

Wednesday, 11 June 2025

## Meeting of the Health and Wellbeing Board

Thursday, 19 June 2025

2.00 pm

The Banking Hall, Town Hall, Castle Circus, Torquay

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### Members of the Board

Councillor David Thomas, Leader of Torbay Council (Chairman)

Councillor Bye, Cabinet Member for Children's Services

Councillor Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities

Karen Barry, Integrated Care Board

Peter Collins, NHS Devon

Pat Harris, Healthwatch Torbay

Tara Harris, Divisional Director of Community and Customer Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

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)

Pat Teague, Ageing Well Assembly

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# HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 5 - 10)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 6 March 2025.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
5. **Better Care Fund - Chris Lethbridge** (To Follow)  
To consider a report on the above.
6. **Torbay Pharmaceutical Needs Assessment (PNA) 2025 to 2028 - Simon Baker** (Pages 11 - 128)  
To consider a report on the 2025 to 2028 update of the Pharmaceutical Needs Assessment.
7. **Joint Strategic Needs Assessment (JSNA) 2025/26 - Simon Baker** (Pages 129 - 410)  
To note a report on the 2025/26 update of the Joint Strategic Needs

Assessment (JSNA).

- 8. Joint Health and Wellbeing Strategy - Julia Chisnell** (Verbal Report)  
To provide input into the development of the Joint Health and Wellbeing Strategy.
- 9. Turning the Tide on Poverty - Lincoln Sargeant/Julia Chisnell** (To Follow)  
A position statement on the programme describing next steps and opportunities to influence the forward action plan.

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## **Minutes of the Health and Wellbeing Board**

**6 March 2025**

**-: Present :-**

Councillor Nick Bye, Peter Collins, Nancy Meehan, Lincoln Sargeant, Tanny Stobart,  
Councillor Hayley Tranter and Jo Williams

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### **27. Election of Chairman/woman for the meeting**

In the absence of the Chairman, Councillor David Thomas and the Vice-Chairman, Matt Fox, Councillor Tranter was elected Chairwoman for the meeting, in accordance with Standing Orders H3.2.

### **28. Apologies**

Apologies for absence were received from Councillor David Thomas, Paul Phillips, Paul Northcott, Tara Harris, Pat Harris, Roy Linden and Matt Fox.

The Board were informed that Matt Fox had stood down from the Health and Wellbeing Board. The Chairwoman on behalf of the Board, requested the Board's thanks be formally recorded, recognising Matt's valuable contribution to the Board and providing a GP and primary care perspective to discussions.

### **29. Minutes**

The Minutes of the meeting of the Health and Wellbeing Board held on 12 December 2024 were confirmed as a correct record and signed by the Chairwoman.

### **30. Declaration of interest**

No interests were declared.

### **31. Urgent items**

The Chairwoman informed the Board that there was one urgent item, that being the delegated sign-off of the Better Care Fund (BCF) 2025/26 Planning Submission. Members considered a paper that outlined the process for ensuring the Torbay Health and Wellbeing Board (HWBB) met the required deadline to submit a Better Care Fund (BCF) 2025/26 Planning submission to the Department of Health and Social Care (DHSC) by 31 March 2025.

The Board was informed that the guidance and supporting plans and templates to complete the submission had only recently been shared by the Department for Health and Social Care. Since then, colleagues in both Torbay Council, NHS

Devon, and Torbay and South Devon NHS Foundation Trust (TSDFT) had been working in partnership to complete the plans and get them signed off within the challenging timescales that had been set.

Following representations from local authorities, a decision had been made by national Better Care Fund partners based on feedback from local areas that the final Health and Wellbeing Board submission could be signed off by Health and Wellbeing Boards post submission. However, to meet the 31 March 2025 deadline it was recommended that the Chairman of the Health and Wellbeing Board be given delegated authority to sign off the Better Care Fund 25/26 planning documents, alongside the council's Chief Executive, Section 151 Officer, and Director of Adults and Community Services, subject to these plans being formally approved by the Health and Wellbeing Board on the 19 June 2025.

By consensus, the Board resolved that the Chairman of the Health and Wellbeing Board be given delegated authority to sign off the Better Care Fund 25/26 planning submission, subject to these plans being formally approved by Health and Wellbeing Board on the 19 June 2025.

**32. Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports & developing the Health and Wellbeing Strategy 2026**

Members noted a report on the six-monthly monitoring of the delivery of the Torbay Joint Health and Wellbeing Strategy. The report highlighted the latest developments and any risks or challenges that had been flagged by individual programmes.

In relation to the Healthy Ageing Programme, Pat Teague provided an update on the work of Torbay Citizens Assembly (TCA). TCA had around 700 online members with 50 to 60 members who regularly attend the quarterly meetings held around Torbay. The vision of TCA was to provide an independent platform for residents to voice their interests and concerns, achieving change, and making Torbay the best place it can be to grow older. During 2025 TCA would be focusing on 3 themes, housing, transport and health. Meetings would have speakers, information, discussions and consultations on current aspects of the three key themes with members newsletters also being used to disseminate information on these themes.

Julia Chisnell, Consultant in Public Health sought views on the development of the next iteration of the Joint Health and Wellbeing Strategy, with the Board expressing the need for the principles of the Joint Health and Wellbeing Strategy to take Torbay forward as a place, with a delivery plan, that helps drive delivery of the wider place shaping work being undertaken in Torbay.

**33. Suicide Prevention Annual Update - Rachel Brett**

The Health and Wellbeing Board considered a report that provided an update on the Torbay suicide prevention action plan 2024-27 and a proposal to develop a One Devon Integrated Care System suicide prevention action plan.

Members were advised that Torbay had been selected to host the South West leg of the 2025 Baton of Hope charity tour on Tuesday 30 September 2025. The tour supported priority three of Torbay's suicide prevention action plan – Harness passion, commit to collaborate and pool resources to reduce suicides.

Members welcomed the Office of National Statistics reporting that the suicide rate had continued to decline since last reporting at the Health and Wellbeing Board. Members noted in 2022 Torbay's suicide rate was 16.6 per 100,000. There was a decreasing trend, however, rates are still significantly above national and regional rates. Members were advised that the suicide rate for 2023 had been reported to show a radical reduction to 12.5 per 100,000 – similar to the regional suicide rate. However, with Officers recognising that large yearly shifts in population rates were uncommon further investigation found that lengthy Coroner Service delays have meant that the number of deaths registered within the year were not reflective of the actual number of deaths that would be expected. Therefore, the data had been triangulated with local real time surveillance data which indicates that the number of suspected suicides is unlikely to have fallen to the extent suggested by the national data and was in keeping with the typical numbers we have been expecting. The Health and Wellbeing Board was therefore advised to base prioritisation and decision making on previous Office of National Statistics data from 2022 and to assume a similar rate until such time future figures were available.

Members were advised that currently, each Local Authority in the Devon Integrated Care System area had its own suicide prevention action plan that was accountable to their respective Health and Wellbeing Boards. Each local plan was based on the priorities of the national [suicide prevention strategy for England: 2023 to 2028](#) and therefore there was significant overlap between the plans across Devon.

Officers recommended moving to a single, Integrated Care System wide, strategy action plan with core system partners. A shared action plan would continue to be based on the national strategy and, importantly, it would maintain the focus on the local elements of each area based on local priorities. The national suicide prevention strategy provided a platform and framework to facilitate a One Devon Suicide Prevention Action Plan, with local collaboration across key partner organisations, including NHS, voluntary, community and social sectors (VCSE), employers and individuals.

Mapping of the three existing suicide prevention action plans from Plymouth, Torbay and Devon local authorities had demonstrated the feasibility of a shared plan. A single One Devon Integrated Care System suicide prevention action plan would maintain local elements key to suicide prevention as well as accountability to each Health and Wellbeing Board and would provide annual reports to the boards. Local partners would continue to inform the development of the plan and lead local implementation.

By consensus, the Board resolved that;

1. the progress since last year's suicide prevention action plan and the difference between national and local statistics and why this is the case, be noted; and

2. the development of a One Devon Integrated Care System suicide prevention action plan be endorsed.

#### **34. Devon Joint Forward Plan**

The Health and Wellbeing Board considered a report on the Joint Forward Plan (JFP) 2025–30. The JFP set out how NHS Devon Integrated Care Board (ICB) and its partners would deliver the One Devon Integrated Care Strategy over the next five years. It aligned with national requirements, ensured the local health and care system met physical and mental health needs, delivered statutory commitments, and addressed the four core purposes of Integrated Care Systems (ICSs).

Members were advised that this year's JFP refresh had been a light-touch update, in line with national guidance, as the system awaits the NHS 10-Year Plan. Members were informed that the strategic goals remain unchanged, and the refresh focused on aligning the JFP with emerging priorities, including the Devon Medium-Term Financial Plan (MFP) and NHS Devon Annual Plan and NHS operational planning guidance.

The JFP 2025–30 was structured around three key themes:

- Healthy People
- Healthy, Safe Communities
- Healthy, Sustainable System

The refresh of the JFP had been supported by a JFP Steering Group, which included representatives from health and local authorities and reported to the System Leadership Group (SLG). The draft plan would be considered by all three Devon Health and Wellbeing Boards and the One Devon Integrated Care Partnership before the final version was agreed by the System Leadership Group. It will then be submitted for approval by the NHS Devon and NHS Provider Boards in March, with a copy of the document submitted to NHS England by 31 March 2025.

By consensus, the Board resolved:

That the Joint Forward Plan (2025-30) was aligned with the priorities identified in the latest Health and Wellbeing Strategy and was endorsed.

#### **35. Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24**

The Board noted the Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24 which set out how partners, including Torbay Public Health, work together to protect the population from infectious disease and environmental hazards.

#### **36. Draft South Local Care Partnership Strategy to Tackle Health Inequalities**

The Board noted a report that set out the draft South Local Care Partnership Strategy to Tackle Health Inequalities.

Members were advised that the Strategy had been developed following a review of our population health profile. There were significant policy and data drivers to tackle inequality in our locality and an opportunity to come together and explore ways to make a difference to inequalities that, despite efforts by many, were becoming more sustained.

A Population Health sub-group of the Local Care Partnership (LCP) had sought to:

- i. develop and identify a shared vision for population health;
- ii. provide clarity on inequalities within the South LCP, recognising the difference between health inequalities and healthcare inequalities and how these linked to ambitions of the One Devon Partnership Integrated Care Strategy and 5 Year Joint Forward Plan and the 10 year NHS Plan; and
- iii. use the intelligence generated to ensure that population health, health and healthcare inequalities, prevention, and early intervention, were centre stage in thinking, planning and actions across the South LCP.

The Strategy had been drafted to support that work and set out a number of areas for concerted action.

### **37. Integrated Care Board and NHS 10 Year Plan Updates**

Members noted an update on the engagement undertaken on the 10 year Health Plan. Members were informed that a number of events had been held at various locations and in various ways in order to target people, in the right place, at the right time. The engagement activities had resulted in around 3,000 pieces of feedback from across Devon. The themes coming out were:

- how valued the NHS was, with staff seen as the most valuable but most vulnerable assets;
- the need to address access to primary care, mental health and emergency care; and
- better funding.

The Board welcomed the opportunity for the local engagement findings to be presented to the next meeting of the Health and Wellbeing Board.

### **38. Local Care Partnership - update**

Members noted a verbal update on the Local Care Partnership which had been focusing work around the Strategy to tackle health inequalities and gaining greater understanding of the roles of the Health and Wellbeing Boards and the Local Care Partnerships for implementing it.

### **39. Turning the Tide & Cost of Living programmes**

Lincoln Sargeant, Director of Public Health informed the Board that to some extent winter concerns had been mitigated through the range of co-ordinated actions taken by partners. He noted that whilst interest rates had fallen issues remained in

respect of fuel poverty, as demonstrated by take up of winter fuel payments made through Household Support Fund. The Board were advised that despite easing of the Cost of Living Crisis there will still be segments of the population in food poverty in particular single men and single parents. Torbay Council Cabinet had endorsed a Food Strategy developed by the Torbay Food Network with the action plan being developed. As we move past the Cost of Living Crisis, focus was beginning to shift to social mobility. Many families and individuals were doing their best but without resilience circumstances meant that options weren't always there to weather crises as they arise. The Health and Wellbeing Board workshop on 24 June 2025 would focus on a wholistic approach to the delivering our economic strategy and ensuring our regeneration programmes to shape the Bay was inclusive of all groups of people.

Chairman/woman

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**Meeting:** [Health and Wellbeing Board](#) **Date:** [19<sup>th</sup> June 2025](#)

**Wards affected:** [All](#)

**Report Title:** [Torbay Pharmaceutical Needs Assessment \(PNA\) 2025 to 2028](#)

**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](#)

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## 1. Purpose of Report

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1.1 2025 to 2028 update of the Pharmaceutical Needs Assessment (PNA)

## 2. Recommendation(s) / Proposed Decision

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2.1 The following narrative is considered for approval, with issues discussed.

### Background Documents

[None](#)

### 3.1 What is a Pharmaceutical Needs Assessment

A PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant).

The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (H&WB) from 1 April 2013.

This means that Torbay's H&WB has a legal duty to ensure the production of a PNA for Torbay.

### 3.2 What's in the PNA and what is a PNA used for?

The PNA for Torbay 2025-2028 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA).

The PNA is used by NHS Devon ICB to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally enhanced services from pharmacies

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

Essentially, the document is a 'market entry' document, it uses data to show potential gaps in pharmaceutical provision or services that a new pharmacy may be able to provide. It also anticipates circumstances in which additional pharmacies or services may be needed, for instance in the case of substantial housing development.

### 3.3 Developing the PNA

Torbay's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Torbay's H&WB.

This was to ensure that production of the PNAs for Plymouth, Devon and Torbay followed the same process and format but with locally relevant information.

Partners included:

- Torbay Council
- Devon County Council

- Plymouth City Council
- NHS Devon ICB
- NHS South West Collaborative Commissioning Hub
- Community Pharmacy Devon
- Devon Local Medical Committee

### 3.4 Main conclusion of the PNA

There have been no existing gaps identified in pharmaceutical services within Torbay, the number of pharmacies in Torbay fell from 31 in 2021/22 to 28 in 2024/25, this was due to 2 closures of Lloyd's Pharmacy at the main Torquay and Paignton Sainsbury's and a consolidation of 2 Day Lewis pharmacies in Brixham. Torbay has broadly the same number of pharmacies per head of population as England.

