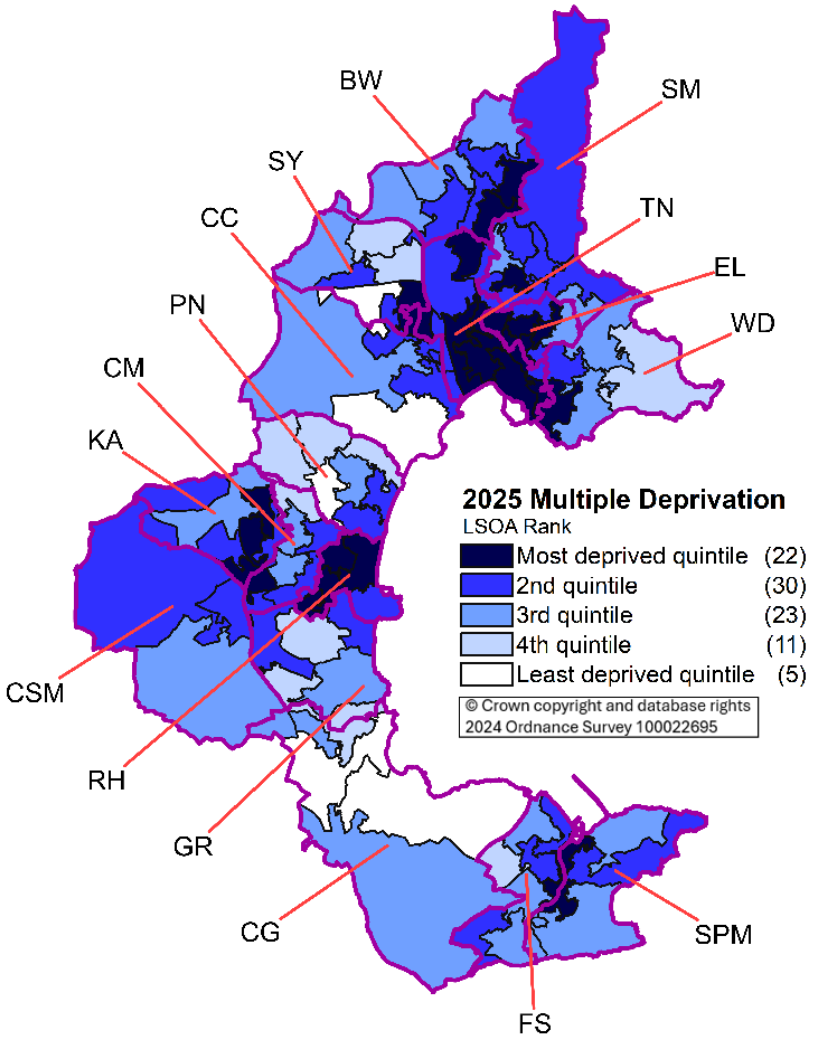


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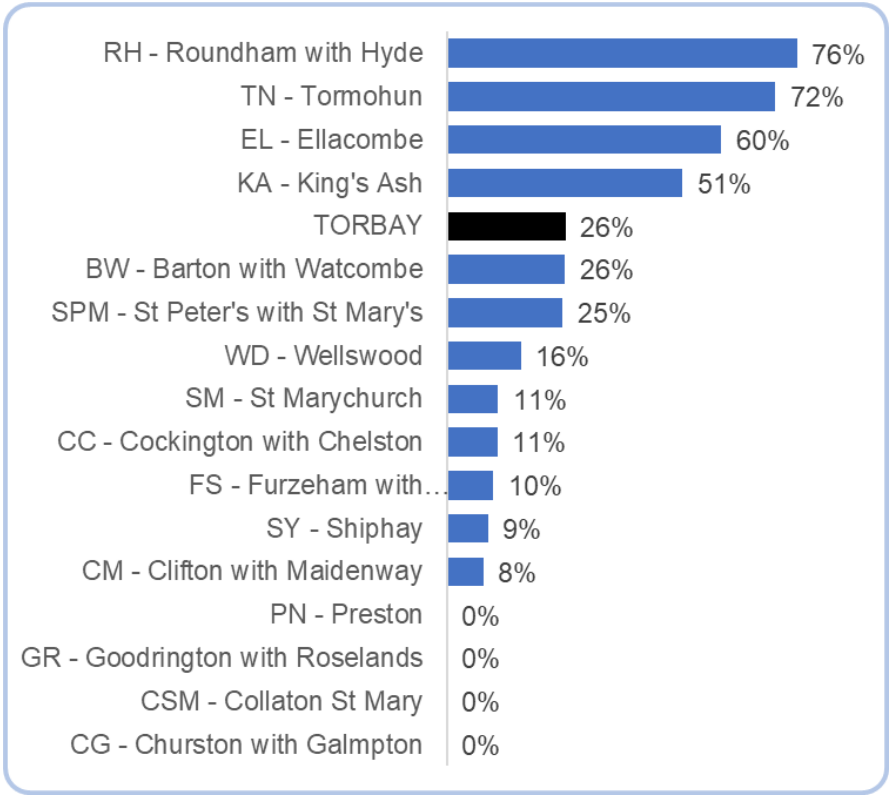
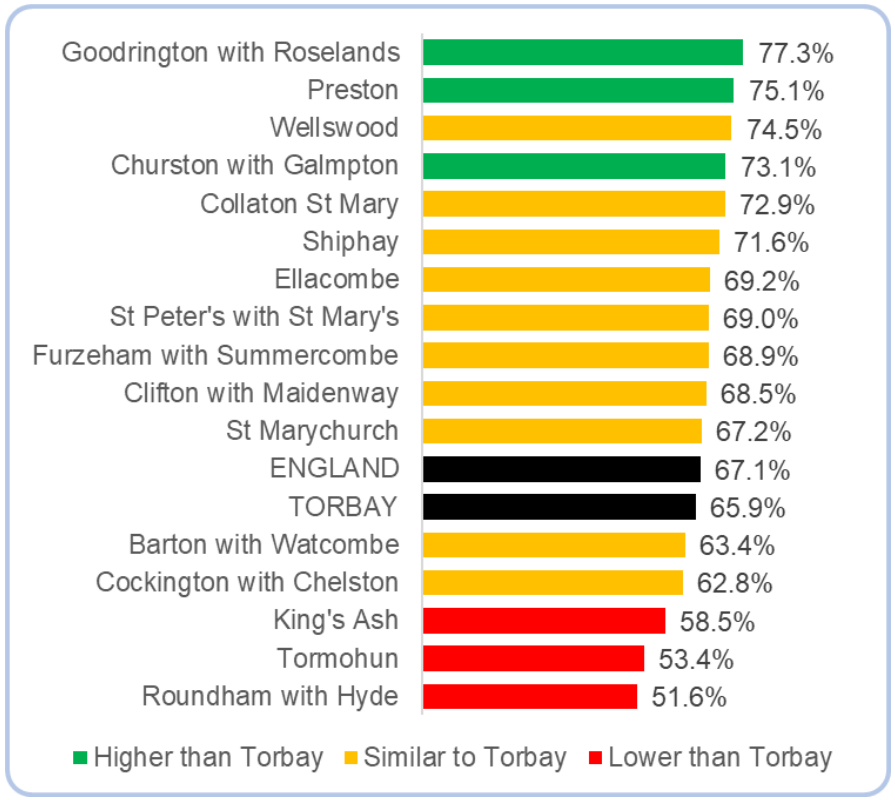
Fig 12: Proportion of areas in wards within most deprived 20% in England
Source: English Indices of Deprivation 2025



Children and Young People

Torbay has had a broadly similar rate of children who have achieved a good level of development at the Early Years Foundation Stage when compared to England. However, within Torbay there is significant variation with wards such as Goodrington with Roselands and Preston having rates approximately 22 to 26 percentage points higher than Roundham with Hyde and Tormohun (Fig 13). Torbay figures relate to children resident within Torbay attending Torbay establishments.

Fig 13: Percentage of children who achieved a good level of development at Early Years Foundation Stage (2022 to 2025)
Source: Torbay Children's Services, England – OHID Public Health Profiles (Fingertips)



Attainment 8 scores relate to a student's average GCSE grade across eight core subjects, the higher the Attainment 8 score, the better the result. Torbay figures relate to children resident within the Torbay area who attended Torbay maintained and academy schools, it does not include special schools. The average score for England has not been included as it includes special schools. Within Torbay there is significant variation between the top and bottom wards with

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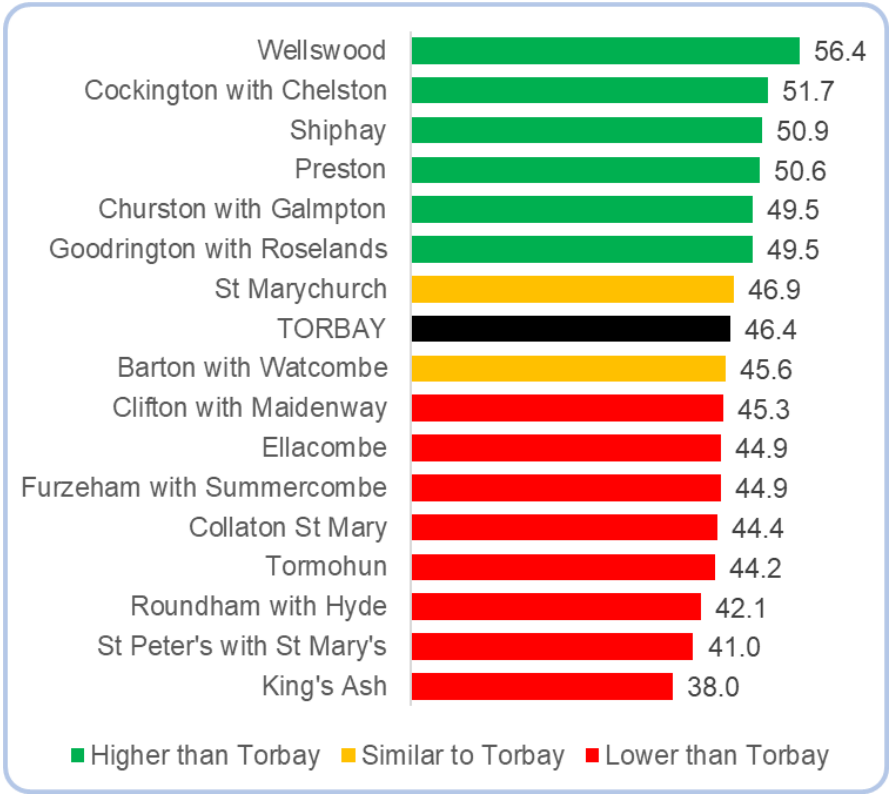
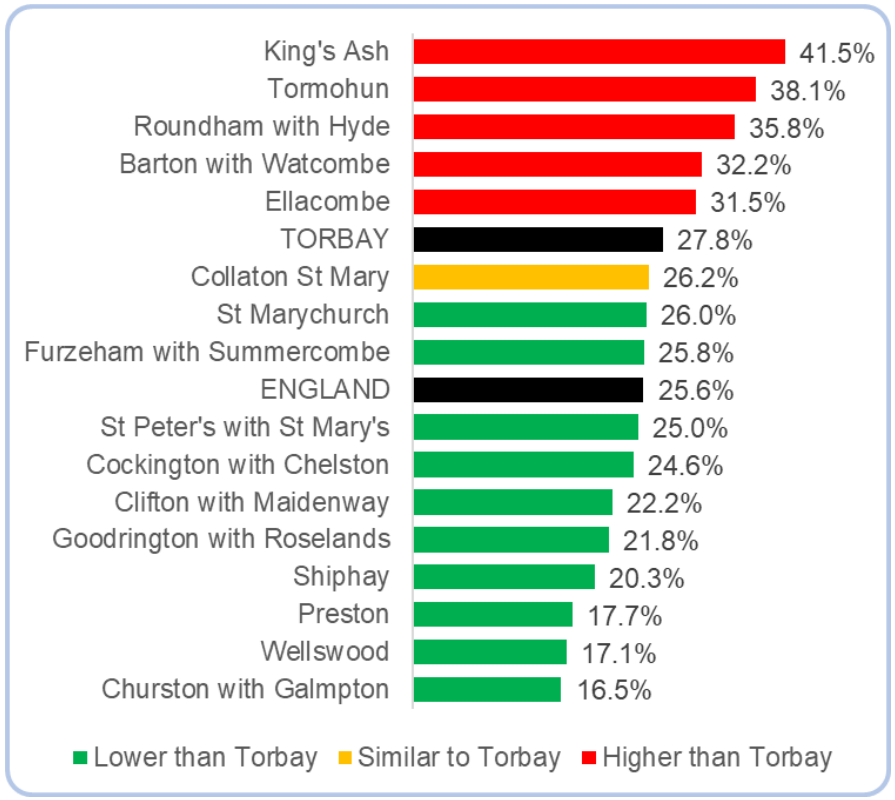
an 18.4 percentage point gap between Wellswood and King's Ash (Fig 14).

Fig 14: Average Attainment 8 score at GCSE (2022 to 2025)
Source: Torbay Children's Services



The deprivation pupil premium is allocated to those pupils that have been known to be eligible for free school meals at any pupil level census over the last 6 years, rates in this category have been higher in Torbay than England. Within Torbay, there is a wide variation between different wards, 5 wards have 30% or more of their pupils eligible for the Deprivation Pupil Premium with 3 wards having rates lower than 20% (Fig 15). Torbay figures relate to children resident within Torbay attending Torbay establishments.

Fig 15: Percentage of pupils eligible for Deprivation Pupil Premium (2021/22 to 2025/26)
Source: Torbay Children's Services, England – Education and Skills Funding Agency



Special Educational Needs and Disabilities (SEND) can affect a child or young person's ability to learn. Over the last decade, Torbay has broadly had a higher level of school children at its primary and secondary schools with recognised SEND than England. Over the period 2022 to 2025, 3 wards (King's Ash, Roundham with Hyde and Barton with Watcombe) had a significantly higher proportion of school pupils with recognised SEND than the Torbay average (Fig 16). Torbay figures relate to children resident within Torbay attending Torbay establishments.

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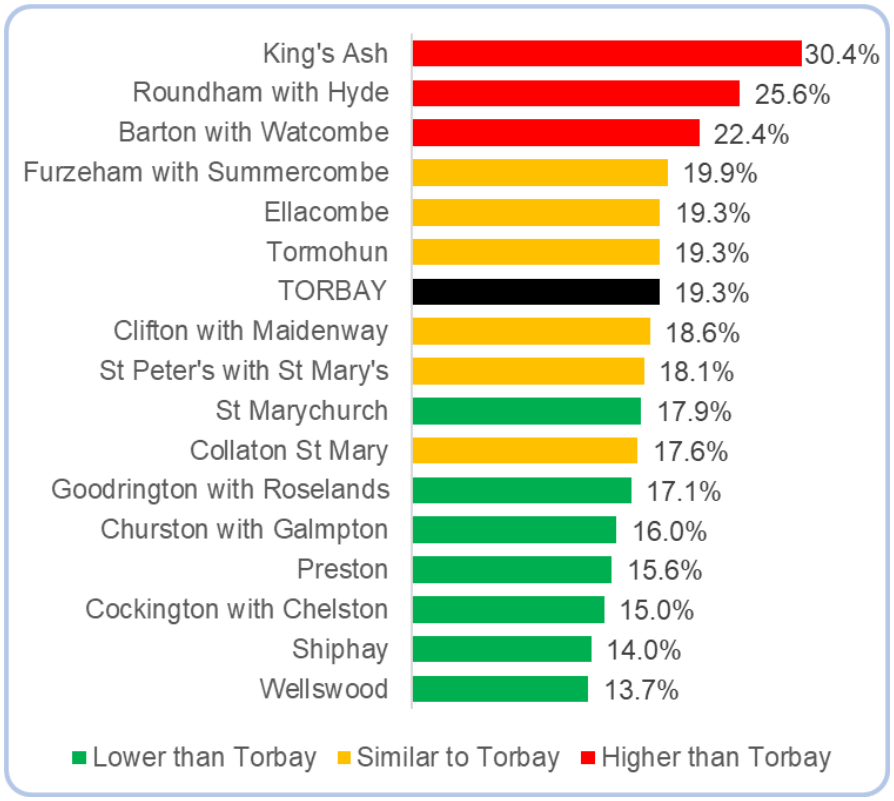
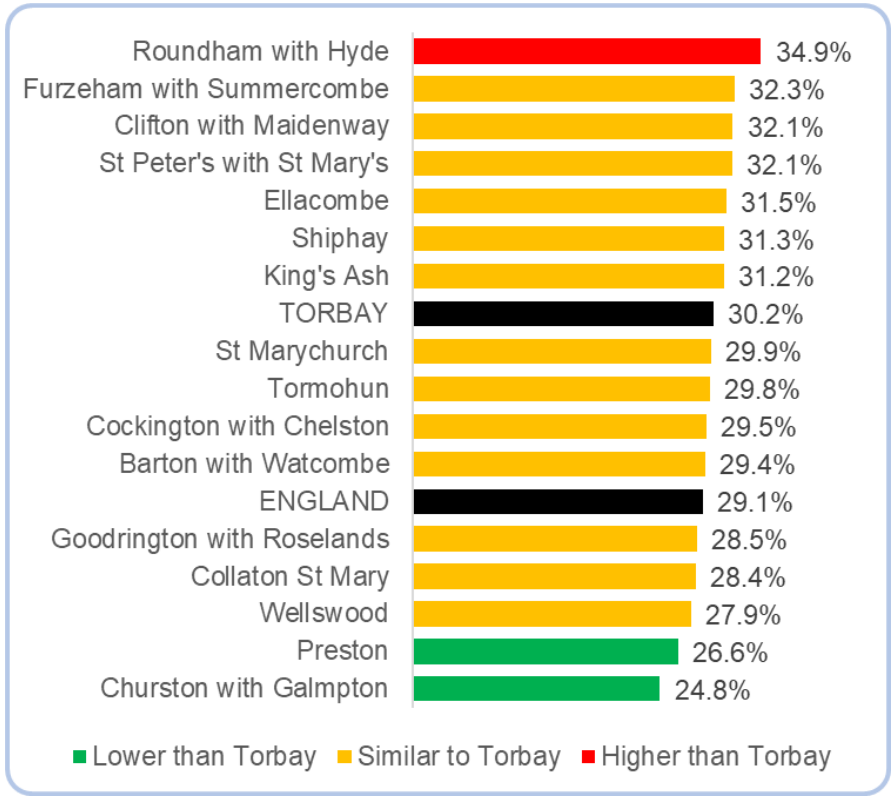
Fig 16: Percentage of pupils with recognised Special Educational Needs (2022 to 2025)
Source: Torbay Children's Services - SEN JSNA 2025



The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and Year 6 (aged 10 to 11) children at English schools. Rates across Torbay have generally been statistically higher than England for Reception aged children and broadly in line for Year 6 children.

At ward level, Reception and Year 6 have been combined to show differences between different areas, the highest overweight and obesity rates occur in Roundham with Hyde whereas Preston and Churston with Galmpton have rates significantly lower than the Torbay average (Fig 17).

Fig 17: Percentage of pupils who are overweight or obese – Reception and Year 6 (2015/16 to 2016/17, 2018/19 to 2019/20 and 2021/22 to 2024/25)
Source: National Child Measurement Programme, England - OHID Public Health Profiles (Fingertips)



Economy and Employment

The number of under 16 children in low-income families (households where income is less than 60% of UK median income, have claimed Child Benefit and one or more of Universal Credit, Tax Credits or

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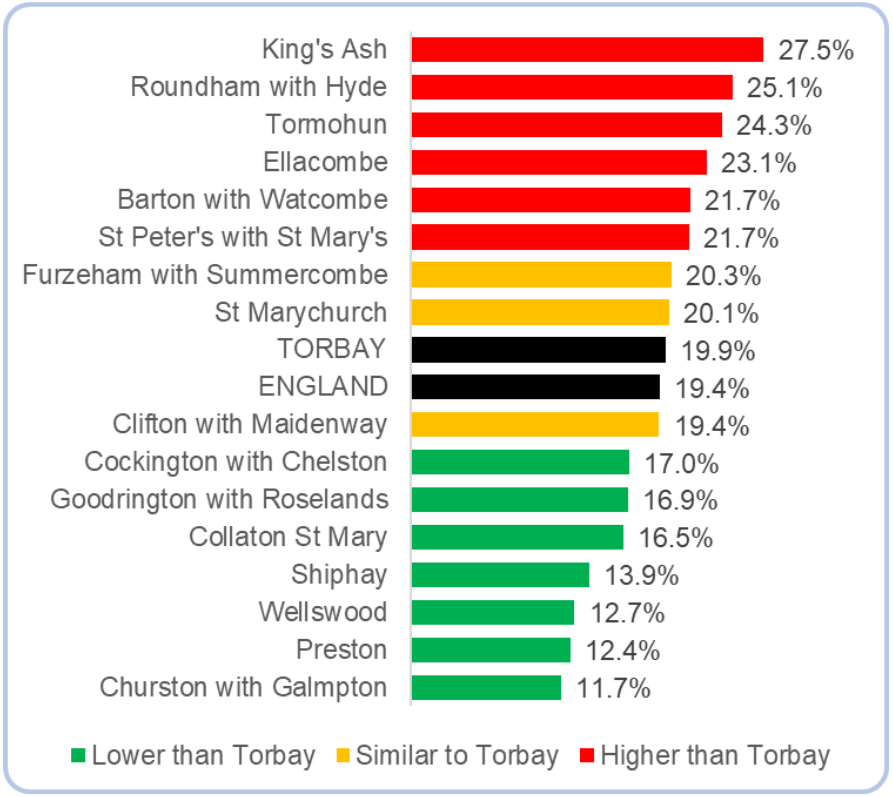
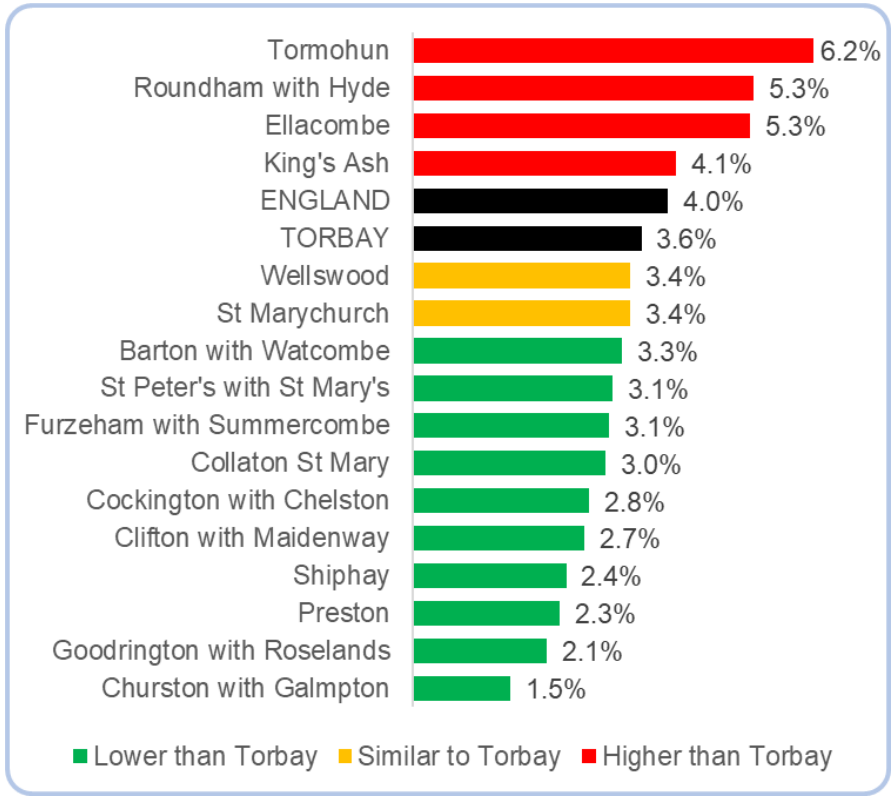
Housing Benefit) in Torbay stands at 19.9% for the 4 year period 2021/22 to 2024/25. Within Torbay, there is significant variation with rates in the highest ward being over twice the rate of the lowest ward (Fig 18). This measure relates to income before housing costs.

Fig 18: Percentage of under 16 children in relative low-income families (2021/22 to 2024/25)
Source: Stat-Xplore



The unemployment claimant rate rose significantly along with the rest of the country during 2020, rates have more than halved since their 2020 peak. As of February 2026, there were 2,920 Torbay residents claiming unemployment benefit, Rates are significantly higher than the Torbay average in Tormohun, Roundham with Hyde, Ellacombe and King's Ash (Fig 19).

Fig 19: Percentage of those claiming unemployment benefit as a proportion of residents aged 16 to 64 (2022 to 2026, measure taken in February)
Source: NOMIS (Claimant Count)



Within Torbay, there are very significant differences in the number of working age people claiming Universal Credit over the last 12 months. Rates have been particular high in Roundham with Hyde, Tormohun, King's Ash, Ellacombe and Barton with Watcombe (Fig 20). It should be noted that there are still people who have not been