Going forward, 3 potential gaps were identified if certain pharmacies were to close:

- (a) There is only 1 pharmacy open after 6:30 pm on a weekday and 5:30 pm on a Saturday in Torbay. If this pharmacy were to close or reduce its hours this would leave a gap in pharmaceutical provision due to excessive car and public transport travel times for significant parts of Paignton and Brixham in particular.
- (b) If the pharmacy at Foxhole, Paignton were to close, this would result in excessive walking times for areas within the 20% most deprived in England, leaving a gap in accessible pharmaceutical provision.
- (c) There is only 1 pharmacy in Brixham with core hours on a Saturday in Brixham. Other pharmacy provision is available in Brixham on a Saturday but they are supplementary hours. Supplementary hours require just 5 weeks notice to amend or remove, core hours are significantly harder to change and are subject to approval by the local ICB. If the pharmacy with core hours were to close it would potentially result in excessive walking times for areas within the 20% most deprived in England, leaving a gap in accessible pharmaceutical provision.

### 3.5 Consultation

The consultation period ran from 3<sup>rd</sup> March to 6<sup>th</sup> May.

The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer the opportunity to highlight any gaps.

1 response to the online consultation survey was received for Torbay. It was positive.

### 3.6 Next steps

The recommendation is for the Health & Wellbeing Board to:

1. Formally accept the Torbay PNA for 2025-28
2. Agree to its publication on the Torbay Council website

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# 2025-2028 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY



## Document Information

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.

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<b>Author:</b>	Simon Baker. The document was developed by Torbay Council Public Health and the Devon PNA Steering Group, on behalf of Torbay's Health and Wellbeing Board.
<b>Document version:</b>	Version 1.1
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<b>Next review date</b>	Every three years unless significant change to pharmaceutical service provision
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## Amendment History

<b>Version:</b>	<b>Status:</b>	<b>Date:</b>	<b>Reason for Change:</b>	<b>Authorised by:</b>
1.0	Draft	26/02/2025	Initial draft – pre consultation	Devon PNA Steering Group
1.1	Final	15/05/2025	Final Version	Devon PNA Steering Group

## Acknowledgments

The development of this Pharmaceutical Needs Assessment (PNA) was overseen by the Devon PNA Steering Group.

The authors of this report would like to thank Members of the Steering Group for their considerable input and support throughout the process.

Finally, the authors would like to thank all persons who contributed to the consultation on this PNA.

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# 1 Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (HWB) from 1 April 2013. This means that Torbay's HWB has a legal duty to ensure the production of a PNA for Torbay going forward. HWBs are required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

The PNA for Torbay 2025-2028 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA). This PNA will be used by the local Integrated Care Board (ICB) to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

Torbay's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Torbay's HWB. This was to ensure that production of the PNAs for Devon, Plymouth and Torbay followed the same process and format but with locally relevant information.

The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA. Torbay's PNA is structured as follows:

- Introduction
- Overview of Torbay
- General health needs of Torbay
- Selected health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Conclusion

Information regarding local provision of pharmaceutical services was made available by NHS England.

The consultation period ran from Monday 3 March 2025 to Tuesday 6 May 2025. The

HWBs for Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across both areas and agree appropriate action. Following this, some minor amendments were made to the report as outlined below:

- Links to newer documents regarding the Community Pharmacy Contractual Framework and Pharmacy Quality Scheme. Also, the commissioning of pharmaceutical services has been delegated to the Integrated Care Board (ICB) from NHS England.
- Since the consultation, the organisations who were taking over responsibility for locally commissioning 'Supervised consumption of substance misuse medicines', 'Emergency hormonal contraception' and 'Chlamydia screening' have become known and those details have been added.
- We were also informed that NHS England no longer commission 'On demand availability of specialist drugs' within Torbay and this has been amended, this had no effect on the conclusions set out in Section 7.

It should be noted that the main audience for the PNA is those wishing to enter the local pharmaceutical market. The analysis contained within this document is limited to the identification of gaps in terms of location and opening hours as defined by DHSC. It is acknowledged that there may be issues with access to pharmaceutical services for Torbay residents that fall outside of this scope. These include the quality of service provided by community pharmacies such as medication availability, staffing levels and waiting times. These should be referred to the organisations which are responsible for these aspects of service delivery.

In conclusion, Torbay's ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Torbay are well-placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Since the last PNA, there has been a reduction in pharmacy hours outside of Monday to Friday daytimes, 3 potential future gaps have been identified in the conclusion where pharmacies close or reduce supplementary hours over the lifetime of this PNA. Whilst the core activity of community pharmacies is commissioned by NHS Devon ICB, they continue to provide a key role for Torbay Council and NHS England, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

## 2 Introduction

### 2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the local ICB.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the local ICB to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for the local ICB to use to make commissioning decisions, it may also be used by local authorities (LAs) and Integrated Care Systems (ICS). A robust PNA will ensure those who commission services from pharmacies and appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

### 2.2 National context

This section summarises the key national, regional, and local policies and strategies which contribute to our understanding of the strategic context for England's community pharmacy services.

#### **Health and Social Care Act (2022)<sup>1</sup>**

The Health and Care Act 2022 expands on NHS proposals from the Long-Term Plan

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<sup>1</sup> Department of Health and Social Care (2022). Health and Care Act 2022. Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

and the 2021 White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All". It emphasises collaborative working, drawing from pandemic experiences to enhance system responsiveness. The Act focuses on three core themes: integrating different NHS components and local government to address health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing appropriate accountability mechanisms. These measures complement ongoing system transformations. Additional policies target social care support, NHS quality and safety improvements, public health flexibility, and global healthcare agreements. The Act aims to provide a supportive legislative framework for health and care organisations to pursue integrated care pragmatically. It aims to assist in post-pandemic recovery by fostering collaboration, removing barriers, and facilitating necessary changes and innovations in the healthcare system.

### **The NHS Long Term Plan (NHS LTP) 2019<sup>2</sup>**

As societal needs evolve, healthcare advances, and the NHS progresses, it is imperative for the NHS to consistently adapt to meet these evolving demands. The NHS Long Term Plan (2019) (NHS LTP) outlines a modernised service model for the 21<sup>st</sup> century. It emphasises initiatives aimed at preventive healthcare, reducing health disparities, improving care quality and outcomes, organising workforce planning, fostering digitally-enabled care, and ensuring cost-effectiveness.

Pharmacies will play a crucial role in implementing the NHS LTP, with £4.5 billion allocated for expanded community multidisciplinary teams aligned with primary care networks. These teams, including pharmacists, nurses, GPs, and other professionals, will collaborate to improve patient care. The plan also emphasises expanding roles within the workforce, such as community pharmacists and technicians, to enhance efficiency in community health services alongside an increase in the number of GPs.

Another area the plan will focus on involves elderly patient groups. Studies suggest that about 10% of elderly patients end up in hospitals due to preventable medication-related issues, with up to 50% failing to adhere to their medication. Primary care network funding will be used to increase the number of clinical pharmacists in general practices and care homes. Additionally, the NHS plans to collaborate with the government to enhance recognition of community pharmacists' skills and improve patient engagement. Community pharmacists will play a crucial role in promoting medication adherence, reducing waste, and encouraging self-care as part of preventive healthcare and addressing health inequalities.

Community pharmacists within Primary Care Networks (PCNs) will also play a crucial role in supporting individuals with high-risk conditions like and cardiovascular disease (CVD). The pharmacists will work on case-finding, such as hypertension, and conducting medication reviews, including educating patients on inhaler usage and transitioning to smart inhalers.

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<sup>2</sup> NHS. The NHS Long Term Plan (2019). Available at: [NHS Long Term Plan » The NHS Long Term Plan](#)

Lastly, Health and Wellbeing Boards must develop Health and Wellbeing Strategies to outline how partners will address local health needs, enhance outcomes, and reduce health disparities within the city.

### **Next Steps for Integrated Primary Care: Fuller Stocktake Report 2022<sup>3</sup>**

The Fuller Stocktake Report was commissioned in 2021 to gather information on integrated primary care in England. The proposed reforms aim to streamline and enhance primary care services through a holistic approach that addresses various aspects of service delivery. This includes establishing integrated urgent care systems to ensure prompt and sustainable care for patients, alongside facilitating the transition of Primary Care Networks (PCNs) into Integrated Neighbourhood Teams (INTs). These teams will feature a diverse workforce and focus on personalised care, particularly for vulnerable populations, such as Core20PLUS5 groups.

Furthermore, efforts will be made to strengthen workforce planning and development within primary care, integrating professionals into system-wide planning and delivery. This will involve promoting innovative employment models and supporting recruitment, retention, and increased participation, including for GPs. Additionally, measures will be taken to improve data flows, address data-sharing liabilities, and identify target populations for tailored healthcare interventions by neighbourhood teams.

The Fuller Stocktake Report sets out the next steps in integrating primary care services at a neighbourhood level and emphasises the importance of aligning commissioning plans with the report considering community pharmacy as part of the urgent care system with other primary and community care providers surrounding the patient; and for community pharmacy to play a more active role in signposting eligible patients to screening and supporting early cancer diagnosis.

### **A vision for pharmacy professional practice in England and a vision for pharmacy professional practice in England one year on**

Outlines the potential for pharmacy practice to develop over the next 10 years with clear ambitions for future Community Pharmacy strategy, building on the Royal Pharmaceutical Society's vision and the Fuller report to; provide more clinical care for patients for both common ailments and some long term conditions e.g. asthma; to prevent ill health and support wellbeing, with a particular focus on reducing health inequalities; support patients to live well with their medicines and; to be part of an integrated primary care offer for neighbourhoods giving people access to care closer to home and supporting people with ongoing care needs

The reports highlight that medicines exist in all parts of the healthcare system and sit only second in budgetary terms to staff so it is considered pharmacists are well

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<sup>3</sup> Next Steps for Integrated Primary Care: Fuller stocktake report (2022). Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

placed to support the management of certain areas of overprescribing.

The report includes a delivery plan for recovering access to primary care - community pharmacy is seen as a key provider to support the recovery of core primary care with significant investment over 2 years to expand services to be offered via community pharmacy i.e. Pharmacy First (launched 31/1/24), NHS blood pressure checks and oral contraception supply and review and to improve the digital infrastructure between general practice and community pharmacy to develop and deliver interoperable digital solutions.

### **NHS Long Term Workforce Plan and Community Pharmacy Independent Prescribing Pathfinder programme**

Estimated that education and training places for pharmacists (as a whole, not just community) need to grow by 31–55% to meet the demand for pharmacy services. Another aim is to continue to grow the pharmacy technician workforce to ensure expansion of this professional group to support transformation; this includes expanding the training via the apprenticeship route for pharmacy technicians.

From 2026, all newly qualified pharmacists will be independent prescribers. Some existing pharmacists (eight sites across the county of Devon at the time of publication) are also developing these skills through the Community Pharmacy Independent Prescribing Pathfinder Programme. This will inform the development of a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing to deliver direct patient care. It will require sufficient designated prescribing practitioners to 'sign-off' the individual's competency to prescribe and development of a suitable foundation year experience so newly qualified pharmacists can become a safe and effective prescriber within multidisciplinary clinical teams.

### **Health Equity in England: Marmot Review 10 years On<sup>4</sup>**

Since the release of the 2010 Marmot review, significant progress has been made in understanding the impact of social determinants on health and implementing interventions and policies to address them.

The Health Equity in England: Marmot Review 10 years On report highlights key developments in areas crucial for achieving equity. These include initiatives such as increasing funding for early childhood education, particularly in deprived areas, improving the quality of early years services, investing in preventative services to reduce school exclusions, restoring per-pupil funding for secondary schools and further education, raising the national minimum wage to reduce in-work poverty, expanding post-school apprenticeships and supporting in-work training, prioritising health equity and well-being in economic planning at local, regional, and national levels, and investing in the development of economic, social, and cultural resources

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<sup>4</sup> Health Equity in London: The Marmot Review 10 years on. Executive summary (2020). Available at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

in the most deprived communities.

### **Public Health England (PHE) Strategy 2020-2025<sup>5</sup>**

The Office for Health Improvement and Disparities (OHID), formerly Public Health England, set out a strategy dedicated to enhancing the nation's health, reducing health disparities, and fostering a robust economy by prioritising public safety, disease prevention, health equity, and environmental health. Aligned with these objectives, OHID has committed to achieving a smoke-free society by 2030, promoting healthy eating and mental well-being, and mitigating air pollution. Moreover, OHID aims to bolster early childhood health to establish strong foundations for lifelong well-being and to prevent illness in later adulthood. Strengthening the health protection system is also a focus to alleviate pressures during major incidents or pandemics. Furthermore, enhancing public health systems involves leveraging technology for intervention strategies, improving data quality, and enhancing disease surveillance approaches.

### **Community Pharmacy Contractual Framework (CPCF) 2019 to 2024<sup>6</sup>**

The Community Pharmacy Contractual Framework (CPCF) serves as an agreement among the government, NHS, and Pharmaceutical Services Negotiating Committee (PSNC), outlining the pivotal role of community pharmacies in supporting the implementation of the NHS Long Term Plan. With a commitment of nearly £13 billion over five years, the CPCF aims to alleviate pressures on the NHS by enabling community pharmacies to accept referrals from 111 calls, thereby connecting patients with vital services and reducing healthcare burdens. Additionally, through the Healthy Living Pharmacy (HLP) framework, numerous community pharmacies are training their staff to provide diverse interventions to patients, including smoking cessation, weight management, and self-care strategies, thus contributing to alleviating pressures on the NHS. In April 2025, the new contractual framework was updated <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

### **Pharmacy Quality Scheme<sup>7</sup>**

The 2024/25 Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long

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<sup>5</sup> Public Health England Strategy 2020-2025 (2019). Available at: <https://www.gov.uk/government/publications/phe-strategy-2020-to-2025>

<sup>6</sup> Community Pharmacy Contractual Framework (2019). Available at: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

<sup>7</sup> Pharmacy Quality Scheme (2023/24). Available at: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026#pharmacy-quality-scheme>

Term Plan and rewards community pharmacy contractors who deliver quality criteria. Pharmacy contractors must sign up and be registered to deliver Pharmacy First clinical pathways and the Pharmacy Contraception Service.

### **Pharmacy Integration Fund<sup>8</sup>**

The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include: collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

### **Pharmacy First**

The NHS Pharmacy First consultation service was launched in January 2024 to give patients quick and accessible care for a minor illness or an urgent repeat medicine supply and ease pressure on GP services. The service was commissioned by NHS England building on the original Community Pharmacist Consultation Service (CPCS) which has now been superseded by Pharmacy First.

Pharmacy First enables community pharmacists to complete episodes of care without the need for the patient to visit their GP, shifting demand away from general practice. They are also enabled to manage patients and treat where appropriate for seven conditions: acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections provided patients meet certain criteria. It is expected that Pharmacy First will continue to develop over the lifetime of this PNA as its importance is referenced in various national policy documents. In addition GPs, NHS 111 and urgent treatment centres may make formal referrals for a range of minor illnesses for self management by patients.

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<sup>8</sup> Pharmacy Integration Fund. Available at: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund>

## Discharges Medicines Service (DMS)<sup>9</sup>

Is a new essential service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

### 2.3 Devon context

Community pharmacy teams dispense prescriptions, advise on medicine use and self-care of common conditions, provide additional and accessible clinical services e.g. smoking cessation, accept referrals from general practice for minor ailments, measure blood pressures, advise on new medicines, and administer flu and covid vaccinations. They have a key role to play in helping patients to get the greatest health benefit they can from their medicines for long term conditions, to provide essential advice on, and treatment for, common conditions, and as healthy living pharmacies they are ideally situated to provide community-based care to promote healthy living, self-care and public health services.

**The Strategic Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029)** was published by NHS Devon Integrated Commissioning Board (ICB) in March 2025.

<https://onedevon.org.uk/our-work/services-and-support/pharmacy-services/developing-a-strategy-for-community-pharmacy-in-devon/>

The strategy was developed in response to the Challenges facing Community Pharmacy:

- Funding - Core Contract Funding has fallen by over 30% in real terms since 2015.
- Workforce - many pharmacists and pharmacy technicians moved from community pharmacy to Primary Care Networks, resulting in staffing shortages and an over-reliance on locums to enable a pharmacy to open. Community pharmacy also has the challenges associated with working in a retail environment.
- Medicines Stock Shortages - patients have faced challenges accessing the vital medication they need; These national stock shortages are almost completely outside the control of the community pharmacy.
- IT System Connectivity and Processes - this is a complex area and is yet to be fully implemented as intended

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<sup>9</sup> Discharge Medicines Service. 17 June 2022 <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

The vision for Community Pharmacy outlined in the Strategy is to deliver the best NHS community pharmacy service for the people of Devon. This will be an NHS community pharmacy service that is integrated with other primary, community-based health and care services to maintain and enhance public access to joined-up, responsive care, ensuring patients live well with the medicines they take for acute and long-term conditions, as well as providing a wide range of clinical services, supporting and promoting self-care, prevention of ill health and addressing health inequalities in the community.

The mission is to develop a thriving NHS community pharmacy network that responds efficiently and effectively to meet the health needs of our Devon population and improves cross-system collaboration.

The Strategy is the baseline for joint working for the next five years and the four aims are:

1. Improve the resilience of the community pharmacy network to maintain good access to services.
2. Building a robust community pharmacy workforce.
3. Developing and expanding community pharmacy services to provide additional clinical capacity in primary care to meet clinical demand.
4. Integrating community pharmacy with other healthcare services to collectively deliver clinical services and deliver preventative care that will improve outcomes in population health and support the wider system in the long term.

### **Devon 5-Year Joint Forward Plan**<sup>10</sup>

Devon's Joint Forward Plan (JFP), which was written in collaboration with partners across One Devon, was originally published in July 2023 and was refreshed in April 2024. It describes how the health and care sectors plan to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.

## **2.4 Legislative context and statutory requirements**

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB). It also transferred responsibility to develop and update PNAs from primary care trusts to HWBs with effect from April 2013. At the same time responsibility for

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<sup>10</sup> Devon Joint Forward Plan refresh (2024) Available at: <https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/>

using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. Please see

<https://www.legislation.gov.uk/ukxi/2013/349/contents/made>

This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given with regards to:

- The pharmaceutical services that the HWB has identified as **services that are necessary to meet the need** for pharmaceutical services
- The pharmaceutical services that have been identified as **services that are not provided but which the HWB is satisfied need to be provided** in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service.
- The pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but have **secured improvements or better access**
- The pharmaceutical services that have been identified as **services that would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,
- **Other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

The structure and content of the report is based on guidance provided in October 2021 by the Department of Health and Social Care

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

## 2.5 HWB duties in respect of the PNA

The HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would

- be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

NB: The Health and Wellbeing Board has a statutory responsibility to deliver the PNA every three years with the last full PNA published in October 2022. The publication of the 2022-25 PNA was delayed from 2021 to 2022 due to Covid-19 pandemic.

## **2.6 Mitigating the impacts of the coronavirus (COVID-19)**

National, regional and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. While COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

## **2.7 Primary Care Networks (PCNs)**

Primary care plays a key role through the development of strong, inter-connected Primary Care Networks (PCNs), described as the ‘building block’ of local healthcare systems. Established in 2019, PCNs comprise a wide range of staff working collaboratively such as GPs, pharmacies, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector. Fully integrated community-based healthcare is supported through the ongoing training and development of multidisciplinary teams in primary and community hubs.

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual’s care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs. Torbay has three PCNs (as at February 2025):

- Baywide
- Paignton & Brixham
- Torquay

## 2.8 The scope of this PNA: Contractors and services

### 2.8.1 Contractors

The ICB must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

- **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in

England and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

## **2.8.2 Pharmaceutical services provided by pharmacy contractors**

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

### **2.8.2.1 Essential services**

All pharmacies must provide these services. There are eight essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber. Pharmacies are required to maintain a record of all medicines dispensed and to keep records of any interventions made which they judge to be significant.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.

- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. The local NHS contract management team will arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHS England and the local ICB can ask community pharmacy contractors to participate in mandated health campaigns.
- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and helping to reduce health inequalities.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **Discharge Medicines Service** – The discharge medicines service (DMS) became an essential service on the 15<sup>th</sup> February 2021. NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.8.3.1) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could

scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.

- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

### 2.8.2.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- **New medicine service (NMS)** – The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions and provides support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.
- **Seasonal Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Pharmacy First** – The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness OR an urgent repeat medicine supply (from NHS 111 only). The new pharmacy first service was launched in January 2024 and it adds to the existing consultation service by enabling community pharmacists to complete episodes of care for seven common conditions following defined clinical pathways. Patients are able to access the seven clinical pathways element via referrals from referring organisations including general practice, urgent and emergency care settings and NHS 111. Additionally, patients can access the seven common conditions service by attending or contacting the

pharmacy directly.

- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to a) identify people with high blood pressure (aged 40 years or older) who have previously not had a confirmed diagnosis of hypertension and to refer them to general practice to confirm diagnosis and for appropriate management; at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.
- **Pharmacy Contraception Service** – The Pharmacy Contraception Service started on 24<sup>th</sup> April 2023 allowing the on-going supply of oral contraception from community pharmacies where it has been initiated in general practice or pharmacies, or sexual health clinics and equivalent. Pharmacists can now also initiate oral contraception via a Patient Group Direction and provide ongoing clinical checks and annual reviews. It is highly anticipated that from October 2025 that this will also include access to emergency contraception.

### 2.8.2.3 Other relevant services

Other relevant services are services that are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' include:

- **Smoking Cessation Referral Service** – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.
- **LFD Service** - The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD Service) was commissioned as an Advanced Service from 6<sup>th</sup> November 2023.
- **Stoma appliance customisation service (SAC)** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.
- Services commissioned from pharmacies by Torbay Council and NHS Devon ICB, other NHS services and services provided by other organisations.

#### **2.8.2.4 Enhanced services**

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England does not currently commission enhanced services in Torbay:

Enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by ICBs or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.4 for further details.

#### **National Enhanced Service**

During the COVID-19 pandemic, community pharmacy sites were involved in vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres and other sites.

In December 2021 provisions were made within the NHS (Pharmaceutical and Local

Pharmaceutical Services ) Regulations 2013 for a new type of Enhanced Service, the National Enhanced Service (NES). Under this type of service NHSE commissions an enhanced service that is nationally specified.

The COVID-19 Vaccination Service is commissioned from community pharmacies in Devon.

### 2.8.2.5 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

### 2.8.2.6 Opening hours

Most pharmacies are required to open for 40 hours per week and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to ICBs.

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may also open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens, the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test).

Pharmacies are not required to open (to provide core contractual hours) on, for example, Bank holidays but some may be directed to provide **Bank holiday opening hours**.

On occasion, pharmacies may have to close. This may be a **planned temporary closure**, for example, for the refurbishment of the premises, or an **unplanned**

**temporary closure**, if, for example, that morning the pharmacist reports they are ill and unable to work. It is a Terms of Service requirement for each NHS community pharmacy owner to have a business continuity plan for a **temporary unplanned closure** due to illness or other reasons beyond their control, and to action this plan when necessary.

In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies, requirements to change core opening hours and local hours plans.

### **2.8.2.7 Recent changes to the contractual arrangements for pharmacies**

**The Pharmacy Quality Scheme forms** part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality; clinical effectiveness; patient safety and patient experience.

### **2.8.3 Pharmaceutical services provided by dispensing appliance contractors (DAC)**

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

#### **2.8.3.1 Appliance services**

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.

- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient’s home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

### 2.8.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see section 2.8.2.3 above.

- Stoma appliance customization
- Appliance use review.

### 2.8.3.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme

- a staffing and staff programme
- an information governance programme.

#### **2.8.3.4 Opening hours**

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to ICBs.

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

#### **2.8.4 Pharmaceutical services provided by dispensing doctors**

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not generally employ pharmacists to work in their dispensaries, and dispensing will instead be carried out by the doctors themselves or by dispensing assistants who will generally be trained to NVQ2 or NVQ3 level.

In a few cases, a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the dispensing doctor.

##### **2.8.4.1 Eligibility**

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometres (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England. This

PNA is required to include maps of the controlled localities within the HWB's area. There are no controlled localities in Torbay.

#### **2.8.4.2 Services**

**Dispensing** – Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients.

Dispensing doctors are not permitted to sell medicines, so are unable to supply over-the-counter medicines except by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme, then then will provide **dispensing reviews of the use of medicines (DRUMs)**.

#### **2.8.4.3 Clinical governance**

Dispensing doctors can participate in the voluntary **Dispensary Services Quality Scheme (DSQS)** which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours
- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs

#### **2.8.4.4 Opening hours**

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify NHS England of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours.

## **2.9 Locally commissioned services**

### **2.9.1 Public Health services commissioned by Torbay council (From July 2025)**

#### **Needle exchange**

This is an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne viruses (BBVs) e.g. Hepatitis B, Hepatitis C, HIV
- Provide a gateway into treatment services
- Provide a referral point for service users to other health and social care services

There is compelling evidence to support the effectiveness of needle exchange services in reducing the spread of BBVs with long term public health benefits to drug users and the whole population.

15 pharmacies were commissioned in Torbay to provide needle exchange services in 2023/24. The following number of packs was provided through pharmacies in 2023/24:

- 1ml packs – 5,278
- 2ml packs – 2,414
- Blue needle packs – 2,679
- Green needle packs – 1,358
- Orange needle packs – 1,015

### **Smoking Cessation**

Stopping smoking is one of the single most effective health care interventions that can be offered.

Working alongside the specialist provider of Smoking cessation services and GP practices, pharmacies provide behavioural support as well as Nicotine Replacement Therapy and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

In 2023/24, 17 pharmacies were commissioned in Torbay to provide stop smoking services. In that year, 15 people have been recorded as quitting smoking through pharmacies.

### **Tuberculosis (TB) Directly Observed Therapy**

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon County is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. A daily regime, using combination tablets is usually used; however some people need more support or monitoring – known as Directly Observed Therapy, or DOT. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and pharmacies are commissioned to observe the consumption of the medication, similar to supervised

consumption.

In 2023/24, 17 pharmacies were commissioned in Torbay to provide TB DOT services, although no-one received the TB DOT service through pharmacies in that year.

The following services will now be commissioned through a 3<sup>rd</sup> party and will no longer be commissioned directly by the council. As of the production date of the PNA, commissioning responsibility for 'Supervised consumption of substance misuse medicines' is known to be passing to Torbay and South Devon NHS Foundation Trust. 'Chlamydia screening' commissioning responsibility will be passed to Royal Devon University Healthcare NHS Foundation Trust. 'Emergency hormonal contraception' commissioning responsibility will also be passed over to Royal Devon University Healthcare NHS Foundation Trust. It is not known which pharmacies will be participating.

### **Supervised consumption of substance misuse medicines**

This service involves the client consuming Methadone or Buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is compelling evidence to support the effectiveness of substance misuse supervised administration services with long term health benefits to substance misusers and the whole population.

### **Emergency hormonal contraception (EHC)**

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The rate of teenage pregnancy in Torbay is reducing, although it remains one of the highest rates in the South West.

Whilst GP practices are instrumental in contraception provision, in some circumstances female residents will either prefer, or will need, the relative anonymity of attending a pharmacy to access EHC. The drug levonorgestrel is used for EHC under the scheme commissioned by Torbay Council from pharmacies. Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 24 years of age. Anyone who requests EHC, will also be encouraged to take a chlamydia screen at the same time, as part of an integrated provision of sexual health services in pharmacies.

In addition, the contraception and sexual health clinics (formerly known as family planning clinics) provide contraceptive services.

## **Chlamydia screening**

This programme is commissioned as part of the Chlamydia Screening Programme in Torbay.

The aim of service is to improve the quality and accessibility of sexual health services to young people between the ages of 16–24 and increase the uptake of Chlamydia screens in young women and young men who have had an unprotected sex episode, thereby increasing the number of identified cases and opportunities for treatment and partner management. Pharmacists are commissioned to opportunistically signpost a young person between the ages of 16-24 (who are not presenting for EHC) to the counter-top Chlamydia screening kit.

### **2.9.2 Local services commissioned by NHS Devon ICB**

#### **The Devon Pharmacy First Service**

The Devon Pharmacy First Service is commissioned across Devon, the purpose of the service is to ensure patients can access self-care advice for the treatment of specific ailments and, where appropriate, can be supplied with medicines without needing to obtain a prescription from their GP, out of hours provider, walk-in centre or emergency department.

This service provides an alternative location from which patients can seek advice and treatment for a limited range of conditions to improve access and to relieve pressure on GP and urgent and emergency care services.

The specific minor ailment currently covered by the service is mild inflammatory skin conditions (bites and stings, mild dermatitis and eczema)

For more information visit: [Devon Pharmacy First Service - One Devon](#)

#### **Specialised medicines service**

NHS Devon commissions a specialised medicines service from community pharmacies to provide easy access to such drugs by ensuring that there is an on-demand supply available from a network of pharmacies. The service aims to

- Improve the availability, especially during out-of-hours of these specialist medicines when they are required, by ensuring access and continuity of supply.
- To support patients, carers, and clinicians by providing them with the benefit of a pharmacist's knowledge at the point of dispensing.
- To ensure common standards for the provision of palliative care and other specialist medicines.

The intention is that the pharmacy stocks the specialist medicines listed in the formulary, dispenses them upon receipt of an appropriate NHS prescription, and re-orders.

The contractor must ensure that this service is available at all times within their contracted opening hours.

At the time of writing, this service is in development.