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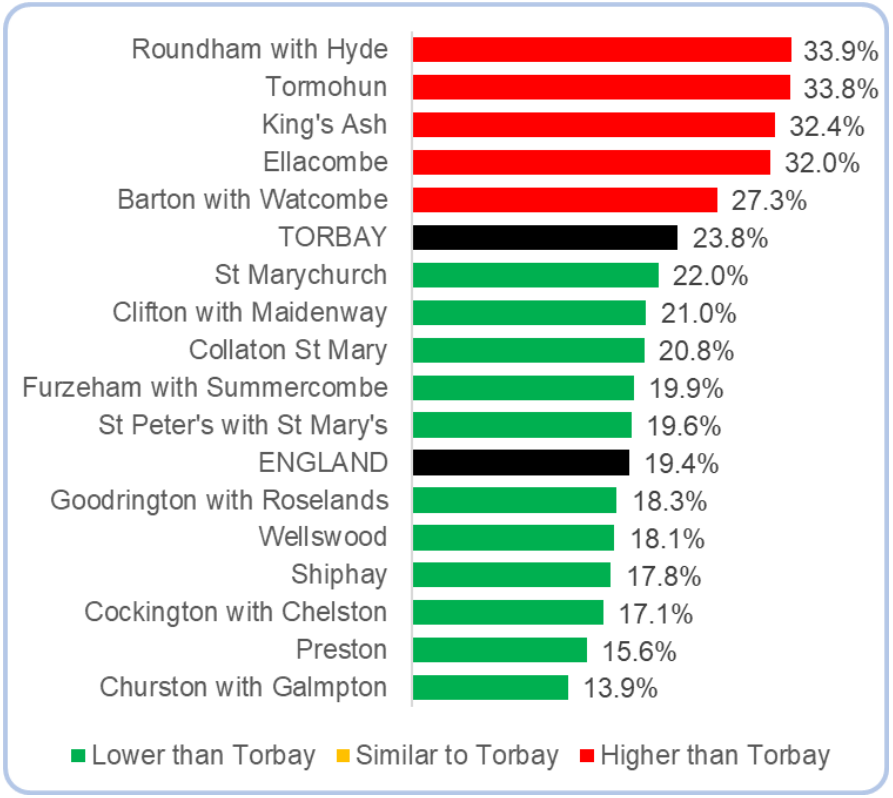
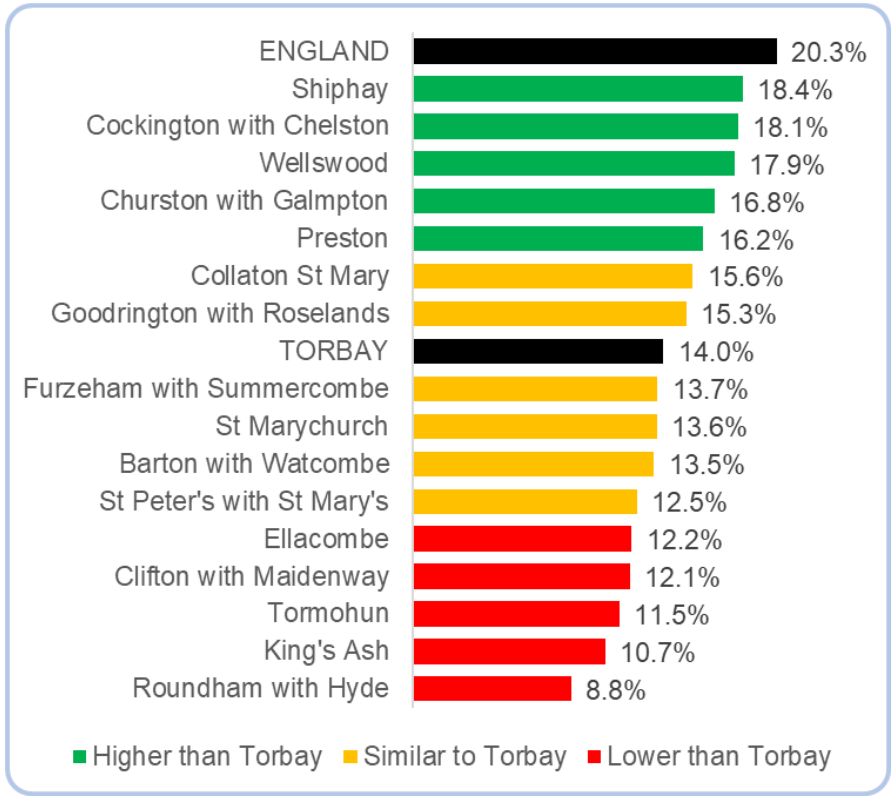
moved over to Universal Credit from all the legacy benefits that Universal Credit will replace.

Fig 20: Percentage of those claiming Universal Credit as a proportion of residents aged 18 to 65 (2025/26)
Source: Stat Xplore



The 2021 Census derived data relating to occupational groups that people belonged to, the groupings were derived from their job title and the main activity of their employer. Within Torbay, the largest proportion belonged to 'Caring, leisure and other service occupations' at 14.2% which was significantly higher than the England average of 9.3%. The second highest proportion related to 'Professional occupations' at 14.0%, this was significantly lower than the England average of 20.3%. There are significant differences between wards in relation to the number of people in 'Professional occupations' with rates in Shiphay, Cockington with Chelston and Wellswood more than double that of Roundham with Hyde (Fig 21).

Fig 21: Percentage of workforce in 'Professional occupations'
Source: Census 2021



The 2021 Census asked for the highest qualification level of those aged 16 and over. Torbay has significantly smaller proportions of its residents aged 25 to 64 with a Level 4 qualification (degree level) or above. Within Torbay there is a spread of 13 percentage points between Churston with Galmpton and Roundham with Hyde (Fig 22).

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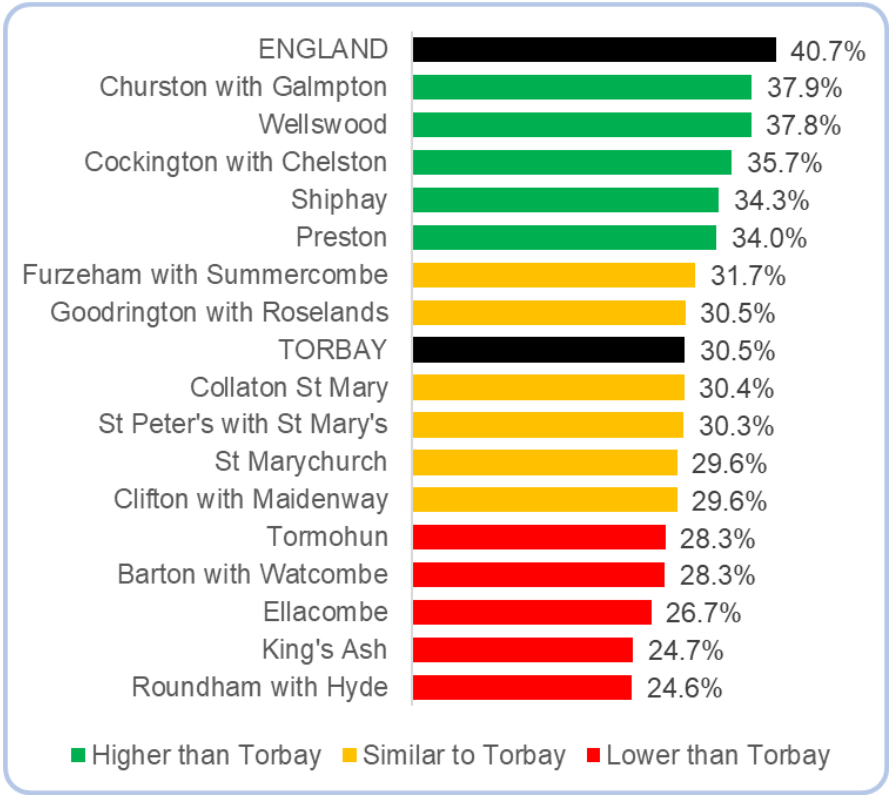
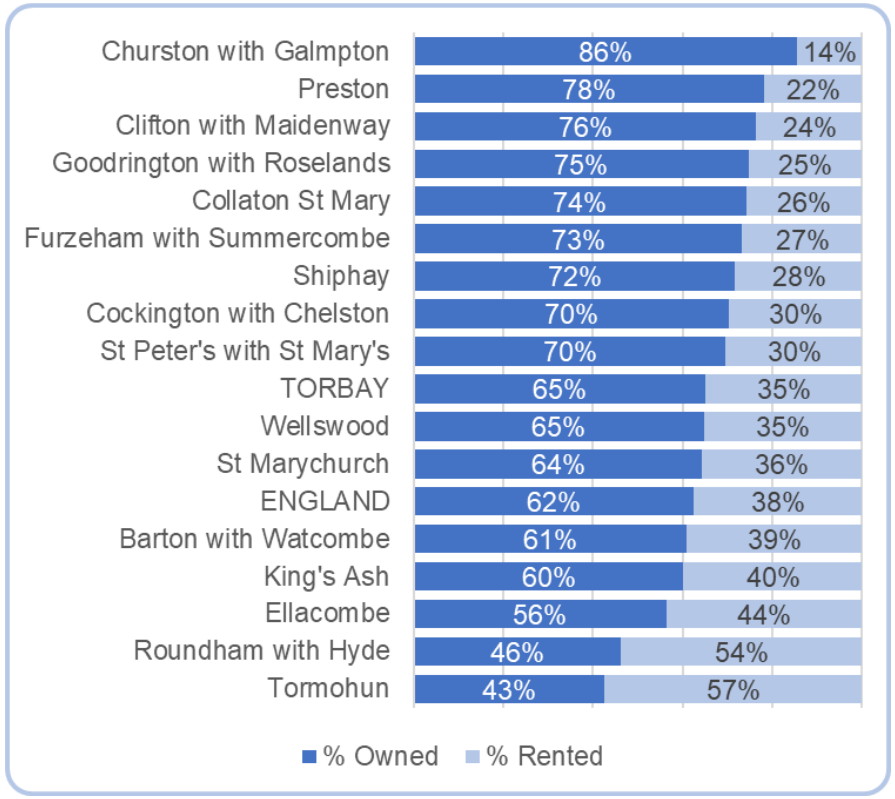
Fig 22: Percentage with at least a degree level qualification – Aged 25 to 64
Source: Census 2021



Housing

Almost 2 in 3 households own their own property in Torbay although rates of home ownership have fallen from 78% in 1991 to 65% in 2021. Torbay has rates of privately rented accommodation that are significantly higher than England, conversely Torbay has the lowest rates of socially rented accommodation in the South West. Within Torbay, Tormohun and Roundham with Hyde have ownership rates of less than 50% which is significantly lower than the rest of Torbay (Fig 23).

Fig 23: Percentage of home ownership and renting
Source: Census 2021



Energy inefficient housing contributes to climate change, fuel poverty and poor health linked to cold and damp homes. Energy Performance Certificates (EPCs) are required when buildings are constructed, sold or let and measure their energy efficiency. Ratings range from A (best) to G (worst). In the 10 years to March 2025, 43.1% of EPCs for dwellings in Torbay were in the higher bands of A to C which is lower than the England rate of 53.3%. Ward rates are estimated, 3 wards in Torbay have estimated higher rates than

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England which are Collaton St Mary, King's Ash and Shiphay (Fig 24). New build homes are much more likely to meet these standards than older homes. Also, flats are more likely to meet these standards than houses. Estimated rates of fuel poverty are highest in the central areas of Torquay, Paignton and Brixham (Fig 25).

Fig 24: Estimated percentage of housing with Energy Performance Certificates at Band C or above, 10 years to March 2025
Source: Ministry of Housing, Communities and Local Government, ONS

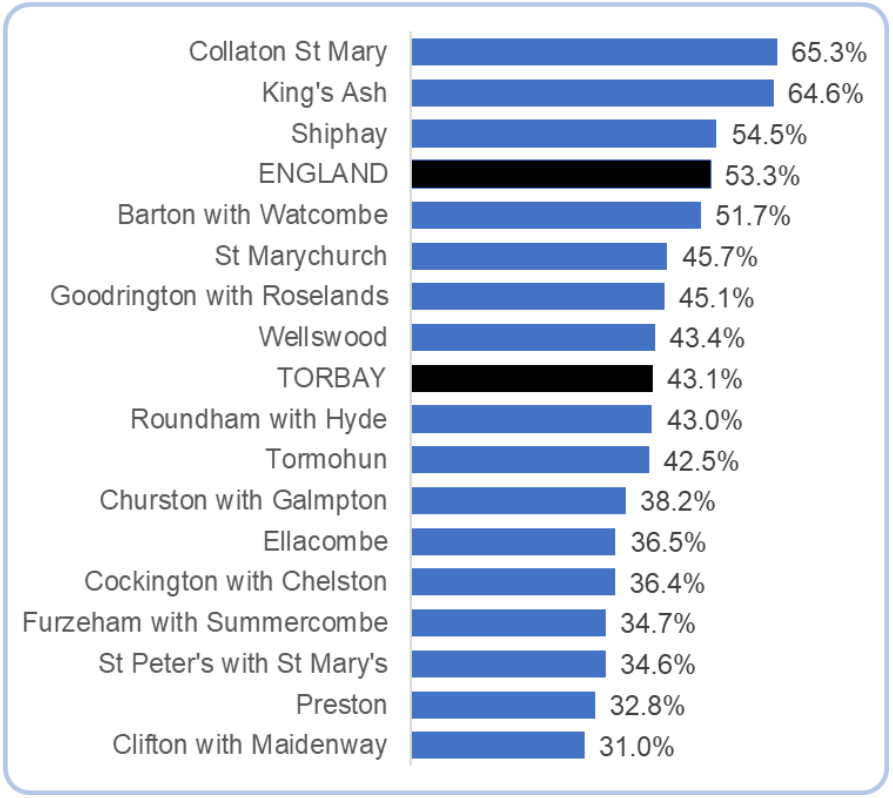
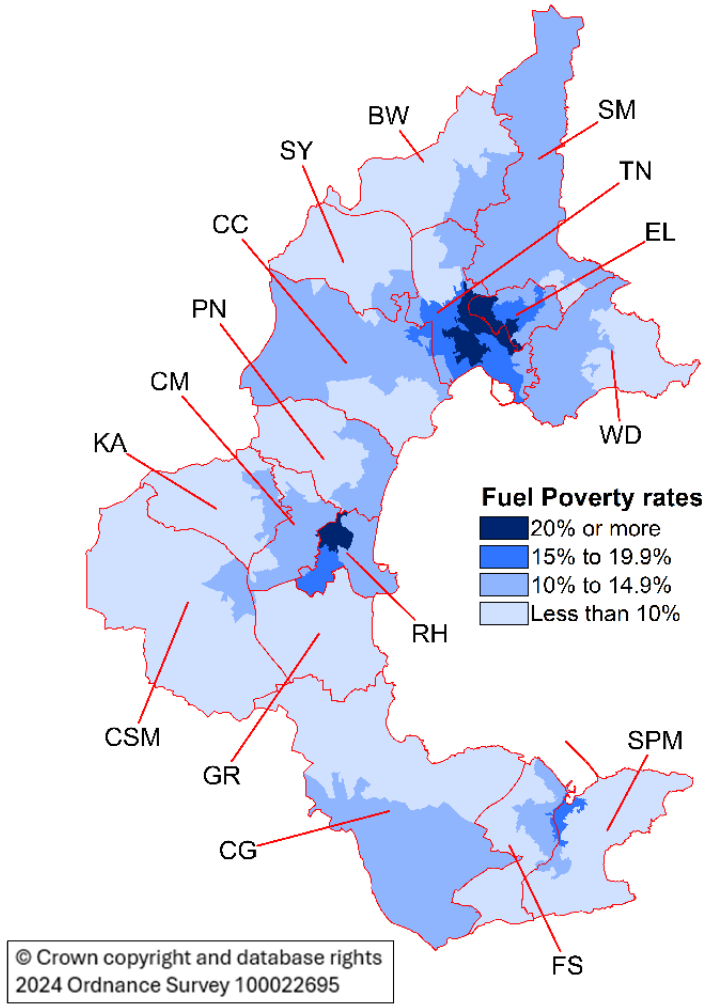