## **2.10 Other NHS services**

Other services which are commissioned or provided by NHS England, Torbay Council and Integrated Care System for Devon (ICSD), which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

## **2.11 Changes to the existing provision of pharmaceutical services**

A pharmacy or DAC can apply to the local ICB to change their core opening hours – applications normally need to be submitted 90 days in advance of the date on which the contractor wishes to implement the change. The local ICB will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. The local ICB has 60 days to determine an application to vary core hours.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify the local ICB of the change, giving at least 5 weeks' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to the local ICB. Provided that the purchaser agrees to provide the same services and opening hours as the current contractor, change of ownership applications are normally approved.

A contractor who wishes to relocate to different premises also needs to apply to the local ICB. Generally, a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to the local ICB. 100-hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if the local ICB is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved, then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres if the area is not deemed a reserved area (about 1 mile) of that pharmacy. However, the local ICB may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy. There are no controlled localities in Torbay.

## **2.12 How the assessment was undertaken**

### **2.12.1 PNA steering group**

The HWB has overall collective responsibility for the development and publication and of the PNA. Torbay HWB established a PNA steering group across the geographical footprint of Devon County (encompassing the local authorities of Devon, Plymouth and Torbay), the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in appendix 2.

### **2.12.2 Pharmaceutical services information**

A list of pharmaceutical service providers operating in Torbay as of January 2025 was obtained from NHSE records for this PNA. Although it is anticipated that there will be changes to the list of service providers since January 2025, this cut off point was chosen to enable time for data cleaning, upload, and analysis.

### **2.12.3 PNA localities**

Given the compact nature of Torbay, the steering group agreed to use the same locality boundaries for the PNA as the local authority boundary of Torbay.

### **2.12.4 Other sources of information**

Information was gathered from NHS England, Devon ICB, Devon LPC and Torbay Council regarding:

- services provided to residents of the HWB's area, whether provided from within

- or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Torbay's joint health and wellbeing strategy provided background information on the health needs of the population.

### **2.12.5 Equality and safety impact assessment**

Torbay council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

The EIA for the PNA can be found in appendix 3.

### **2.12.6 Consultation**

The statutory 60 day consultation commenced 3<sup>rd</sup> March 2025 till the 6<sup>th</sup> May 2025. A report on the consultation can be found in appendix 7.

### **2.12.7 Patient and public engagement survey**

**The Strategy for Community Pharmacy in Devon - Five Year Plan (2025-2029)**

was published by NHS Devon Integrated Commissioning Board (ICB) in early 2025. As part of the strategy, a public engagement process gathered feedback from those who use community pharmacy to understand more about how local people use community pharmacies now, and how they would like to use them in the future, as well as what works well and what could be better. A link to the Strategy plus a summation of the challenges and aims can be found in Section 2.3.

#### **2.12.8 Health and social care staff and statutory body engagement survey**

##### **The Strategy for Community Pharmacy in Devon - Five Year Plan (2025-2029)**

was published by NHS Devon Integrated Commissioning Board (ICB) in early 2025. As part of the strategy, an engagement process gathered feedback from healthcare professionals/statutory bodies to understand what works well, what could be better and what needs to change. A link to the Strategy plus a summation of the challenges and aims can be found in Section 2.3.

## 3 Overview of Torbay

### 3.1 Introduction

This section details the key components of Torbay's population's age, sex, ethnicity and deprivation. This data compares the Torbay average against the national averages where available.

Torbay is located on the South Coast of Devon and is predominantly an urban area.

**Figure 1: Map of Torbay**

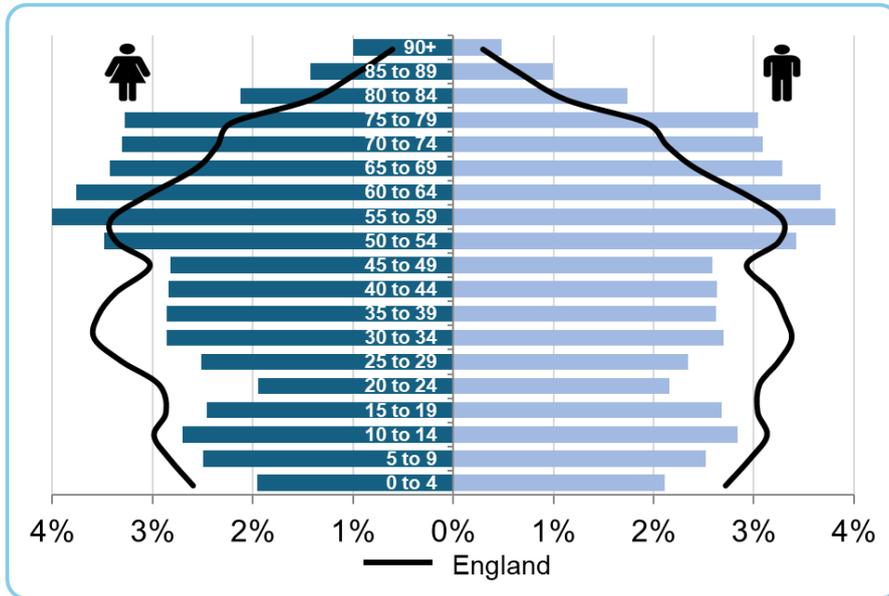


### 3.2 The population

Torbay's population has grown at a slower rate (4.9%) over the last decade than the England average which shows a 7.0% increase (Table 1). The population of Torbay is older than the England average, with a greater proportion of the population over

the age of 50 years. There are particularly noticeable differences in the 0-4 and 20-39 age groups compared to England (Figure 2).

**Figure 2: Population pyramid for Torbay compared to England, 2023 ONS mid-year resident population estimates**



Source: ONS Mid-year population estimates

**Table 1: Mid-year population estimates for Torbay, 2013-2023**

All Age	Torbay	England
2013	132,920	53,918,686
2015	135,052	54,808,676
2017	137,329	55,619,548
2019	138,754	56,230,056
2021	139,440	56,554,891
2023	139,485	57,690,323
<b>% change (2013 to 2023)</b>	<b>4.9%</b>	<b>7.0%</b>

Source: ONS Mid-year population estimates

Sub-national population estimates have not been updated since they were last released in March 2020 and estimates should be treated with a degree of caution, new estimates are due to be released in 2025. It is currently estimated that Torbay's population will increase by around 13,600 (9.8%) by 2043 (Table 2). The largest increase is projected to be seen in the population aged 85 years and over (76.7%), followed by the 65 to 84 years age group which is projected to increase by 32.5%. By contrast, it is estimated there will be a 5.6% reduction in those aged 30 to 44 years.

**Table 2: Sub-national population projections for Torbay, 2023-2043**

Age group	2023	2028	2033	2038	2043	%
0 to 14	20,386	20,191	19,444	19,610	20,149	-1.2%
15 to 29	19,674	19,883	20,687	20,540	19,797	0.6%
30 to 44	23,025	22,149	21,564	21,146	21,734	-5.6%
45 to 64	38,487	38,225	37,413	37,479	38,762	0.7%
65 to 84	32,484	37,185	39,924	42,472	43,053	32.5%
85+	5,429	6,112	7,995	8,850	9,593	76.7%
<b>All ages</b>	<b>139,485</b>	<b>143,745</b>	<b>147,027</b>	<b>150,097</b>	<b>153,088</b>	<b>9.8%</b>

Source: ONS Sub-national population projections

### 3.3 'Protected Characteristics' (Equality Act 2010)

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:<sup>11</sup>

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the above 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. Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers all have a responsibility under the Act.

In the following paragraphs, the nine protected characteristics have been described at the Torbay level. Where available, information at the ward level can be found on Torbay's JSNA website<sup>12</sup>. The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations.

<sup>11</sup> <https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>  
<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>

<sup>12</sup> <https://www.southdevonandtorbay.info/>

### **3.3.1 Age**

Torbay currently has a population of 139,485. Torbay has a higher proportion in all age groups from 50-90+, for both females and males, than the national population. Conversely Torbay has a lower proportion in all age groups from 0-49 than nationally.

The very young and the very old tend to have a much higher concentration of health issues, within Torbay the proportion of older people is significantly higher than the England average.

### **3.3.2 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 residents answered that their day-to-day were limited a little or a lot (11% stated that their activities were limited a lot). This was significantly higher than England (17.3%) and South West (18.6%).

According to the 2021 Census, 42.2% of Torbay residents reported their general health as 'very good' placing Torbay significantly below the England rate of 48.5%. 34.2% of Torbay residents reported they were in good health which is similar to England. Torbay does rank higher than England for those rating their health as only 'Fair' (16.2% compared to 12.7%). Both Bad health (5.7%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.0%, 1.2% respectively), this equates to 10,207 people over both categories.

There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa. Also, an increased likelihood of co-morbidity of disabling conditions.

### **3.3.3 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 their gender identity, of those who answered, 0.4% (449 people) stated that their gender identity was not the same as the sex registered at birth. This was similar to the South West and lower than England (0.6%). From 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 almost 3 times higher than the next highest age groups.

Transgender individuals can face discrimination and harassment; they may also be

possible targets for hate crime which may increase their risk of mental ill-health.

### 3.3.4 Marriage and Civil Partnership

The 2021 Census recorded that 44.2% of Torbay residents aged 16 and over were married or in a registered civil partnership, this was slightly lower than 2011 when the percentage stood at 46.9%. Rates are similar to England.

### 3.3.5 Pregnancy and Maternity

Over the period 2010 to 2023, the rate of live births has been slightly but significantly higher than England. During the period 2010 to 2017, live births in Torbay never fell below 1,300. For 2023, there were 960 live births to Torbay females, 2022 and 2023 were the first time in the period since 2010 that Torbay had a significantly lower live birth rate than England.

There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally, there are health issues such as morning sickness that are specific to pregnancy.

The Maternal Mental Health Alliance state that as much as 30% of domestic abuse starts in pregnancy, also mental health conditions have a well-established link to domestic abuse.<sup>13</sup>

### 3.3.6 Race

Torbay is significantly less ethnically diverse than England as a whole. According to the 2021 Census 96.1% of Torbay residents classify themselves as White, 92.1% of Torbay's population classify themselves White British. This is significantly higher than the England average for White British (73.5%). Torbay has 5,402 (3.9%) resident ethnic minority population (excluding white ethnic groups). Of these, 2,254 (1.6%) are **Asian, Asian British or Asian Welsh**, 2,084 residents (1.5%) **Mixed/Multiple** ethnic background, 617 (0.4%) **Other ethnic Group** and 447 (0.3%) **Black British, Welsh, Caribbean or African**.

There can be significant differences between different ethnic groups such as the prevalence of diabetes. There can be significant barriers to services due to language and cultural differences.

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<sup>13</sup> [MMHA BRIEFING - Perinatal mental health and domestic abuse - Jan 23 \(maternalmentalhealthalliance.org\)](https://maternalmentalhealthalliance.org/)

Most minority ethnic groups are disproportionately affected by socio-economic deprivation which is a key determinant of health status.<sup>14</sup>

An increase in the number of older BAME people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.

BAME populations may face discrimination and harassment and may be possible targets for hate crime.

### **3.3.7 Religion or belief**

According to the 2021 Census, the number of Torbay residents who state that they have a religion has fallen significantly from 64.8% in 2011 to 50.5% in 2021. Christianity is the most common religion in Torbay with 48.5%, down from 63.3% in 2011. Those Torbay residents who state that they have no religion has risen from 27.5% in 2011 to 43.2% which is a higher rate than the national average. 1.3% of Torbay residents classified themselves as either Muslim, Buddhist, Hindu, Jewish or Sikh. A further 0.7% state that they have a religion that is not one of those listed above.

Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals, it is not specific to one religion or belief.

Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.

There is a possibility of hate crime related to religion and belief.

### **3.3.8 Sex**

Overall, 51.3% of Torbay's population are female (ONS mid-2023 estimates).

Inequalities in life expectancy were greater for men than women over the period 2018 to 2022. There was a gap of 11 years for men between the most deprived and least deprived areas of Torbay, and 6 years for women. This period does include 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.

Whilst females in Torbay have a higher life expectancy than males of approximately 4 years over the last decade, the age to which they can expect to live in self-reported good health (healthy life expectancy) is broadly similar to males. This implies that females live for longer but not necessarily in good health.

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<sup>14</sup> [Ethnic-Health-Inequalities-Kings-Fund-Report.pdf \(nhsrhc.org\)](#)

### **3.3.9 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. Figures were similar to the South West and England. 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' which was the highest rate falling to 0.6% among those aged 75 years and over.

Gay or lesbian individuals may be possible targets for hate crime.

Certain sexual health issues may be more prevalent in gay and lesbian populations eg gay men are in a higher risk group for HIV.

Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.

Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.

## **3.4 Additional patient groups with particular health issues**

### **3.4.1 Care experienced**

Torbay has had significantly higher rates of children placed into care than the England average. Care experienced refers to those children who have entered the care system.

Care leavers are reported to make up 25% of the adult homelessness population.<sup>15</sup>

Care leavers aged 19 to 21 years are 3 times more likely not to be in education, employment or training, being economically deprived is consistently shown as one of the main drivers of ill-health.

### **3.4.2 Homeless**

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<sup>15</sup> [Home For Good | Care Leavers and care-experienced young people](#)

Homeless Link completed a nationwide study of the health needs of homeless people in 2018 to 2021<sup>16</sup>. Key findings of the audits conducted on homeless people were:

- 78% reported having a physical health condition. Of those, 80% reported having at least 1 co-morbidity, with 29% having between 5 and 10 diagnoses. 63% reported they had a long-term condition.
- 82% had a diagnosed mental health problem (this has risen substantially from 45% in 2014).
- Increase in those with a mental health diagnosis driven by rising number of people reporting depression (72%) and anxiety (60%).
- 25% self-reported a dual diagnosis of coexisting mental health and substance misuse needs, a further 45% reported that they self-medicate with drugs and/or alcohol to cope with their mental health.

In addition, homelessness is a key risk factor for TB due to the transmission risks of sleeping rough or in overcrowded accommodation.

### **3.4.3 Students**

Torbay has 3 grammar schools which draw young people on a daily basis from both Torbay and the surrounding areas of South Devon.

Torbay also has South Devon College, based in Paignton, which has a wide variety of academic and vocational courses, as well as adult learning and university degree courses, which draws young people and adult students from a wide area of South Devon.

Health considerations for this patient group include (but are not limited to):

- Mumps
- Chlamydia testing
- Contraception, including Emergency Hormonal Contraception provision
- Mental health problems are more common among students than the general population.

Torbay is highly popular with foreign students with a significant number of young people staying with host families in Torbay and the surrounding area. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of foreign diseases or ailments.

### **3.4.4 Tourists**

Torbay has a seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple

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<sup>16</sup> [Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link](#)

colds through to issues such as sunburn as well as more complicated prescribing regimens that need to continue to be maintained.

### 3.5 Material deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.

The English Indices of Deprivation 2019 use 39 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:

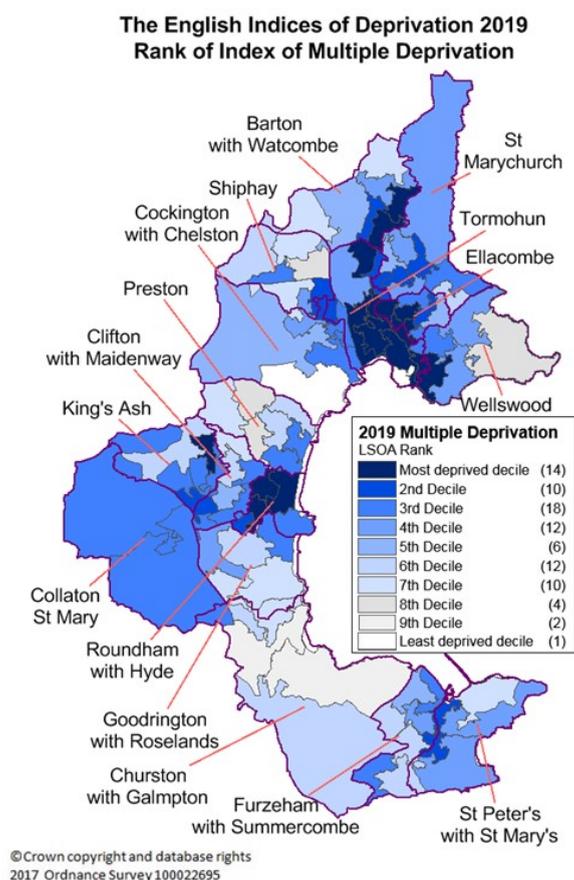
- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.

The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Torbay was made up of 89 LSOAs at the time of the IMD 2019. An LSOA typically contain a population of around 1,500.

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Torbay has 24 LSOAs in the 20% most deprived. Torbay is ranked 48<sup>th</sup> out of the 317 local authority districts in England (1=most deprived; 317=least deprived). This places Torbay in the bottom 20% of local authorities in England.

Torbay is ranked as the most deprived local authority area in the South West region. Figure 3 shows the IMD 2019 ranks for the 89 LSOAs in Torbay

**Figure 3: 2019 Index of Multiple Deprivation (IMD)**



Source: English Index of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government

### 3.6 Car ownership (relevance to accessing pharmaceutical services)

Based on the 2021 Census, car ownership in Torbay is broadly similar to the national average at 76.8% (Table 3). Car ownership is lower in Torquay (75.0%) compared to Paignton & Brixham locality (78.6%). The lowest levels of car ownership are concentrated in central Torquay and central Paignton.

**Table 3: Car or van availability, 2021 Census**

	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 or more cars or vans in household	1 or more cars or vans in household
Torbay	23.2%	43.3%	24.5%	8.9%	<b>76.8%</b>
England	23.5%	41.3%	26.1%	9.1%	<b>76.5%</b>

### **3.7 OHID Health profiles**

The Public Health Profiles published by the Office for Health Improvement and Disparities (OHID) provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. A couple of examples are given below.

#### **3.7.1 Local Authority Health Profile**

<https://fingertips.phe.org.uk/profile/health-profiles>

By clicking on the link above, you can search by local authority on the landing page and view a summary of data relating to Torbay which benchmarks the area against England. On the data page, you can select different topic areas such as 'Life expectancy and causes of death' or 'Wider determinants of health' in addition to other topic areas. The pages are too dense to be of a readable font size in this document hence the link.

#### **3.7.2 Child Health Profile**

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/ati/402/are/E06000027>

By clicking on the link above, you can view a web summary report of data relating to child health in Torbay which includes benchmarking Torbay against England. It includes topic areas such as 'Prevention of ill health' or 'Wider determinants of health' in addition to other topic areas. The pages are too dense to be of a readable font size in this document hence the link.

## 4 General health needs of Torbay

### 4.1 Introduction and Joint Strategic Needs Assessment

This section provides a more detailed examination of the differing health needs within Torbay and how it compares to England. Where possible, reference is made to different areas within Torbay such as wards or particular areas of high deprivation.

A much more detailed breakdown of the overall needs of Torbay can be found within Torbay's Joint Strategic Needs Assessment which is available at [Joint Strategic Needs Assessment \(JSNA\) and Ward Profiles - Torbay Knowledge and Intelligence](#).

It contains 2 documents, the main narrative looks at Torbay as a whole and the Ward Profile which breaks a smaller set of data down to Torbay's 16 electoral wards. It should be noted that much more data is available at local authority than ward level, also ward level data will often need to be aggregated over multiple years to gain any meaningful comparisons.

The purpose of the JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population. A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / ward or for specific groups such as younger or older people.

The JSNA helps to analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the Torbay population, in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

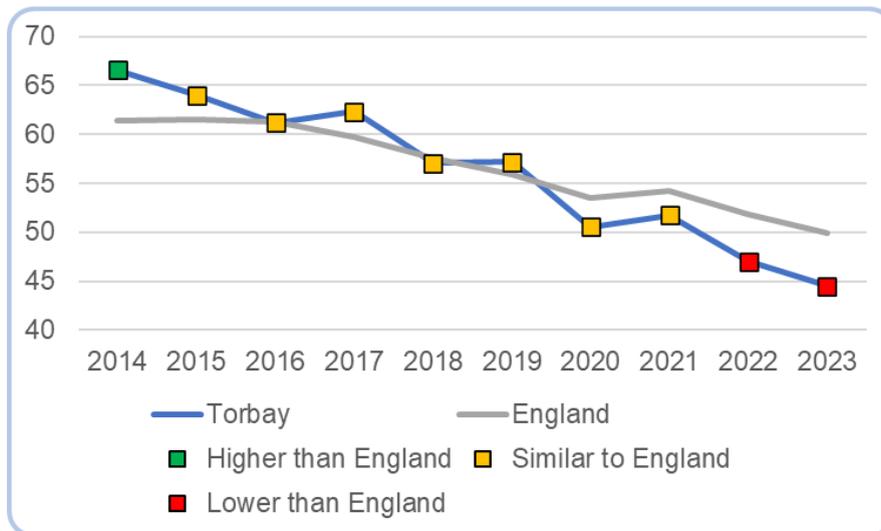
Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the wider social determinants of where we live and work. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth, and continues to accumulate throughout individual's lives. The JSNA for Torbay is presented by subject area, examples of areas are Demographics, Housing, Women's Health and Weight, Exercise and Diet.

## 4.2 General health need: indicators

### 4.2.1 Birth Rate

The number of live births to Torbay mothers has fallen by 33% over the last 10 years. In 2014, there were 1,443 live births to Torbay mothers, for 2023 this had fallen to 960. 2022 was the first year in the last decade where the rate of live births per 1,000 females aged 15 to 44 years were significantly lower than England (Figure 4).

**Figure 4: General Fertility Rate (Live births per 1,000 women aged 15 to 44)**



Source: NOMIS

### 4.2.2 Low birth weight

Over the period 2013 to 2022, 7.6% of Torbay live births were low weight births (less than 2,500 grams), the rate has been consistent over the decade and broadly in line with the England average (7.2%). If you just look at low birth weights from 2013 to 2022, of live babies delivered at term or later (37+ weeks), 2.7% of those Torbay babies weighed less than 2,500 grams. Again, this is broadly in line with England (2.8%). When you look at England data, those babies born to mothers in more deprived areas are significantly more likely to be low weight births.

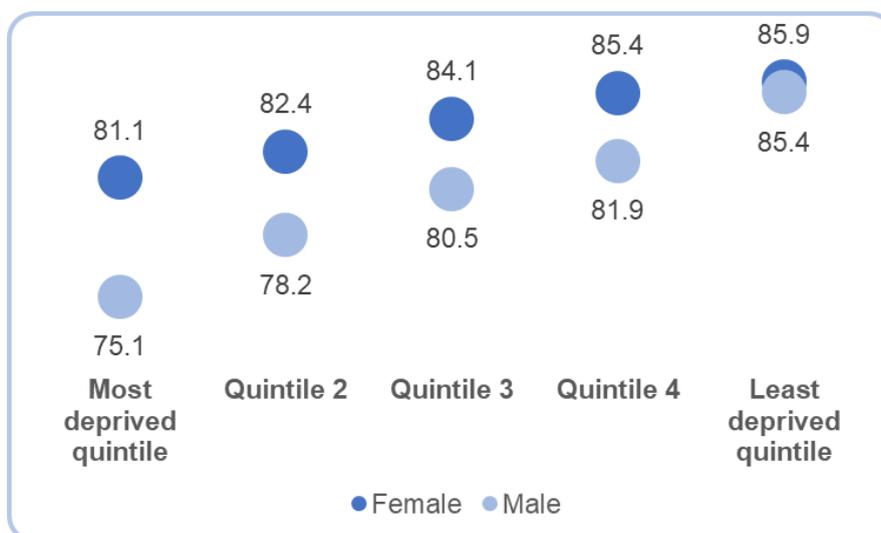
Source: Fingertips, ONS Annual Births Data

### 4.2.3 Life expectancy at birth

For 2021 to 2023, life expectancy at birth for females in Torbay was 83.1 years, for Torbay males it was 78.3 years. Over the last 2 decades, life expectancy has risen by approximately 2 years in Torbay. There are significant differences within areas of Torbay with a life expectancy gap of 10 years between males who live in the least and most deprived areas of Torbay and a 5 year gap for females (Figure 5). The

lowest levels of life expectancy are to be found in central Torquay and central Paignton.

**Figure 5: Life expectancy at birth by deprivation quintile – Torbay (2019 to 2023)**



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

#### 4.2.4 Breastfeeding at 6 to 8 weeks

Data around breastfeeding at 6 to 8 weeks is frequently not published for large numbers of geographical areas due to significant data issues. For 2023/24, 50% of Torbay mothers were breastfeeding at 6 to 8 weeks after birth, this was broadly in line with the England figure of 53%. Torbay figures have improved significantly from the middle of the last decade when rates were 40%. Across England, breastfeeding rates at 6 to 8 weeks are higher in the less deprived areas of communities.

#### 4.2.5 Vulnerable children known to Children’s services

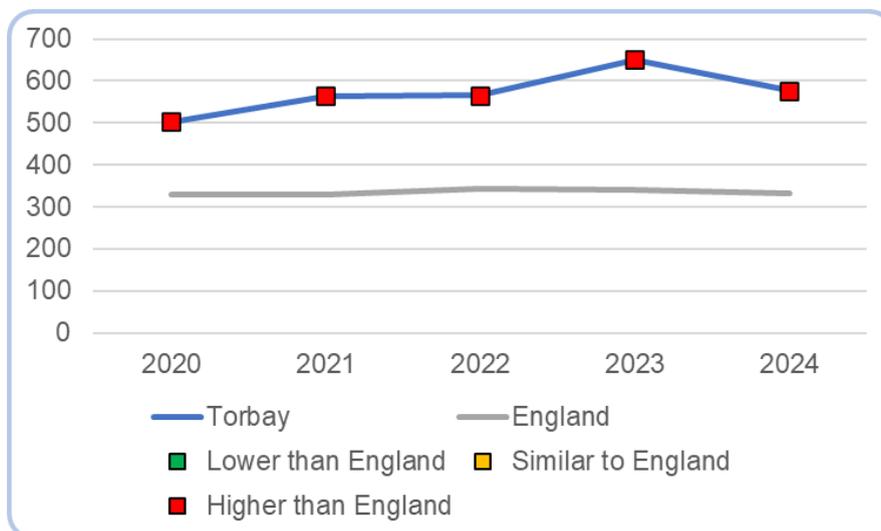
Torbay has rates of cared for children and children who are subject to a child protection plan that are significantly higher than the England average. In addition to this, there have been a growing number of children classified as ‘in need’. A ‘Child in Need’ is a child who is thought to need extra help from children’s services if they are to achieve or maintain a ‘reasonable standard of health or development’, this includes all disabled children. Numbers have consistently been significantly higher over the last 5 years when compared to England (Figure 6).

When a Child in Need receives an assessment, a number of factors are often identified at the end of that assessment, for 2020 to 2024 in Torbay the 5 most commonly recorded factors were:-

- Mental Health – 6,342
- Domestic Abuse – 5,342

- Alcohol Misuse – 2,576
- Drug Misuse – 2,516
- Emotional Abuse 2,223

**Figure 6: Rate of Children in Need per 10,000 at 31 March**



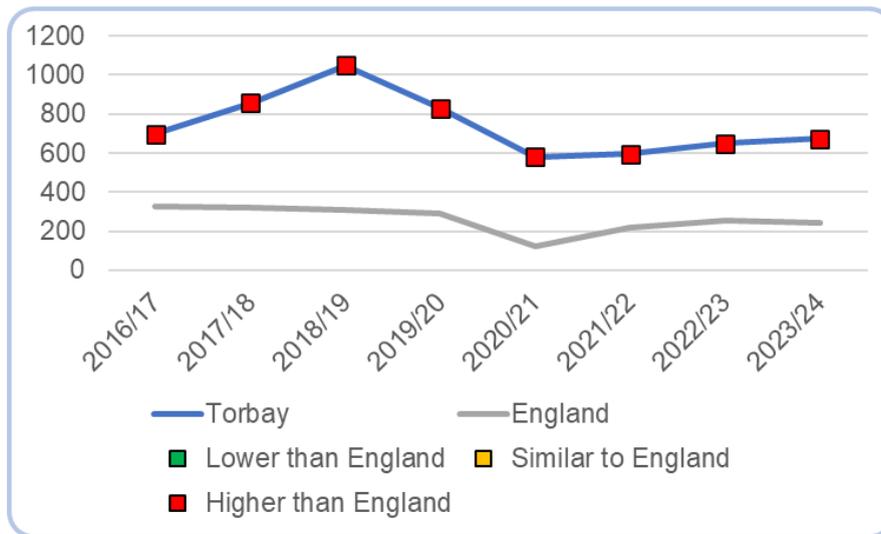
Source: Department for Education – Characteristics of children in need

#### 4.2.6 Hospital admissions for dental extractions caused by caries, aged 0 to 17

Rates of hospital extractions caused by dental caries (tooth decay) have consistently been significantly higher in Torbay than England over the 8 years shown (Figure 7). The most recent Torbay rate is significantly below its peak of 2018/19.

There are higher levels of hospital admissions for dental caries in children who live in the most deprived areas. Across the 8 years shown, all Torbay wards had rates of hospital admissions due to dental caries that were significantly higher than England. Rates were particularly high in the wards of King’s Ash, Roundham with Hyde and Tormohun.