Fig 25: Estimated percentage of households in fuel poverty, 2023
Source: Department for Energy Security & Net Zero



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Planned/Unplanned hospital admissions

Roundham with Hyde and Tormohun have seen the largest amount of unplanned admissions (Fig 27) in Torbay over the 5 year period 2020/21 to 2024/25 when adjusted for the age structure of each ward. Torbay has a significantly higher rate of unplanned admissions than England and these admissions disproportionately relate to areas with higher levels of deprivation. Note on Hospital admissions and SDEC – page 3

Fig 26: Planned hospital admission rate per 100,000 (Age-standardised), 2020/21 to 2024/25
Source: Hospital Episode Statistics

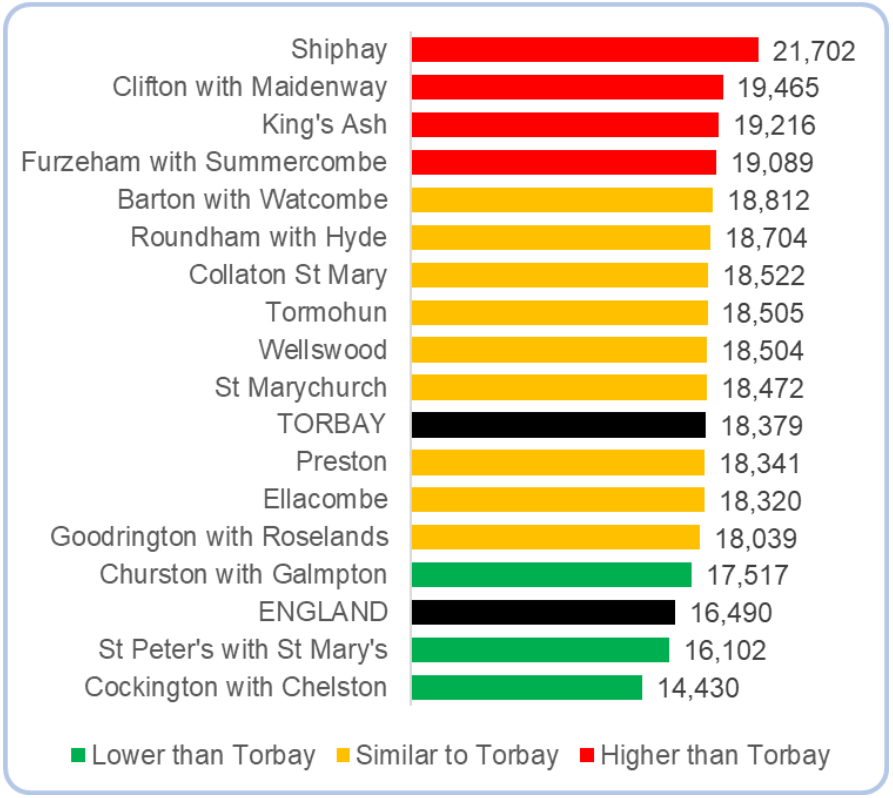
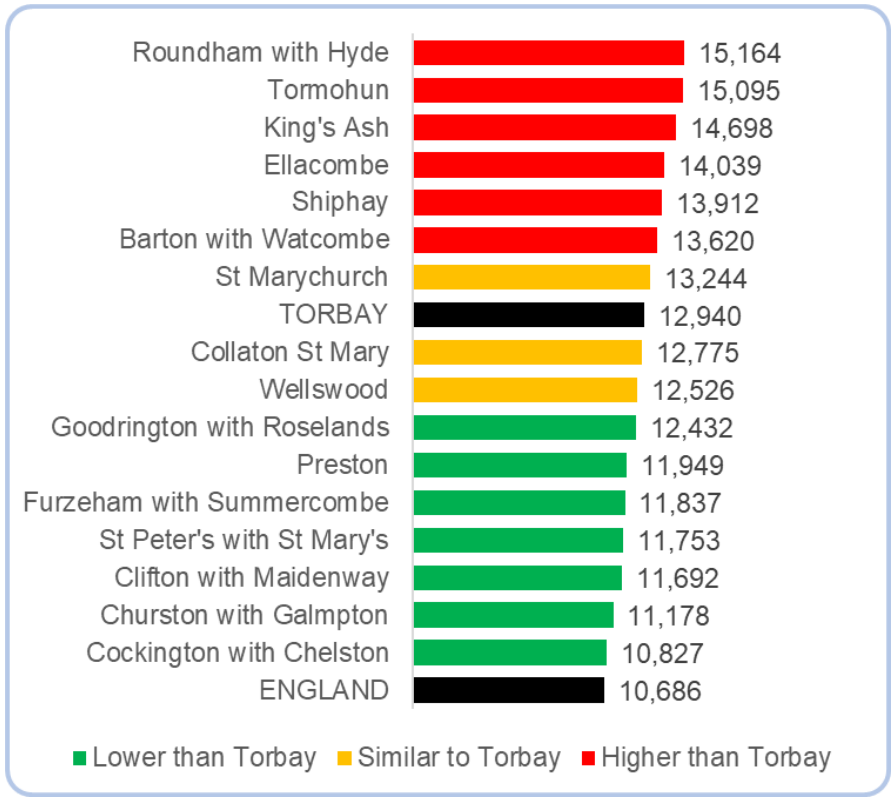


Fig 27: Unplanned hospital admission rate per 100,000 (Age-standardised), 2020/21 to 2024/25
Source: Hospital Episode Statistics



Alcohol

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol. The rate of alcohol-specific conditions has been consistently higher in Torbay than England with rates among males approximately double that of females. Within Torbay, rates are particularly high in Roundham with Hyde and Tormohun, with rates over 80% higher than the Torbay

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average when adjusted for the age structure of each ward (Fig 28). Note on Hospital admissions and SDEC – page 3 Rates of alcohol-specific mortality when adjusted for the age structure of each ward over the last 10 years are significantly higher in Tormohun than other wards within Torbay (Fig 29).

Fig 28: Hospital admission rate for alcohol-specific conditions per 100,000 (Age-standardised), 2020/21 to 2024/25
Source: Hospital Episode Statistics

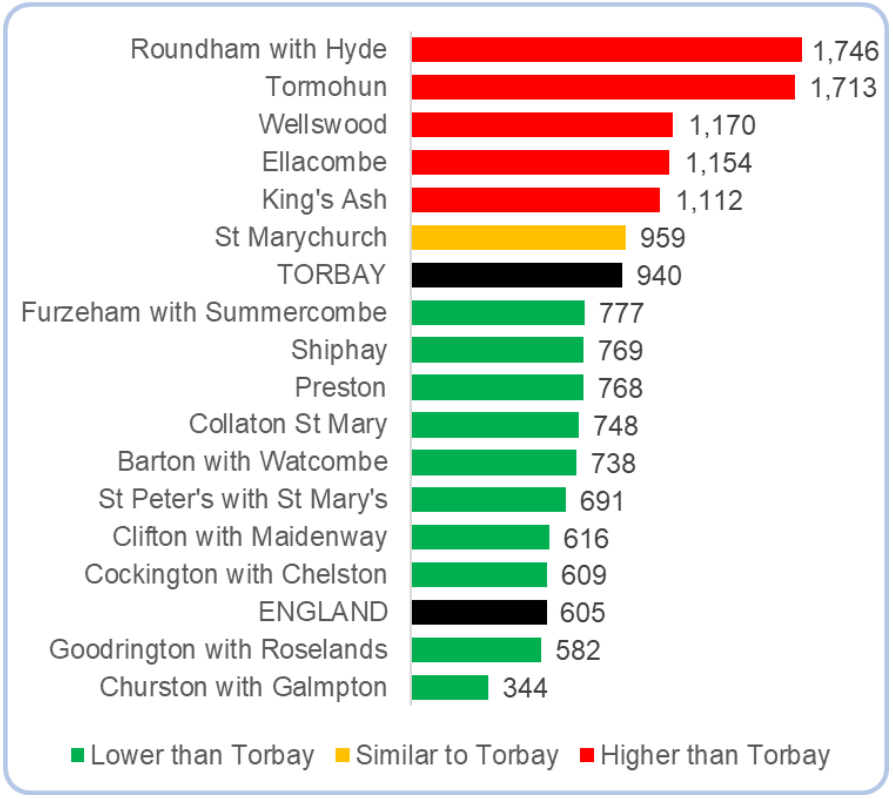
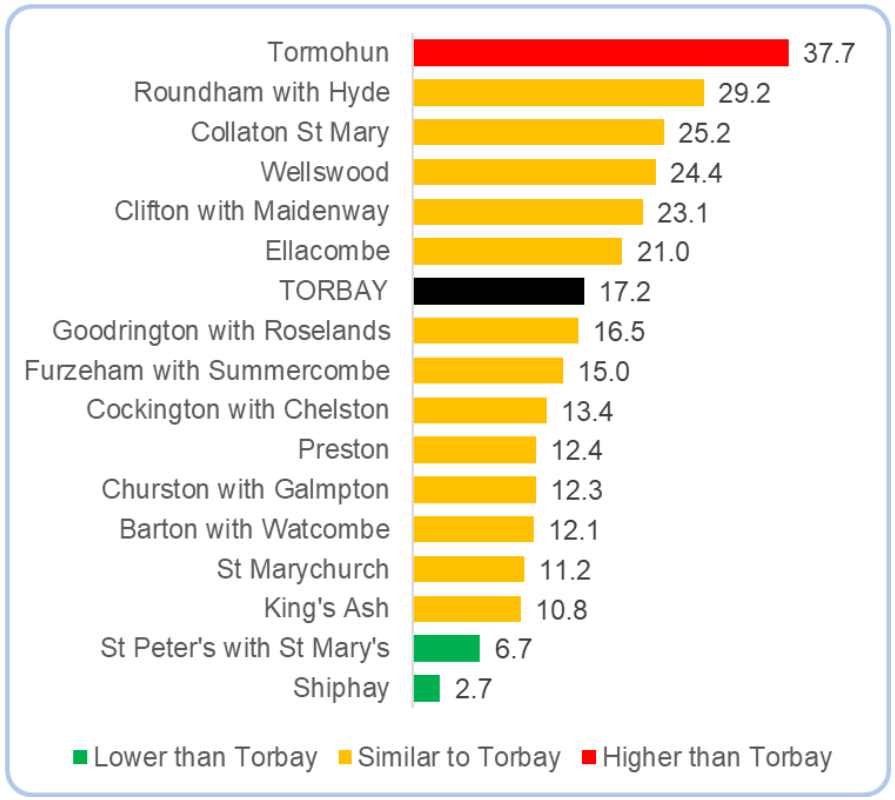


Fig 29: Mortality rate for alcohol-specific conditions per 100,000 (Age-standardised), 2015 to 2024
Source: Primary Care Mortality Database



Obesity

Obesity doubles the risk of dying prematurely with obese adults 7 times more likely to become a type 2 diabetic (Source: Childhood Obesity – a plan for action).

There are significant differences in admission rates when adjusted for the age structure of each ward across Torbay with the highest

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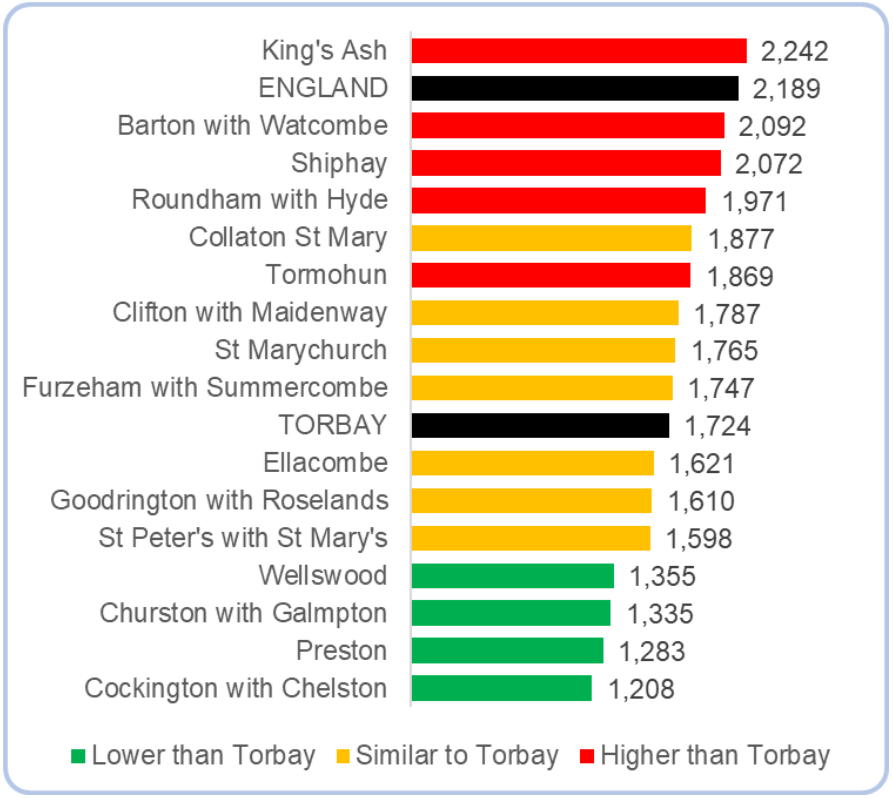
rate close to double the lowest admission rate (Fig 30). Note on Hospital admissions and SDEC – page 3