**Figure 7: Rate of hospital tooth extractions due to dental caries, aged 0 to 17, per 100,000**



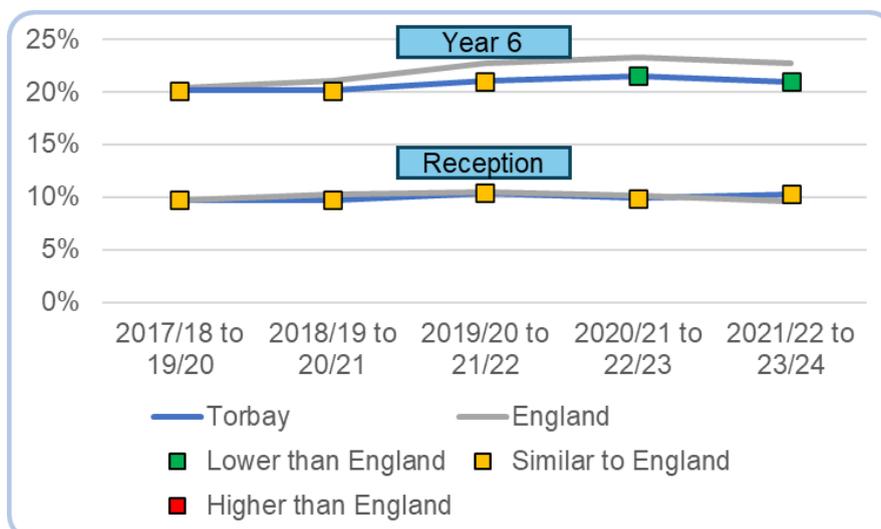
Source: Hospital Episode Statistics

#### 4.2.7 Childhood obesity

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. A child is defined as obese where it is on or above the 95<sup>th</sup> centile, based on the British 1990 (UK90) growth reference data.

Just over 1 in 5 Year 6 children at Torbay schools have been classified as obese since 2016/17. For Reception aged children the rate is close to 1 in 10 (Figure 8). These rates have been broadly in line with the England average with the exception of the recent Year 6 figures, it should be noted that rates of obese children across England are significantly higher in the most deprived areas of England when compared to the least deprived. In general, there are concerns about childhood obesity and the implications of obesity persisting into adulthood.

**Figure 8: Percentage of obese children (NCMP)**



#### 4.2.8 Self-reported bad or very bad health

Based on the 2021 Census, 7.3% of Torbay’s population stated that they were in bad or very bad health. Rates of self-reported bad or very bad health were significantly higher in Torbay across all age ranges (Table 4). The wards of Roundham with Hyde (10.7%), Wellswood (9.8%), Tormohun (8.5%) and Furzeham with Summercombe (7.9%) had rates significantly higher than the Torbay average.

**Table 4: Percentage of population with self-reported bad or very bad health**

	Torbay	England
Aged 15 and under	0.71%	0.57%
Aged 16 to 24	2.59%	1.50%
Aged 25 to 34	3.45%	2.10%
Aged 35 to 49	5.86%	3.89%
Aged 50 to 64	9.80%	7.85%
Aged 65 and over	13.15%	12.62%
<b>All ages</b>	<b>7.33%</b>	<b>5.15%</b>

Source: Census 2021

#### 4.2.9 Long-term health problem or disability

For the 2021 Census, a question was asked if someone 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 (Table 5), this was significantly higher than England (17.3%), even if Torbay’s older age profile is taken into account, rates would be higher than England. Rates were between 25% and 30% in the wards of Roundham with Hyde, Wellswood, Tormohun and Furzeham with Summercombe.

**Table 5: Percentage of population by disability status**

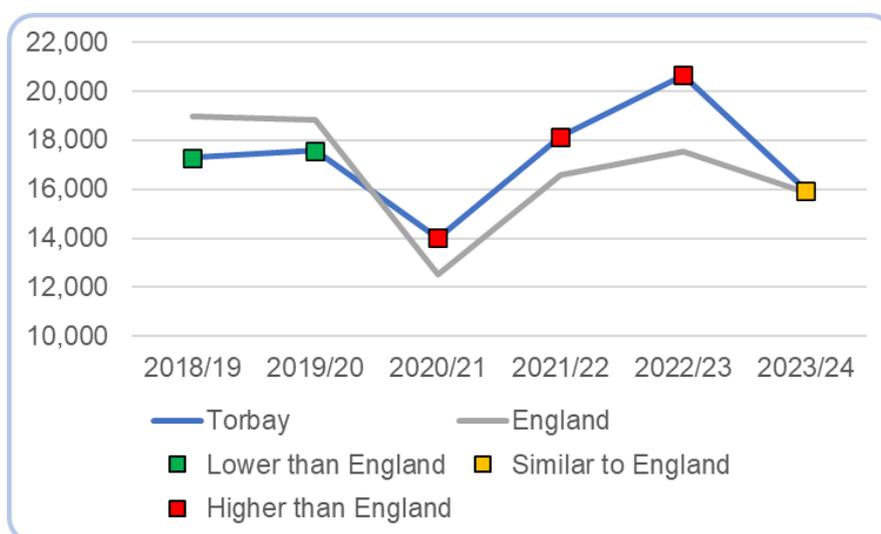
	Torbay	England
<b>Disabled under the Equality Act</b>	23.8%	17.3%
Day-to-day activities limited a lot	11.0%	7.3%
Day-to-day activities limited a little	12.9%	10.0%

Source: Census 2021

#### 4.2.10 Elective (Planned) admissions

The age-standardised level of elective (planned) admissions for Torbay has been similar to England for the latest year (Figure 9). Post-COVID, rates had switched from being lower than England to higher. Age-standardisation takes a local authorities age structure into account rather than being a crude rate.

**Figure 9: Age-standardised rate of elective (planned) admissions, per 100,000**

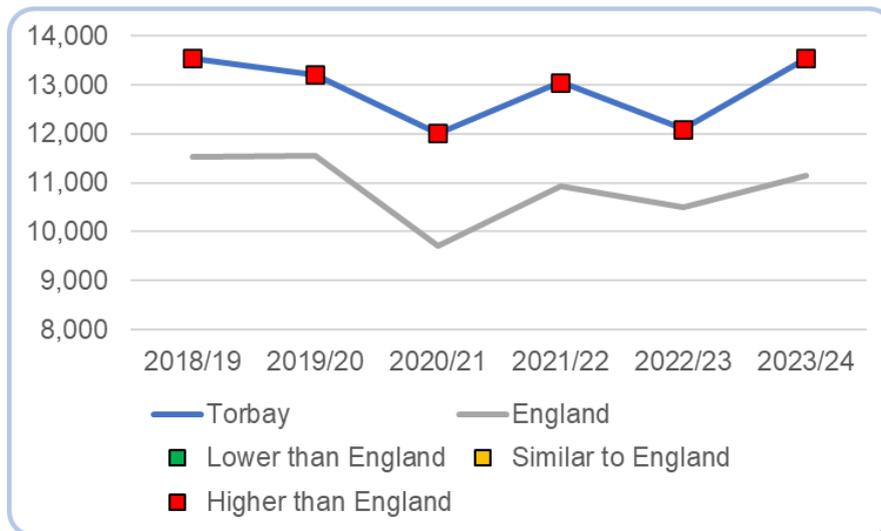


Source: Hospital Episode Statistics

#### 4.2.11 Non-elective (Unplanned) admissions

The age-standardised level of non-elective (unplanned) admissions for Torbay has consistently been higher than England over the period shown (Figure 10). These admissions disproportionately relate to areas with higher levels of deprivation such as central Torquay and central Paignton.

**Figure 10: Age-standardised rate of non-elective (unplanned) admissions, per 100,000**



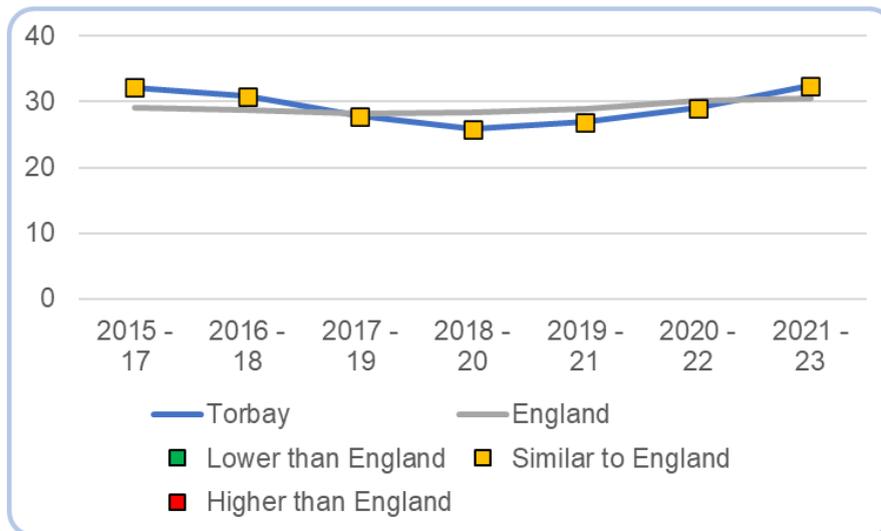
Source: Hospital Episode Statistics

#### 4.2.12 Preventable deaths from cardiovascular disease

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.

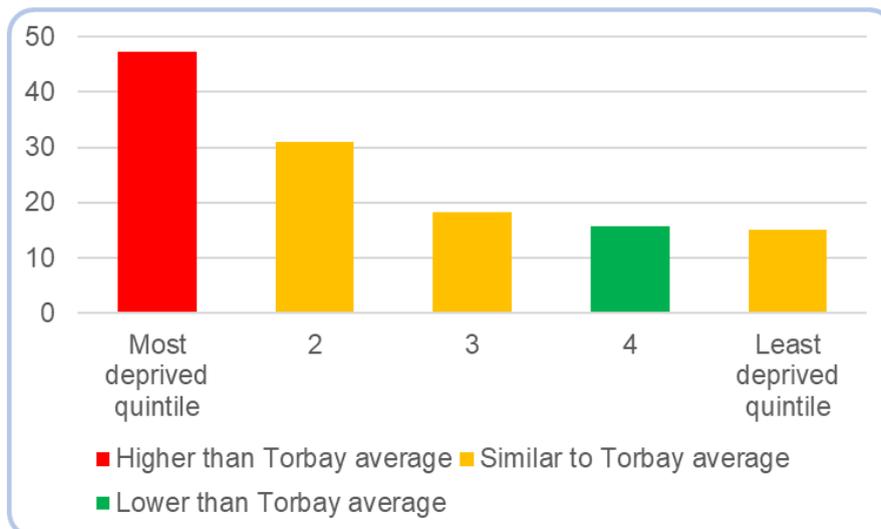
Whilst Torbay’s rate of preventable under 75 cardiovascular disease mortality is broadly in line with England (Figure 11), this disguises significant variation within Torbay. Rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 12), rates in the least deprived area are in line with the Torbay average because of the uncertainty introduced by the smaller size of that population. Rates among males were just under triple the rates for females.

**Figure 11: Age-standardised Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000**



Source: Fingertips

**Figure 12: Age-standardised Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)**

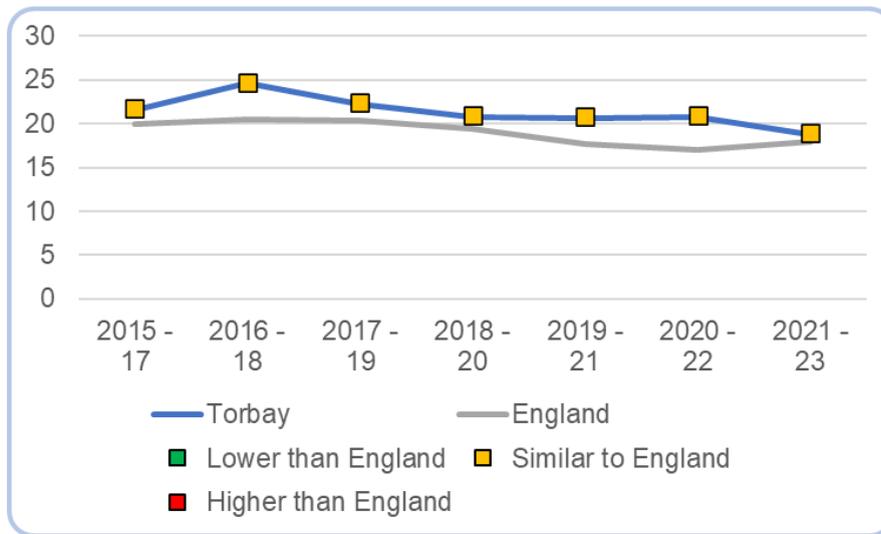


Source: Primary Care Mortality Database

#### 4.2.13 Preventable deaths from respiratory disease

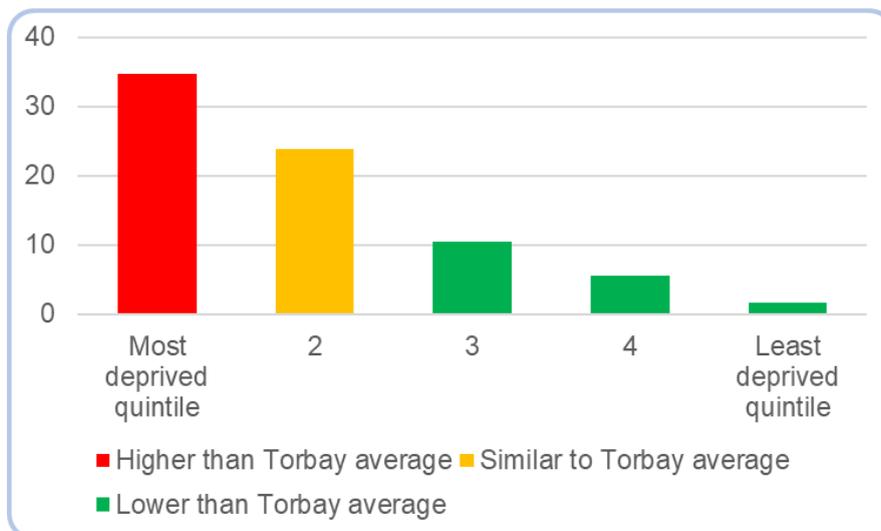
Torbay's rate of preventable under 75 respiratory disease mortality have been broadly smooth over the last decade (Figure 13). There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 14). It should be noted that COVID-19 was not included nationally within the respiratory disease definitions.

**Figure 13: Age-standardised Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000**



Source: Fingertips

**Figure 14: Age-standardised Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)**

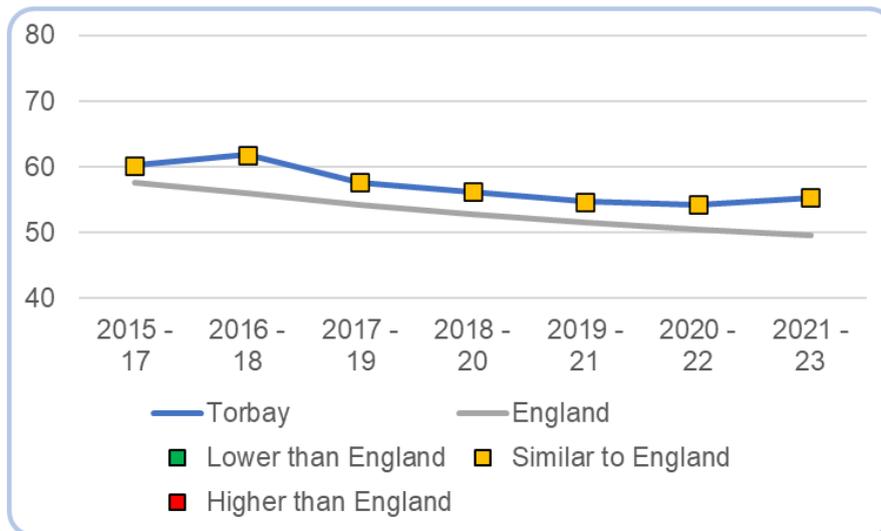


Source: Primary Care Mortality Database

#### 4.2.14 Preventable deaths from cancer

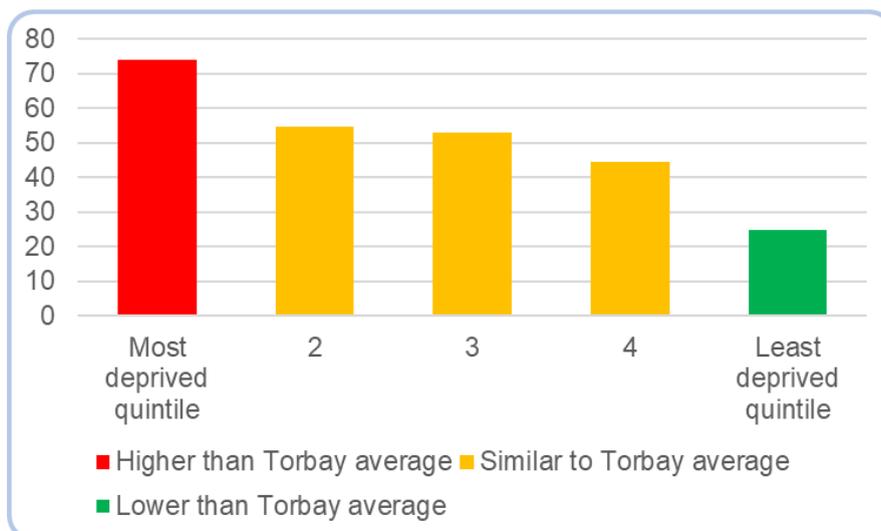
Over the period 2021 – 23, 1 in 3 (35%) preventable deaths in Torbay had an underlying cause of cancer. Rates in Torbay have decreased slightly over the last decade (Figure 15), males have been significantly more likely to have a preventable cancer death than females. There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 16).

**Figure 15: Age-standardised Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000**



Source: Fingertips

**Figure 16: Age-standardised Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Torbay 2018 to 2023)**

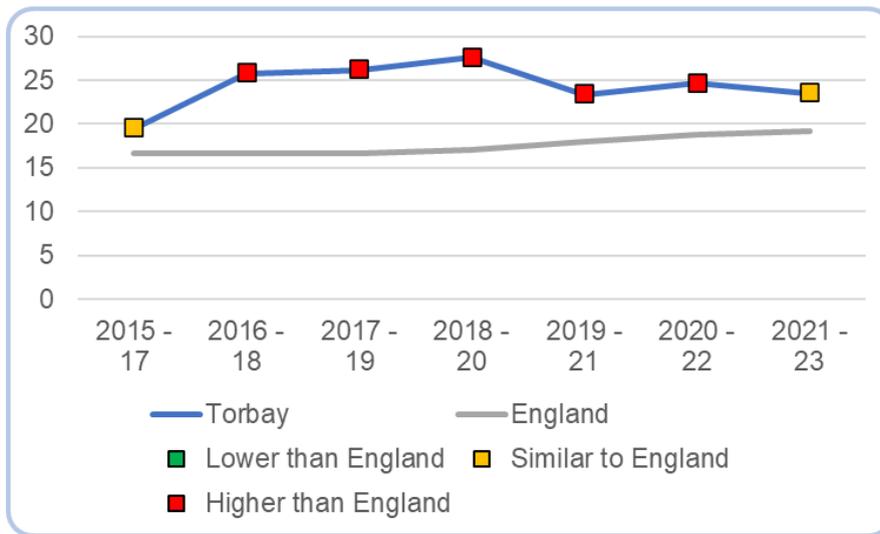


Source: Primary Care Mortality Database

#### 4.2.15 Preventable deaths from liver disease

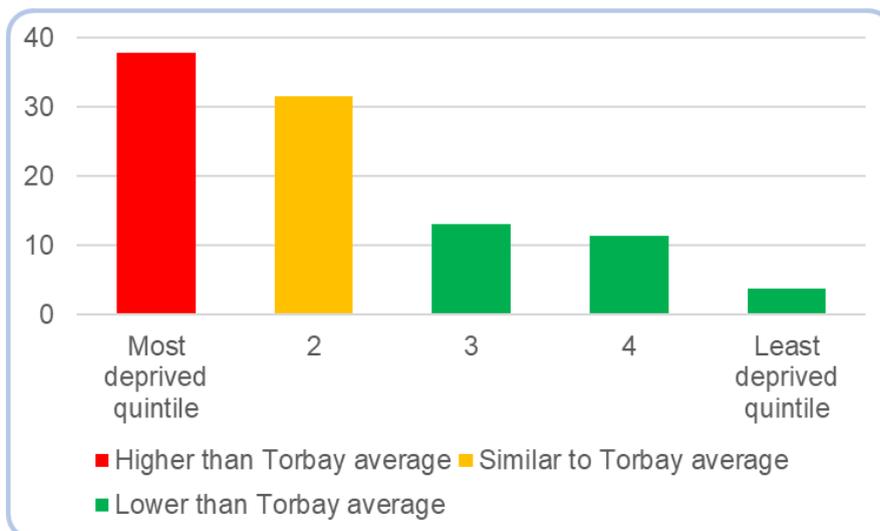
Over recent years, the rate of preventable under 75 liver disease mortality has generally been much higher than England (Figure 17). In line with other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Figure 18). For the last 6 years, more than 9 in 10 of these deaths were considered preventable, this is broadly in line with England.

**Figure 17: Age-standardised Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000**



Source: Fingertips

**Figure 18: Age-standardised Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)**



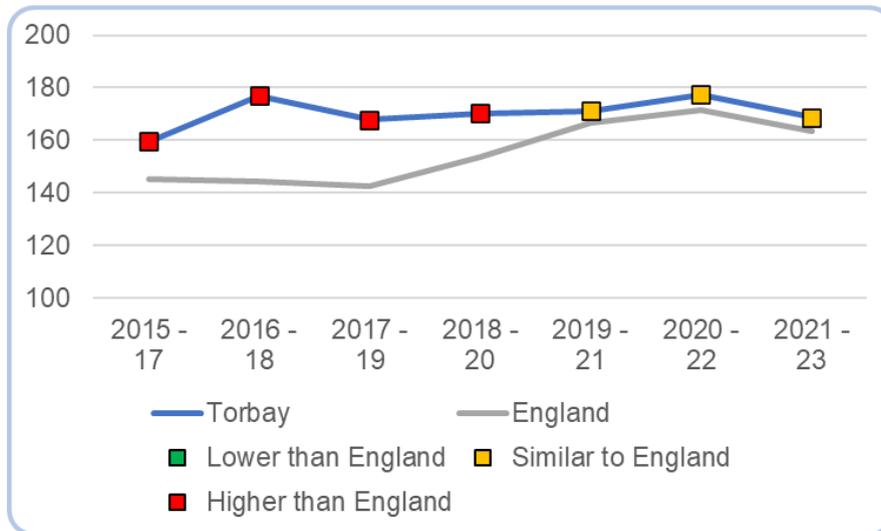
Source: Primary Care Mortality Database

#### 4.2.16 Preventable deaths from all causes

Prior to 2019 – 21, preventable mortality in Torbay had been significantly higher than England for a number of periods, England’s rate rose significantly faster during the COVID period to bring Torbay and England rates broadly in line with each other (Figure 19). Over the period 2018 – 23, 3 in 4 preventable deaths in Torbay related to either cancer, cardiovascular disease, liver disease or respiratory disease. There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay

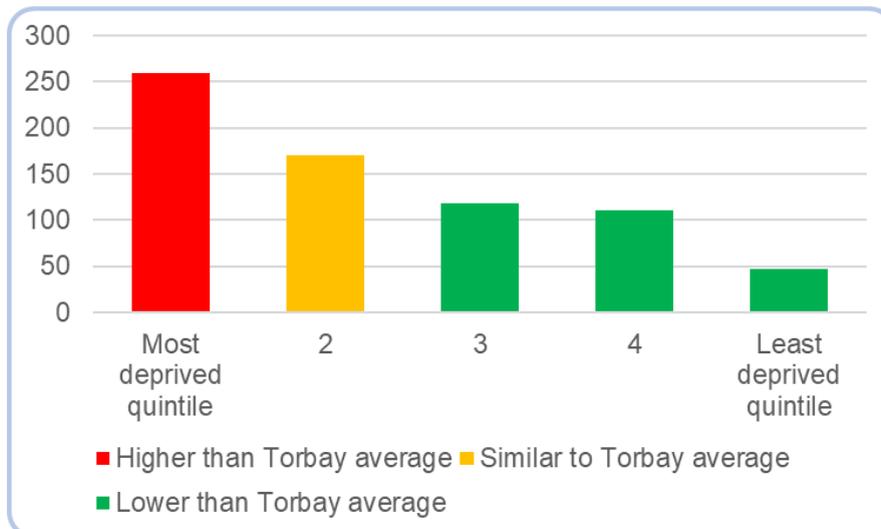
(Figure 20).

**Figure 19: Age-standardised Under 75 mortality rate with an underlying cause that was considered preventable, per 100,000**



Source: Fingertips

**Figure 20: Age-standardised Under 75 mortality rate with an underlying cause that was considered preventable, per 100,000 (Torbay 2018 to 2023)**



Source: Primary Care Mortality Database

### 4.3 Housing growth and significant housing developments

Torbay's growing and ageing population means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 65+ year olds in Torbay will increase by 26% from 2023 to 2033.

As of November 2024, Torbay Council are developing a new Local Plan Working Party that will look at a number of options around the level of housing development within Torbay. It is likely that a public consultation will take place in 2025 on the available options.

It is not currently anticipated that large scale housing developments will be delivered within the lifetime of this PNA given the current planning permissions in place. Also, looking forward to those future permissions that might be in place within a short-term time frame, the build rates for those developments will take a number of years beyond the lifetime of this PNA.

## 5 Selected health needs that can be influenced by pharmaceutical services

### 5.1 Introduction

Almost everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 4. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors, and is applicable to the following themes.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the local ICB and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Many of the pharmacies in Torbay will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Torbay.

As well as the supply of prescriptions, pharmacies can also:

- Provide accessible and comprehensive information and advice to carers about what support is available to them. This is part of the signposting essential service offer.
- Offer clinical advice and over-the-counter medicines for a range of minor illnesses such as coughs, colds, sore throats, stomach trouble, aches and pains.
- Signpost more serious concerns to the GP, nurse or other healthcare professionals.
- Provide health and wellbeing advice around behavioural risk factors.

This chapter will provide a more detailed examination of the different health needs of the population with regards to selected public health indicators that can be influenced by pharmaceutical services. Examples of how pharmaceutical services can influence the health and wellbeing of the population include:

#### **Mental health**

As well as supply medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice to carers about

what help and support is available to them. This is part of the signposting essential service.

## **Smoking**

Smoking cessation is commissioned as a locally commissioned service and pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

## **Long term conditions**

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to many long-term conditions as part of the essential services they provide:

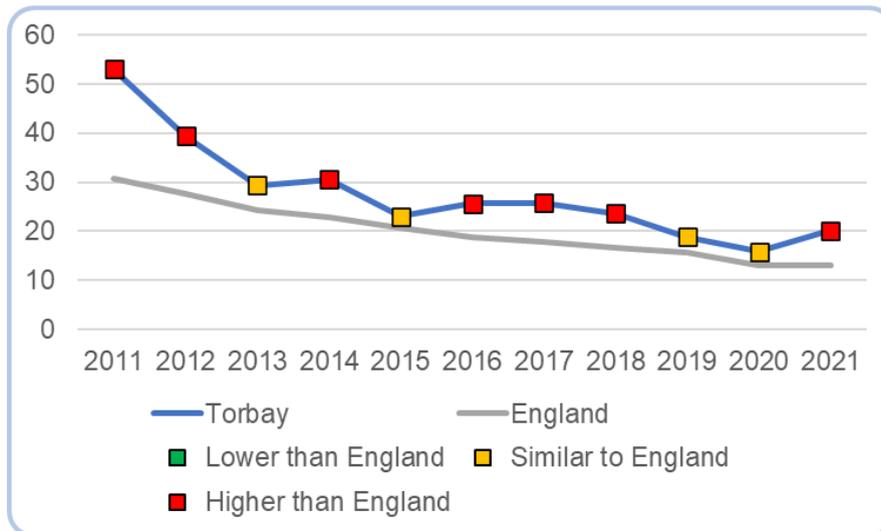
- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and the local ICB, these could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Provision of the nine advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

## **5.2 Selected health needs that can be influenced by pharmaceutical services: indicators**

### **5.2.1 Under 18 pregnancy (conceptions)**

Under 18 conception rates include pregnancies that result in one or more live or still births or a legal abortion. The trend is of a falling teenage pregnancy rate although 2021 has seen a flattening across England and a rise in Torbay (Figure 21). The majority of under 18 conceptions are in 16 and 17 year olds, under 16s represented 5 of the 43 Torbay under 18 conceptions in 2021. At a ward level, rates are often suppressed due to small numbers but as reflected across England, rates are highest in areas of the highest deprivation.