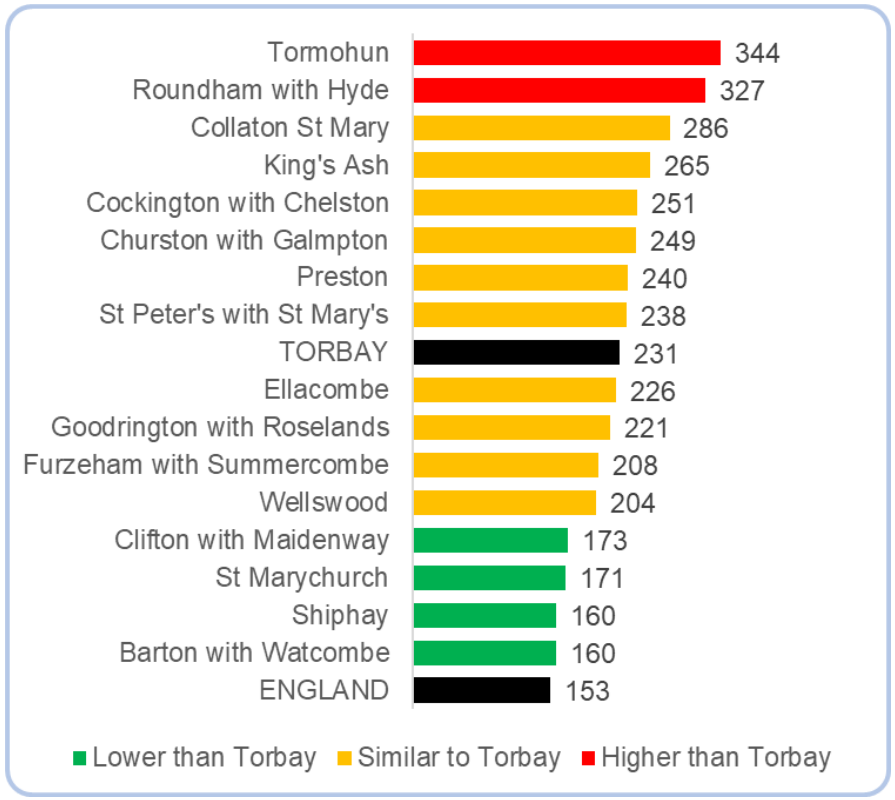
Fig 30: Admission episodes with a diagnosis of obesity, per 100,000 (Age-standardised), 2019/20 to 2024/25
Source: Hospital Episode Statistics



Self-harm

Emergency hospital admissions over the last 7 years for self-harm (99% of self-harm admissions are emergencies) are higher in all Torbay wards when compared to the England average. Tormohun and Roundham with Hyde have rates that are significantly higher than Torbay (Fig 31). Admission rates have been adjusted for the age structure of each ward. Note on Hospital admissions and SDEC – page 3

Fig 31: Rate of emergency hospital admissions as a result of self-harm, all ages, per 100,000 (Age-standardised), 2018/19 to 2024/25
Source: Hospital Episode Statistics



Adult Social Care

The figures within the Adult Social Care section for Torbay as a whole relate to those individuals whose postcode is within the Torbay area, it does not include those whose addresses are unknown or are outside Torbay. This will mean that figures for Torbay will be slightly

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lower than recorded nationally which means that the graphs will not include England. However, the narrative will indicate where Torbay is a significant outlier when compared to England.

The number of requests for adult social care support for new clients aged 18 to 64 is significantly higher in Torbay when compared to England, with significant differences between wards (Fig 32). For those aged 65 and over, Torbay's rate has been significantly higher than England since 2021/22, there is significant variation between different areas of Torbay (Fig 33).

Fig 32: Requests for Adult social care support for new clients, aged 18 to 64 per 100,000, 2020/21 to 2023/24
Source: Torbay & South Devon NHS Foundation Trust

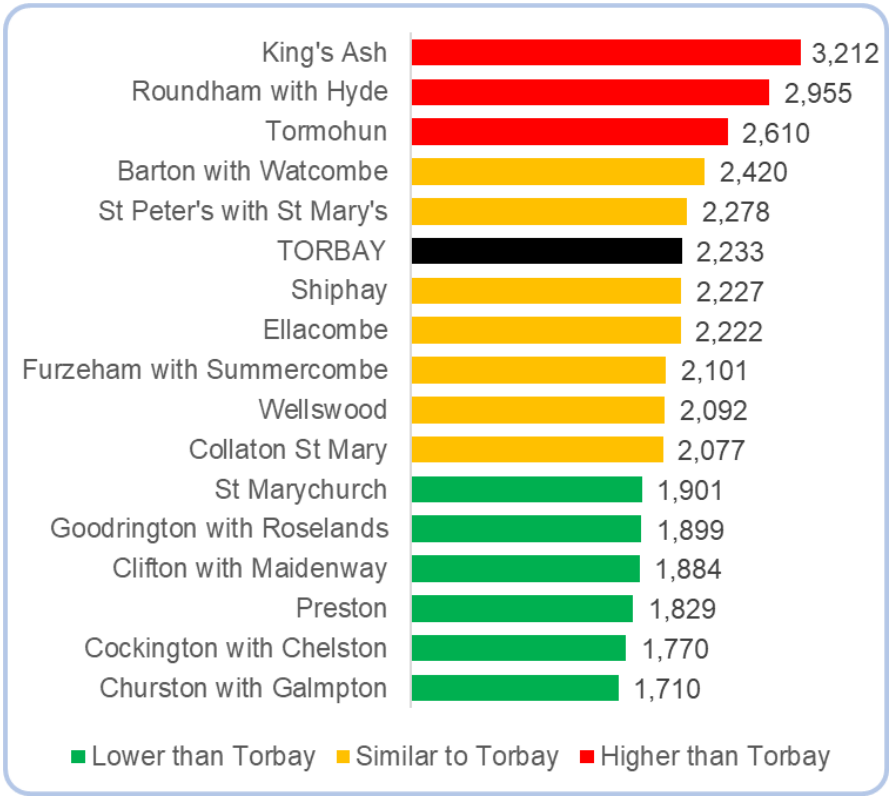
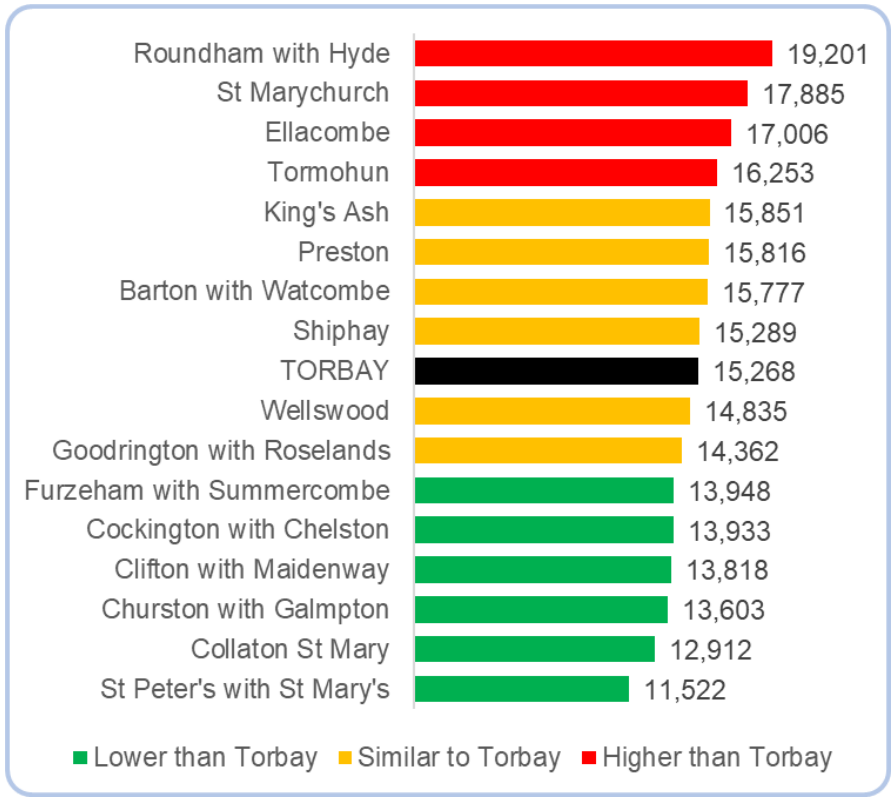


Fig 33: Requests for Adult social care support for new clients, aged 65+ per 100,000, 2020/21 to 2023/24
Source: Torbay & South Devon NHS Foundation Trust



The rate of permanent admissions to nursing and residential homes for those individuals aged 65 and over is significantly different across various areas of Torbay (Fig 34). It should be noted that these figures include individuals who were already placed at a home prior to becoming a long-term placement, this is likely to give an additional weighting to areas of Torbay that have significant levels of residential and nursing homes.

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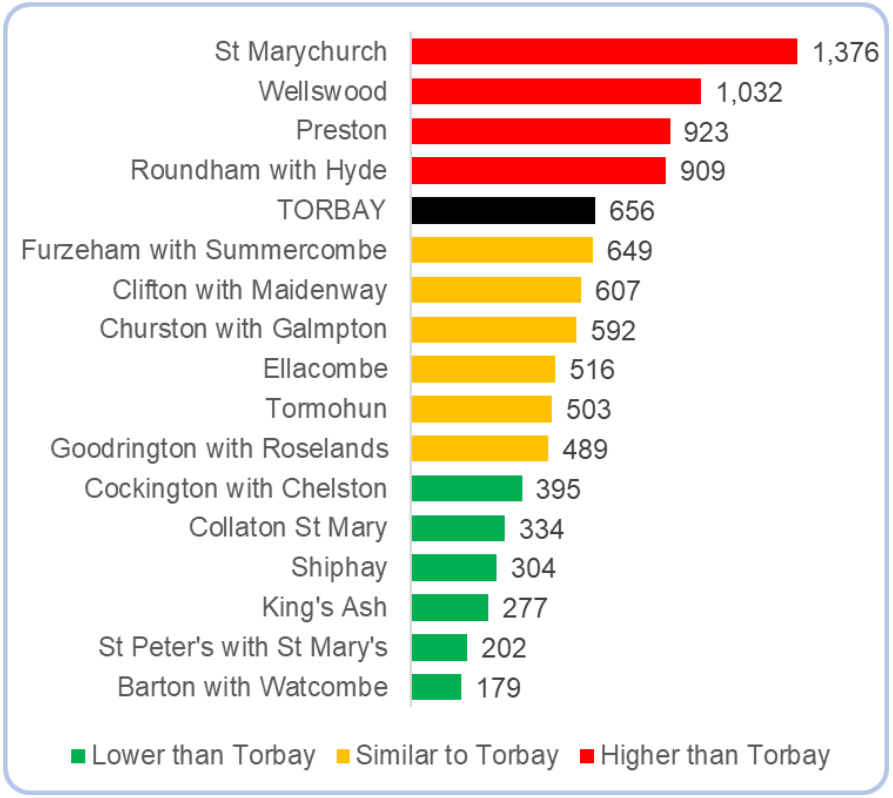
Fig 34: Rate of permanent admissions to residential and nursing homes, aged 65+ per 100,000, 2020/21 to 2023/24
Source: Torbay & South Devon NHS Foundation Trust



Rates of long-term funded support for those individuals aged 18 to 64 funded by Torbay Adult Social Care are significantly higher than England. Over the last 4 years, rates have been significantly higher than the Torbay average in 5 wards (Fig 35). The figures shown for long-term support relate to those with a primary support reason of Learning Disability, Mental Health or Physical Personal Care

Rates of long-term funded support for those individuals aged 65 and over had been broadly in line with England for the 3 years before 2022/23 but were significantly higher for the last 2 years, there are very significant differences in the rates between wards (Fig 36).

Fig 35: Rate of long-term support for those with a primary support reason of Learning Disability, Mental Health or Physical Personal Care, aged 18 to 64 per 100,000, 2020/21 to 2023/24
Source: Torbay & South Devon NHS Foundation Trust

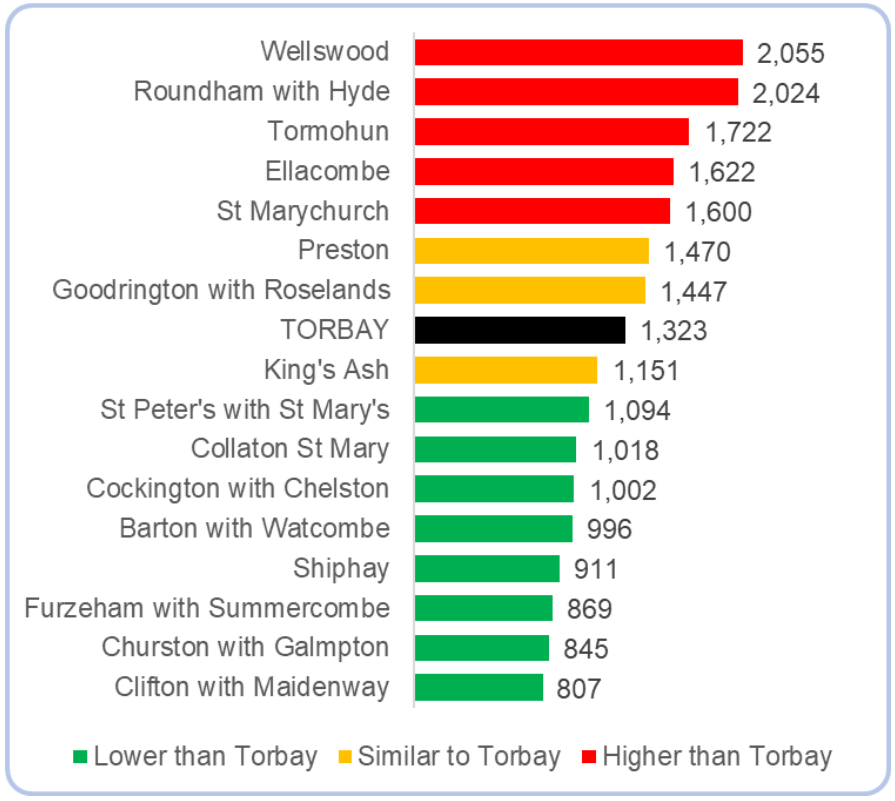


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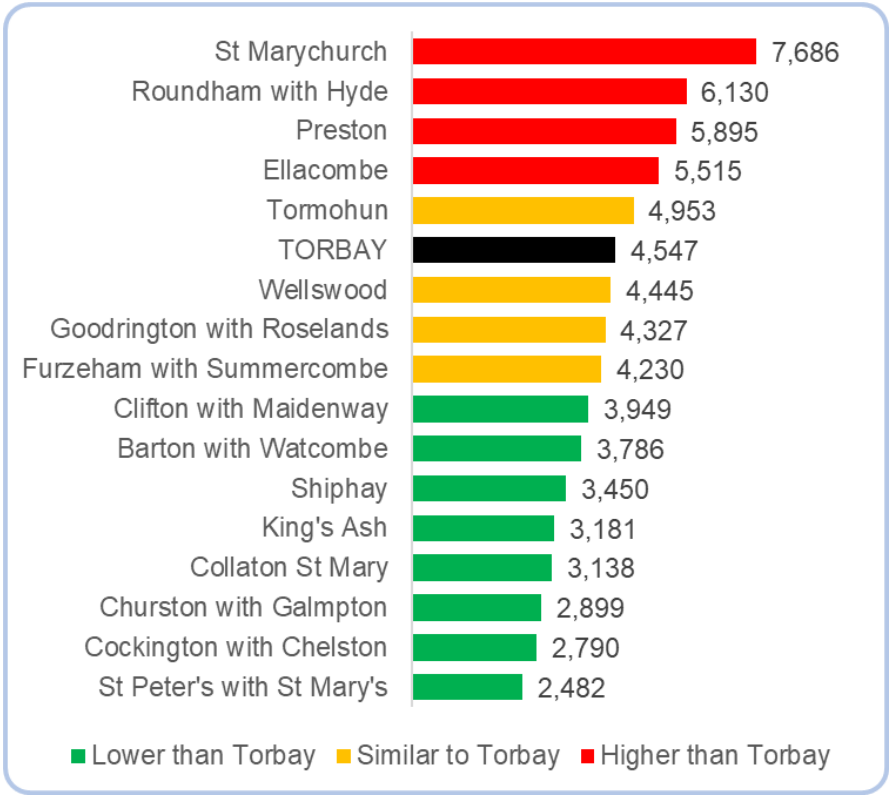
Fig 36: Rate of long-term support for those with a primary support reason of Learning Disability, Mental Health or Physical Personal care, aged 65+ per 100,000, 2020/21 to 2023/24
Source: Torbay & South Devon NHS Foundation Trust

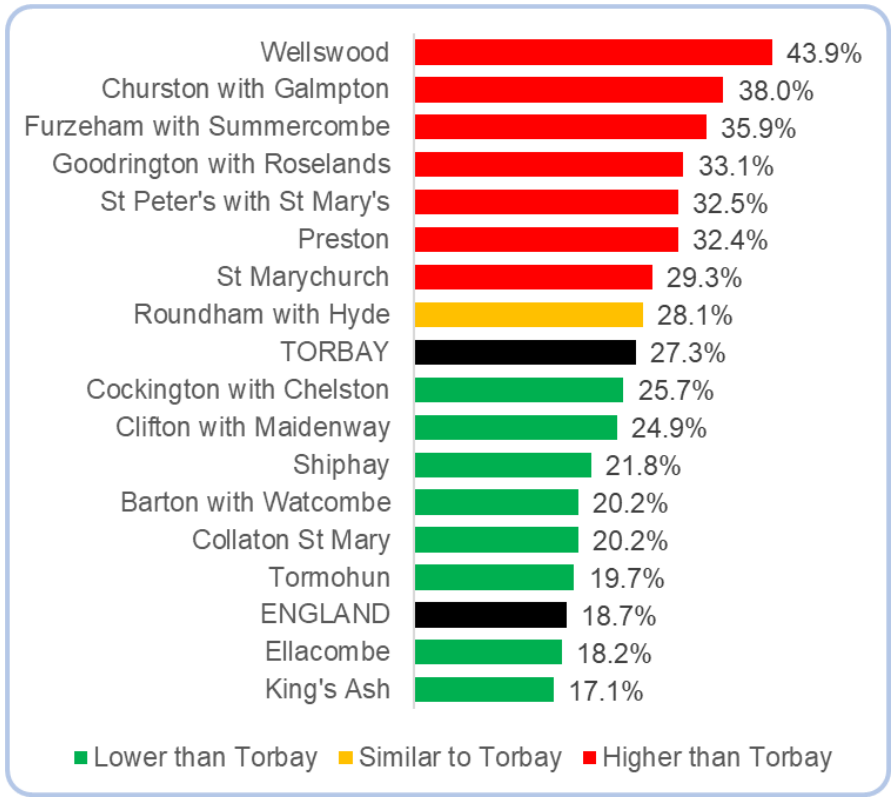


Data for 2024/25 has not been included for the Adult Social Care measures. Nationally, data for 2024/25 is derived from a new dataset and as such are flagged as 'statistics in development' and cannot be fully reconciled at a ward level. It is anticipated that this situation will improve for future returns.

Older People

The 65 and older population is not evenly distributed across Torbay. The proportion of those aged 65 and over is more than twice as high in the wards of Wellswood and Churston with Galmpton when compared to Ellacombe and King's Ash (Fig 37). The proportion of those aged 65 and over in Torbay is expected to rise from 27% to 32% by 2034.

Fig 37: Percentage of population aged 65 and over
Source: 2024 ONS mid-year population estimate



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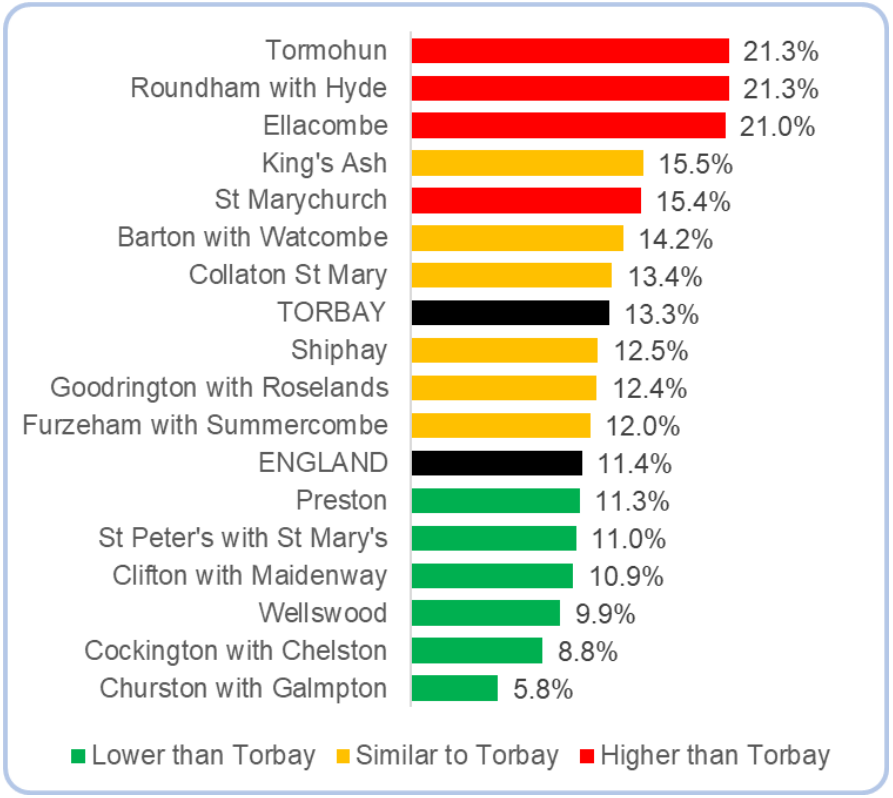
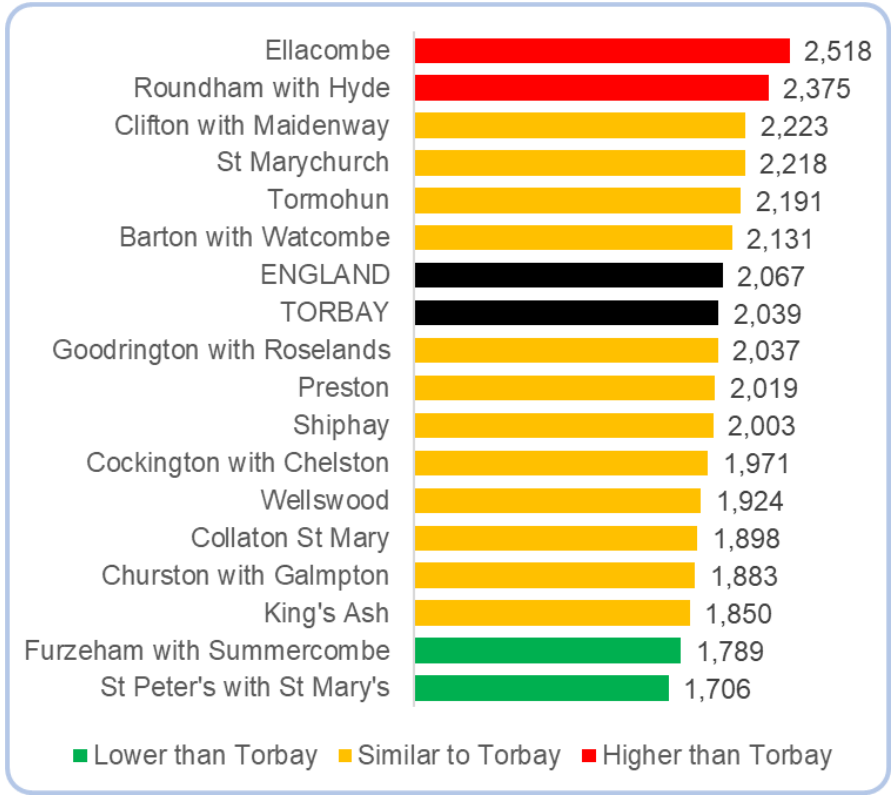
Pension credit is there to help with living costs if you are over the State Pension age and on a low income. An average of 13.3% of the Torbay 66+ population claimed pension credit over the 4 quarters shown which is significantly higher than the England average of 11.4%. Rates are significantly higher in the wards of Tormohun, Roundham with Hyde, Ellacombe and St Marychurch when compared to the rest of Torbay (Fig 38). King's Ash has a small 66+ population which means although its crude rate is higher than St Marychurch, it isn't statistically significantly higher than Torbay.

Fig 38: Percentage of those aged 66 and over in receipt of pension credit (November 2024 to August 2025)
Source: Stat-Xplore



Falls are the largest cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year (Falls in older people: assessing risk and prevention – NICE, 2013). Rates are broadly in line with England over the last 7 years although for the last 2 years they were significantly higher. Adjusted for each ward's 65+ age structure, Ellacombe and Roundham with Hyde have rates significantly higher than the Torbay average (Fig 39). Note on Hospital admissions and SDEC – page 3

Fig 39: Emergency hospital admissions due to falls in people aged 65 and over, per 100,000 (Age Standardised), 2018/19 to 2024/25
Source: Hospital Episode Statistics



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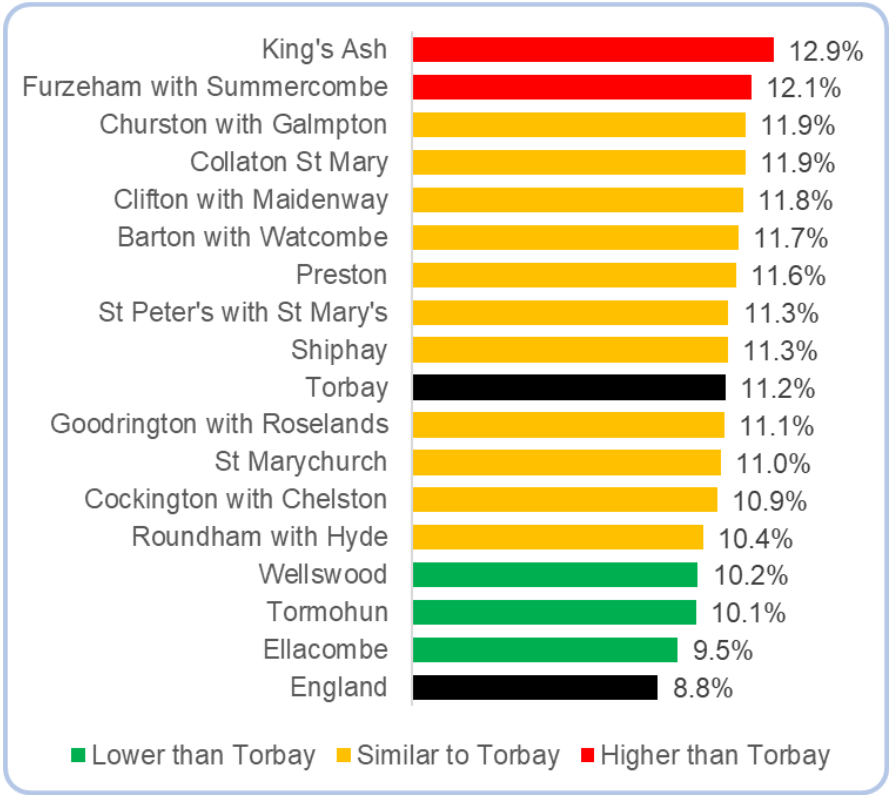
An unpaid carer provides help to someone, usually an adult relative or friend as part of their normal daily life. The 2021 Census asked if someone gave any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age, people were asked to exclude anything related to paid employment. It includes carers aged 5 and over.

There are just over 14,900 unpaid carers in Torbay which is a significantly higher rate than the England average. There is a degree of variation between areas with 2 areas significantly higher and 3 areas significantly lower than the Torbay average (Fig 40).

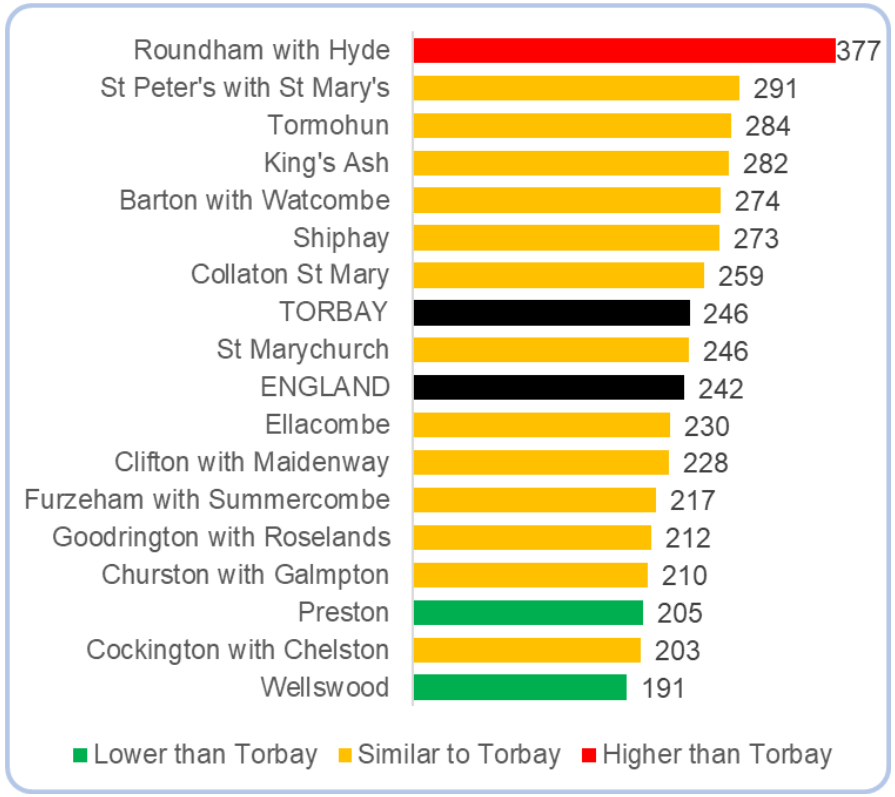
Fig 40: Percentage of unpaid carers
Source: Census 2021



Cardiovascular and Respiratory Disease

Torbay's rate of emergency admissions for coronary heart disease when adjusted for differing area age profiles has been broadly similar to England over the last 7 years. Within Torbay there are significant differences between wards, the highest rate in Roundham with Hyde is broadly double that of Wellswood (Fig 41). Note on Hospital admissions and SDEC – page 3

Fig 41: Rate of emergency hospital admissions for coronary heart disease, per 100,000 (Age-standardised), 2018/19 to 2024/25
Source: Hospital Episode Statistics



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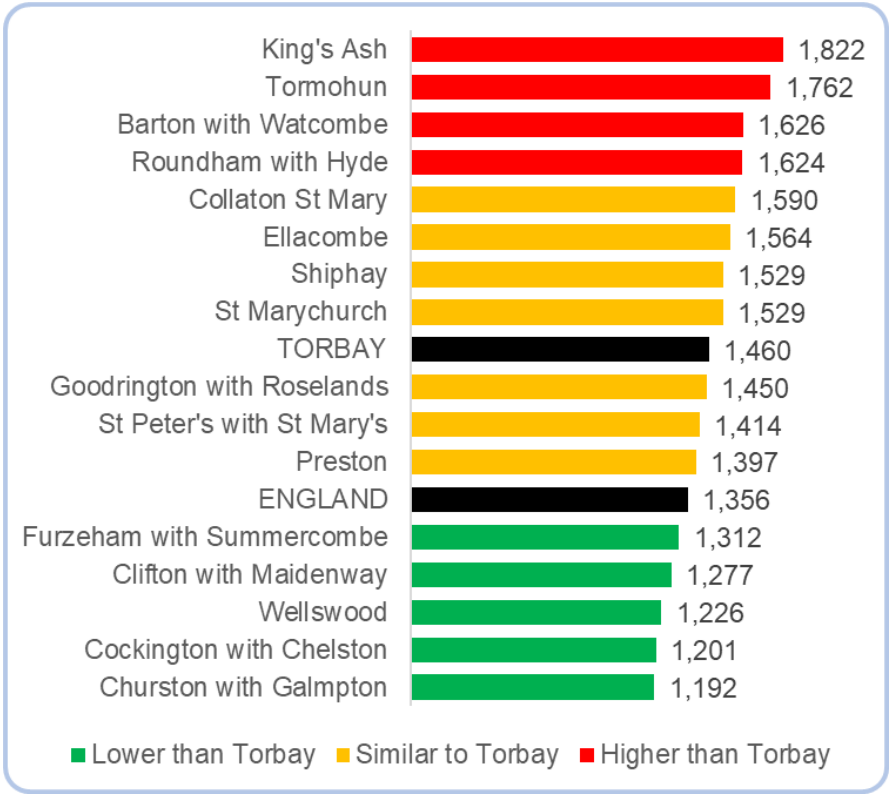
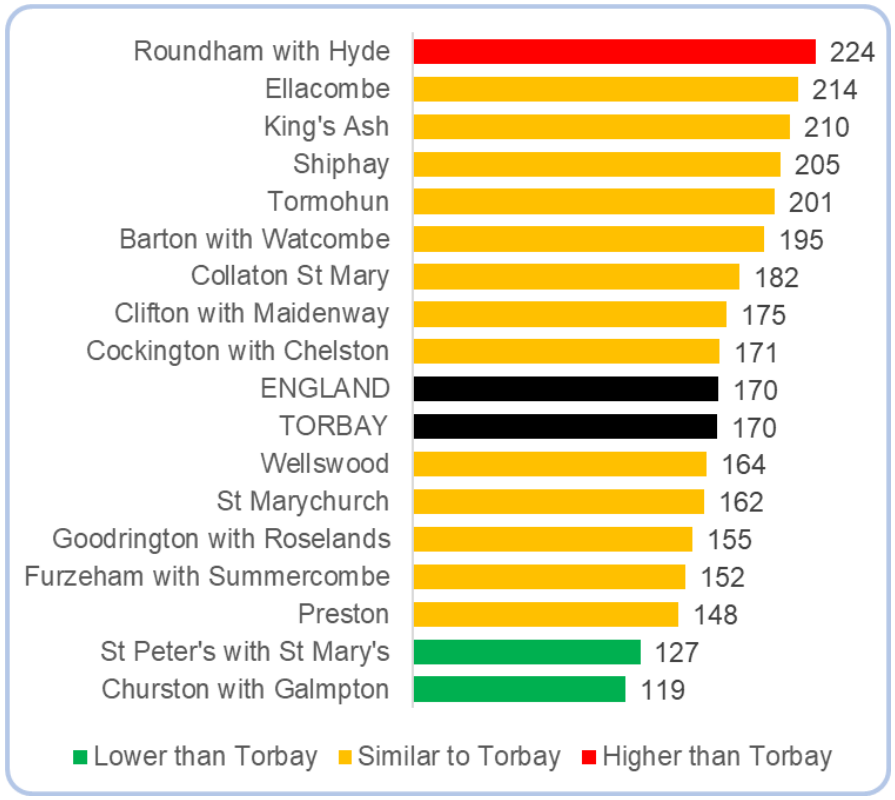
Torbay's rate of emergency admissions for respiratory disease when adjusted for differing area age profiles has been significantly higher than England for 4 of the last 5 years. Across Torbay, admission rates are more highly concentrated in areas of higher deprivation with significant differences between wards (Fig 42). Note on Hospital admissions and SDEC – page 3

Fig 42: Rate of emergency hospital admissions for respiratory disease, per 100,000 (Age-standardised), 2018/19 to 2024/25
Source: Hospital Episode Statistics



Torbay's rate of admissions due to strokes when adjusted for differing area age profiles has been broadly in line with England over the last 7 years. Admission rates are higher in areas of higher deprivation with Roundham with Hyde having admission rates significantly higher than the Torbay average (Fig 43). Note on Hospital admissions and SDEC – page 3

Fig 43: Rate of hospital admissions due to strokes, per 100,000 (Age-standardised), 2018/19 to 2024/25
Source: Hospital Episode Statistics



Torbay's rate of under 75 mortality from cardiovascular disease when adjusted for differing area age profiles has been higher than England over the last 10 years. There are significant differences in mortality rates between wards with Tormohun and Roundham with Hyde having rates that are significantly higher than Torbay (Fig 44).

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Fig 44: Under 75 mortality rate from cardiovascular disease, per 100,000 (Age Standardised), 2015 to 2024
Source: Primary Care Mortality Database, England - OHID Public Health Profiles (Fingertips)

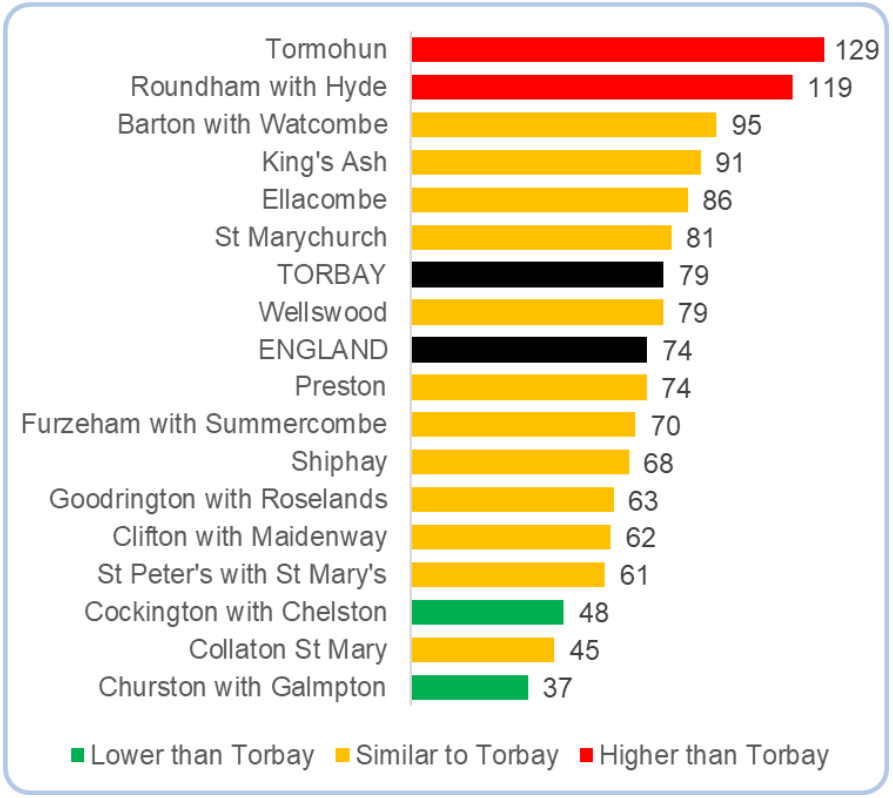
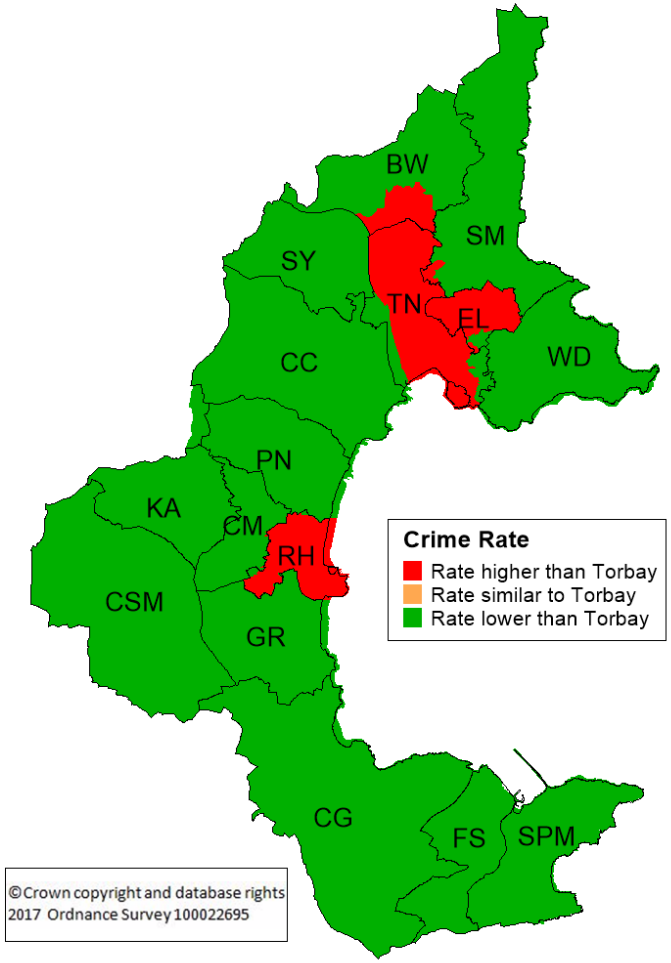


Fig 45: Crime rate 2020/21 to 2024/25
Source: Torbay Council – Community Safety Team



Crime

Recorded crime is currently recorded at police neighbourhood beat level of which there are 17 areas. The highest concentration of recorded crime is in the central wards of Torquay such as Tormohun and Ellacombe together with Roundham with Hyde (Fig 45). Much of this is to be expected as many of these areas contain the highest concentration of pubs, nightclubs and other nightlife.

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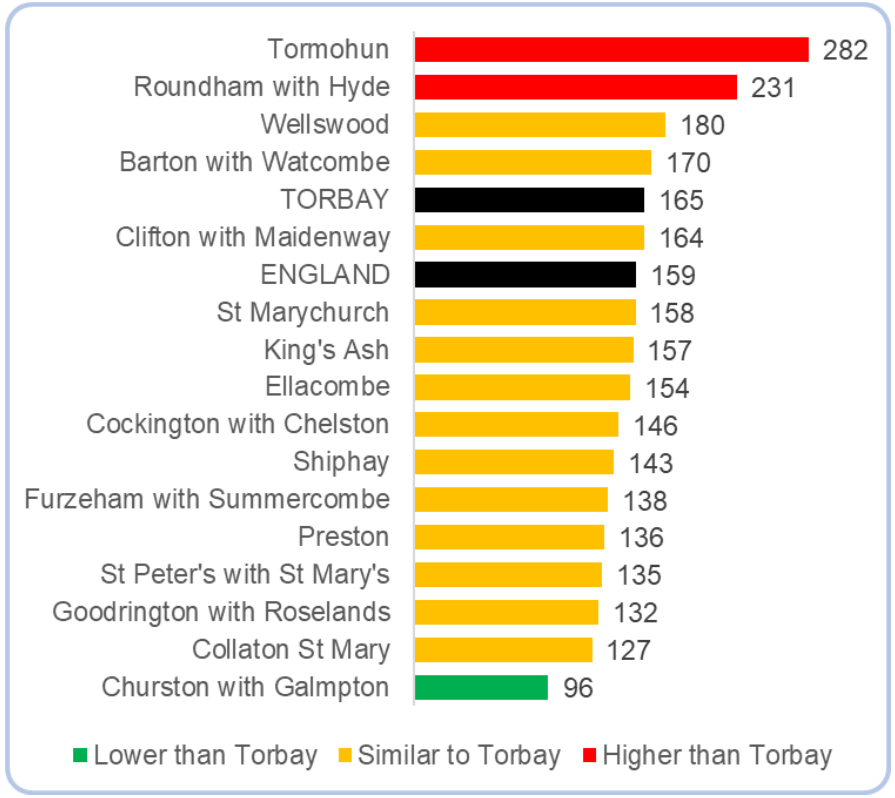
Preventable Mortality

The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. The deaths are limited to those who died before they reached the age of 75. These deaths include Covid-19.

Over the 6 year period 2019 to 2024, when adjusted for different area age structures, preventable deaths among those aged 75 and under have been broadly in line with England at a Torbay level. Within Torbay, there is very significant variation with rates of preventable mortality almost 3 times higher in Tormohun than Churston with Galmpton (Fig 46).

Fig 46: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised), 2019 to 2024

Source: Primary Care Mortality Database, England - OHID Public Health Profiles (Fingertips)



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Torquay wards at a glance (1st page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Barton with Watcombe	Cockington with Chelston	Ellacombe	St Marychurch	Shiphay	Tormohun	Wellswood
DEMOGRAPHICS AND DEPRIVATION							
Average Age	41	47	42	50	44	42	61
Percentage of 1 person households	27%	31%	37%	38%	26%	46%	46%
Life expectancy at birth - Female	☐	☐	☐	☐	☐	☐	☐
Life expectancy at birth - Male	☐	☑	☐	☒	☐	☒	☑
Disability – day to day activities limited	☑	☑	☐	☐	☑	☒	☒
Disability – day to day activities limited (Under 65)	☐	☑	☒	☐	☑	☒	☐
Claiming Personal Independence Payments	☐	☑	☒	☐	☑	☒	☑
People who do not identify as white	4.7%	4.4%	3.0%	3.7%	6.3%	7.1%	4.2%
Proportion of population within most deprived 20% in England	☐	☑	☒	☑	☑	☒	☑
CHILDREN AND YOUNG PEOPLE							
Achieved a good level of development at Early Years Foundation Stage	☐	☐	☐	☐	☐	☒	☐
GCSE - Average Attainment 8 score	☐	☑	☒	☐	☑	☒	☑
Pupils eligible for Deprivation Pupil Premium	☒	☑	☒	☑	☑	☒	☑
Pupils with Special Educational Needs	☒	☑	☐	☑	☑	☐	☑
Overweight or obese pupils	☐	☐	☐	☐	☐	☐	☐
ECONOMY AND EMPLOYMENT							
Under 16 children in low-income families	☒	☑	☒	☐	☑	☒	☑
Claiming unemployment benefit	☑	☑	☒	☐	☑	☒	☐
Claiming Universal Credit	☒	☑	☒	☑	☑	☒	☑
In a 'Professional occupation'	☐	☑	☒	☐	☑	☒	☑
With a degree level qualification (25 to 64)	☒	☑	☒	☐	☑	☒	☑

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Torquay wards at a glance (2nd page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Barton with Watcombe	Cockington with Chelston	Ellacombe	St Marychurch	Shiphay	Tormohun	Wellswood
HOUSING							
Percentage of home ownership	61%	70%	56%	64%	72%	43%	65%
Housing with EPC Certificates A-C	52%	36%	37%	46%	55%	43%	43%
PLANNED/UNPLANNED ADMISSIONS							
Planned admission rate	☐	☑	☐	☐	☒	☐	☐
Unplanned admission rate	☒	☑	☒	☐	☒	☒	☐
ALCOHOL							
Admissions for alcohol-specific conditions	☑	☑	☒	☐	☑	☒	☒
Mortality for alcohol-specific conditions	☐	☐	☐	☐	☑	☒	☐
OBESITY							
Admissions with a diagnosis of obesity	☒	☑	☐	☐	☒	☒	☑
SELF-HARM							
Emergency admissions as a result of self-harm	☑	☐	☐	☑	☑	☒	☐
ADULT SOCIAL CARE							
Support for new clients, aged 18 to 64	☐	☑	☐	☑	☐	☒	☐
Support for new clients, aged 65+	☐	☑	☒	☒	☐	☒	☐
Perm admissions to residential and nursing homes, aged 65+	☑	☑	☐	☒	☑	☐	☒
Long-term support (LD,MH,PPC), aged 18 - 64	☑	☑	☒	☒	☑	☒	☒
Long-term support (LD,MH,PPC), aged 65+	☑	☑	☒	☒	☑	☐	☐
OLDER PEOPLE							
Population aged 65 and over	20%	26%	18%	29%	22%	20%	44%
In receipt of pension credit	☐	☑	☒	☒	☐	☒	☑
Emer. admissions due to falls, aged 65+	☐	☐	☒	☐	☐	☐	☐
Unpaid Carers	☐	☐	☑	☐	☐	☑	☑

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Torquay wards at a glance (3rd page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Barton with Watcombe	Cockington with Chelston	Ellacombe	St Marychurch	Shiphay	Tormohun	Wellswood
CVD AND RESPIRATORY							
Emergency admissions for Coronary Heart Disease	☐	☐	☐	☐	☐	☐	☑
Emergency admissions for Respiratory Disease	☒	☑	☐	☐	☐	☒	☑
Admissions due to Strokes	☐	☐	☐	☐	☐	☐	☐
Under 75 mortality from Cardiovascular Disease	☐	☑	☐	☐	☐	☒	☐
CRIME							
Crime Rate	☑	☑	☒	☑	☑	☒	☑
PREVENTABLE MORTALITY							
Mortality rate from causes considered preventable, aged under 75	☐	☐	☐	☐	☐	☒	☐

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Paignton and Brixham wards at a glance (1st page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Churston with Galmpton	Clifton with Maidenway	Collaton St Mary	Furzeham with Summercombe	Goodrington with Roselands	King's Ash	Preston	Roundham with Hyde	St Peter's with St Mary's
DEMOGRAPHICS AND DEPRIVATION									
Average Age	57	47	41	57	54	39	53	50	55
Percentage of 1 person households	27%	28%	29%	34%	33%	25%	32%	49%	33%
Life expectancy at birth - Female	☐	☐	☐	☐	☐	☐	☐	☐	☑
Life expectancy at birth - Male	☑	☐	☐	☐	☐	☐	☐	☒	☐
Disability – day to day activities limited	☑	☑	☑	☒	☑	☐	☐	☒	☐
Disability – day to day activities limited (Under 65)	☑	☑	☑	☐	☑	☒	☑	☒	☐
Claiming Personal Independence Payments	☑	☑	☐	☐	☐	☒	☑	☒	☐
People who do not identify as white	2.2%	2.3%	3.0%	2.3%	2.3%	3.5%	3.1%	4.8%	2.4%
Proportion of population within most deprived 20% in England	☑	☑	☑	☑	☑	☒	☑	☒	☐
CHILDREN AND YOUNG PEOPLE									
Achieved a good level of development at Early Years Foundation Stage	☑	☐	☐	☐	☑	☒	☑	☒	☐
GCSE - Average Attainment 8 score	☑	☒	☒	☒	☑	☒	☑	☒	☒
Pupils eligible for Deprivation Pupil Premium	☑	☑	☐	☑	☑	☒	☑	☒	☑
Pupils with Special Educational Needs	☑	☐	☐	☐	☑	☒	☑	☒	☐
Overweight or obese pupils	☑	☐	☐	☐	☐	☐	☑	☒	☐
ECONOMY AND EMPLOYMENT									
Under 16 children in low-income families	☑	☐	☑	☐	☑	☒	☑	☒	☒
Claiming unemployment benefit	☑	☑	☑	☑	☑	☒	☑	☒	☑
Claiming Universal Credit	☑	☑	☑	☑	☑	☒	☑	☒	☑
In a 'Professional occupation'	☑	☒	☐	☐	☐	☒	☑	☒	☐
With a degree level qualification (25 to 64)	☑	☐	☐	☐	☐	☒	☑	☒	☐

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Paignton and Brixham wards at a glance (2nd page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Churston with Galmpton	Clifton with Maidenway	Collaton St Mary	Furzeham with Summercombe	Goodrington with Roselands	King's Ash	Preston	Roundham with Hyde	St Peter's with St Mary's
HOUSING									
Percentage of home ownership	86%	76%	74%	73%	75%	60%	78%	46%	70%
Housing with EPC Certificates A-C	38%	31%	65%	35%	45%	65%	33%	43%	35%
PLANNED/UNPLANNED ADMISSIONS									
Planned admission rate	☑	☒	☐	☒	☐	☒	☐	☐	☑
Unplanned admission rate	☑	☑	☐	☑	☑	☒	☑	☒	☑
ALCOHOL									
Admissions for alcohol-specific conditions	☑	☑	☑	☑	☑	☒	☑	☒	☑
Mortality for alcohol-specific conditions	☐	☐	☐	☐	☐	☐	☐	☐	☑
OBESITY									
Admissions with a diagnosis of obesity	☑	☐	☐	☐	☐	☒	☑	☒	☐
SELF-HARM									
Emergency admissions as a result of self-harm	☐	☑	☐	☐	☐	☐	☐	☒	☐
ADULT SOCIAL CARE									
Support for new clients, aged 18 to 64	☑	☑	☐	☐	☑	☒	☑	☒	☐
Support for new clients, aged 65+	☑	☑	☑	☑	☐	☐	☐	☒	☑
Perm admissions to residential and nursing homes, aged 65+	☐	☐	☑	☐	☐	☑	☒	☒	☑
Long-term support (LD,MH,PPC), aged 18 to 64	☑	☑	☑	☑	☐	☐	☐	☒	☑
Long-term support (LD,MH,PPC), aged 65+	☑	☑	☑	☐	☐	☑	☒	☒	☑
OLDER PEOPLE									
Population aged 65 and over	38%	25%	20%	36%	33%	17%	32%	28%	32%
In receipt of pension credit	☑	☑	☐	☐	☐	☐	☑	☒	☑
Emergency admissions due to falls, aged 65+	☐	☐	☐	☑	☐	☐	☐	☒	☑
Unpaid Carers	☐	☐	☐	☒	☐	☒	☐	☐	☐

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Paignton and Brixham wards at a glance (3rd page of 3)

☒ Significantly worse than Torbay average ☐ Not significantly different from Torbay average ☑ Significantly better than Torbay average

	Churston with Galmpton	Clifton with Maidenway	Collaton St Mary	Furzeham with Summercombe	Goodrington with Roselands	King's Ash	Preston	Roundham with Hyde	St Peter's with St Mary's
CVD AND RESPIRATORY									
Emergency admissions for Coronary Heart Disease	☐	☐	☐	☐	☐	☐	☑	☒	☐
Emergency admissions for Respiratory Disease	☑	☑	☐	☑	☐	☒	☐	☒	☐
Admissions due to Strokes	☑	☐	☐	☐	☐	☐	☐	☒	☑
Under 75 mortality from Cardiovascular Disease	☑	☐	☐	☐	☐	☐	☐	☒	☐
CRIME									
Crime Rate	☑	☑	☑	☑	☑	☑	☑	☒	☑
PREVENTABLE MORTALITY									
Mortality rate from causes considered preventable, aged under 75	☑	☐	☐	☐	☐	☐	☐	☒	☐

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