**Figure 21: Rate of Under 18s conceptions, per 1,000 females aged 15 to 17**



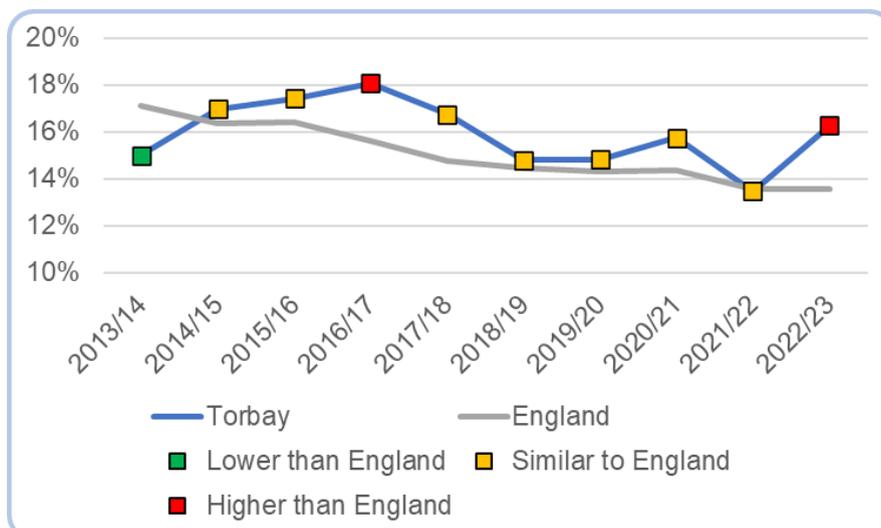
Source: Fingertips

### 5.2.2 Smoking prevalence in adults

Smoking tobacco is the leading cause of preventable illness and premature deaths in the UK (OHID). The prevalence of adult smokers in Torbay was 16.3% for 2022/23, which was significantly higher than England for the first time since 2016/17 (Figure 22). There are significant differences within Torbay around smoking prevalence depending on the broad socio-economic group you are in. Those who have never worked, are long-term unemployed or work in routine and manual occupations generally have higher smoking rates.

Pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy as well as providing advice from pharmacists and trained staff. Unlike other providers, pharmacies offer a walk-in service across a wide range of opening hours.

**Figure 22: Smoking prevalence in adults – GP Patient Survey**



### 5.2.3 Adults in drug treatment

Over the last decade, Torbay has consistently had higher proportions of its adult population in drug treatment when compared to England. There has been an increase in recent years to 921 adults in drug treatment for 2022/23 (Table 6), a rate close to 80% higher than England. The National Drug Treatment Monitoring system estimates that Torbay does have a higher proportion of its opiates and/or crack cocaine users in treatment than the England average.

**Table 6: Number of adults in treatment at specialist drug misuse services (Torbay)**

Year	Number in treatment
2016/17	714
2017/18	771
2018/19	No data
2019/20	807
2020/21	860
2021/22	906
2022/23	921

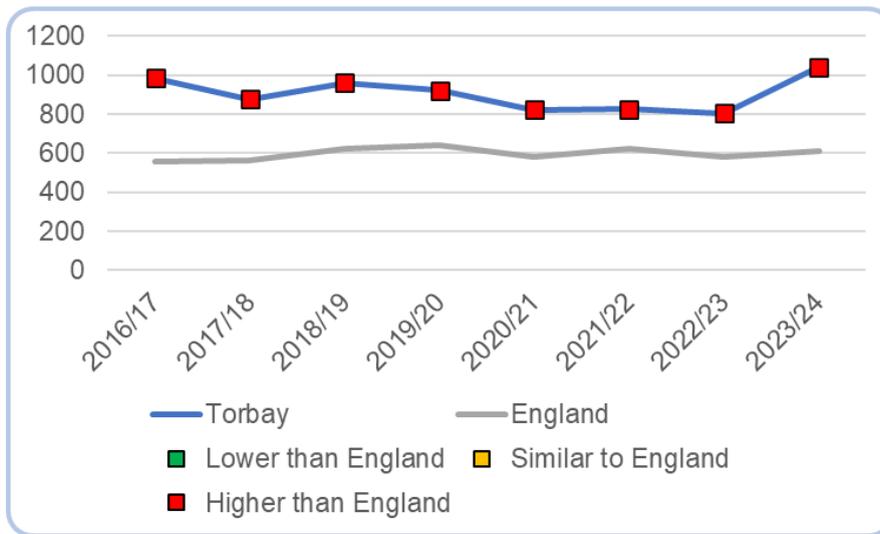
Source: Fingertips

### 5.2.4 Alcohol-specific admissions

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol.

Adjusted to take account of differing areas' age profile, Torbay has consistently had significantly higher rates of admissions to hospital in relation to alcohol-specific conditions (Figure 23). Rates for males in Torbay are approximately double the rate for females. Within Torbay, rates of admissions (adjusted for differing age profiles) have been highest in Tormohun, Roundham with Hyde, Ellacombe and Wellswood.

**Figure 23: Age standardised rate of admission episodes for alcohol-specific conditions, per 100,000**

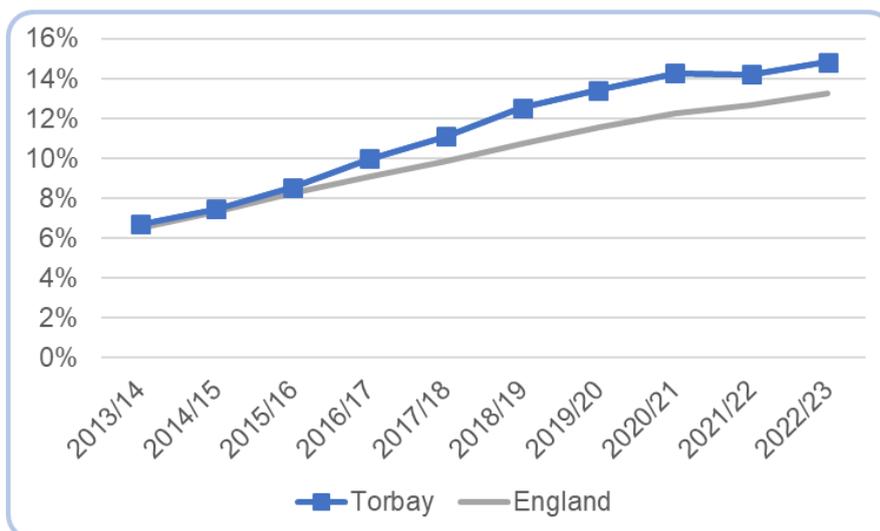


Source: Fingertips, 23/24 – Hospital Episode Statistics

### 5.2.5 Depression

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 as well as England, diagnosed depression is on an upward trend (Figure 24). In England as a whole, prevalence levels are generally much higher in more deprived areas than in less deprived areas.

**Figure 24: Percentage of patients with depression on GP registers, aged 18+**



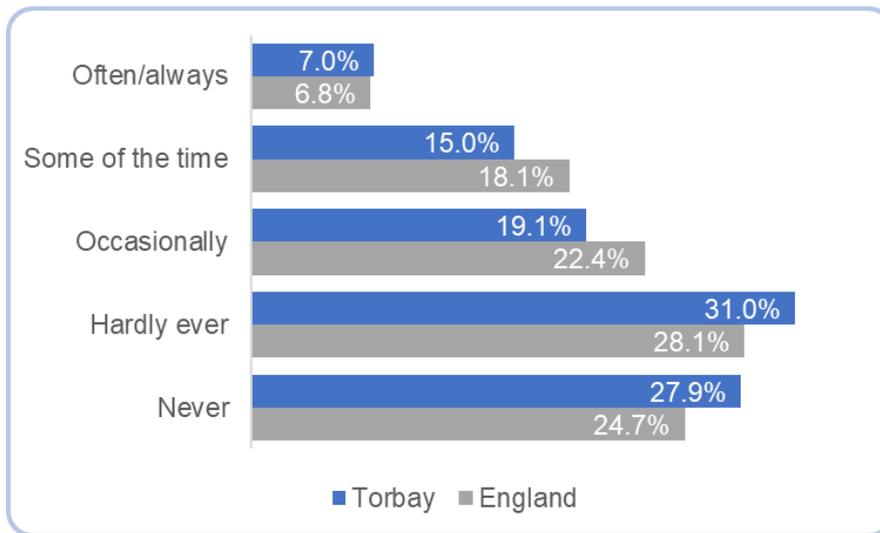
Source: Fingertips

### 5.2.6 Social Isolation/Loneliness

For 2021/22 Active Lives Survey, a slightly higher proportion of Torbay adults say

they are hardly ever or never lonely compared to England. This is combined with slightly lower proportions that are lonely occasionally or some of the time when compared to England (Figure 25).

**Figure 25: Levels of loneliness in the population, aged 16+. Nov'21 to Nov'22**

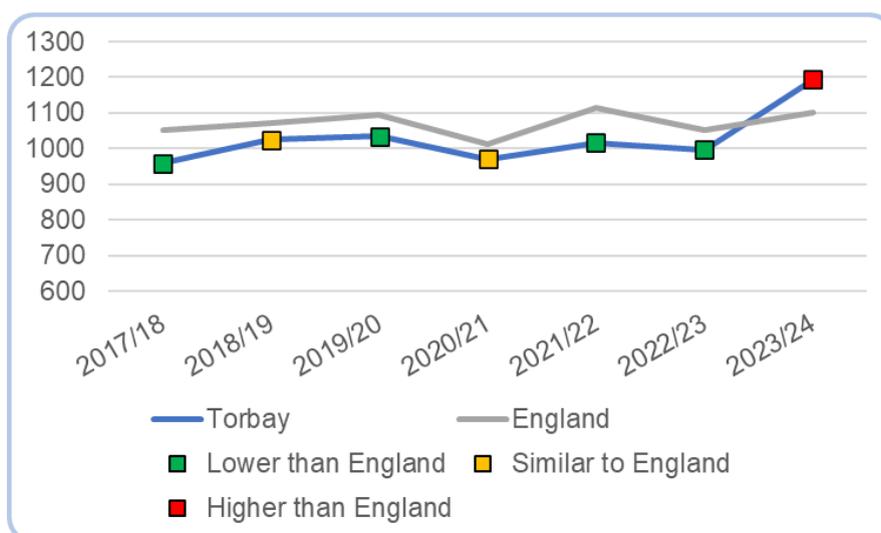


Source: Active Lives Survey

### 5.2.7 Emergency hospital admissions for cardiovascular conditions

When adjusted for the older age profile of Torbay, the rate of emergency admissions related to cardiovascular conditions has been broadly in line or lower than England with the exception of the most recent year (Figure 26). However, it should be noted, that when no adjustment is made for Torbay's older population then Torbay's rates are significantly higher than England. When adjusted for age over the last 5 years, the wards of Roundham with Hyde, Tormohun, King's Ash, Shiphay and Ellacombe have rates higher than the Torbay average, this is quite different from those with the highest rates when not adjusted for age (Table 7).

**Figure 26: Age standardised rate of emergency admission episodes for cardiovascular conditions, per 100,000**



Source: Hospital Episode Statistics

**Table 7: Wards with highest rates of emergency admission episodes for cardiovascular conditions - Age-standardised and Crude rate (Non-age standardized)**

Age standardised	Crude Rate
Roundham with Hyde	Roundham with Hyde
Tormohun	Wellswood
King's Ash	Churston with Galmpton
Shiphay	Furzeham with Summercombe
Ellacombe	St Peter's with St Mary's

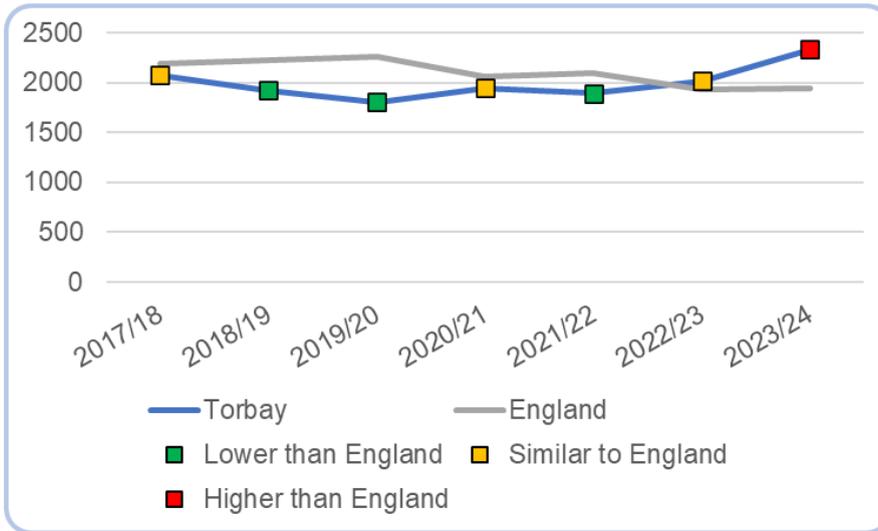
Source: Hospital Episode Statistics

### 5.2.8 Emergency hospital admissions for falls (65+)

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<sup>17</sup>. Adjusted for age, rates of emergency admissions for falls have been lower or similar to England until 2023/24 (Figure 27). Compared to many other measures, differences between wards are not as marked, rates have been higher than the Torbay average for 2017/18 to 2023/24 in the wards of Ellacombe and St Marychurch.

<sup>17</sup> [Falls in older people: assessing risk and prevention \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG186)

**Figure 27: Age standardised rate of emergency admission episodes for falls, aged 65 and over, per 100,000**

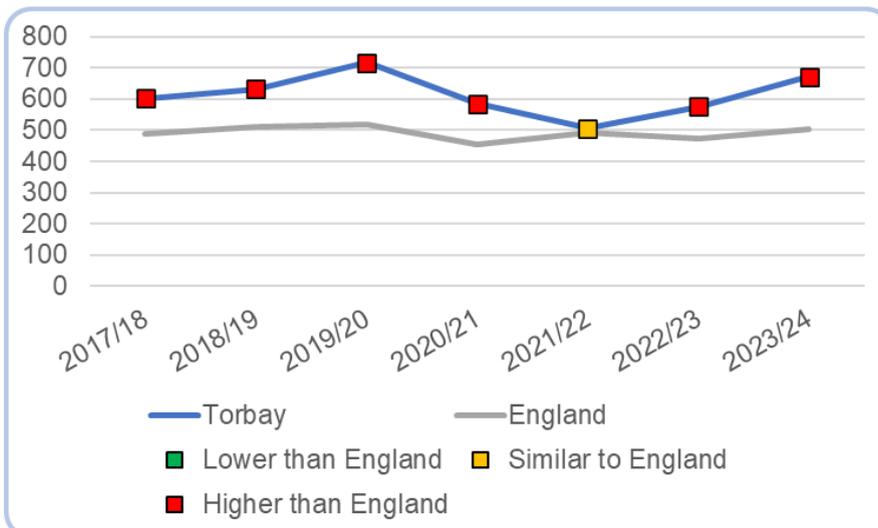


Source: Fingertips, Hospital Episode Statistics for 2023/24

### 5.2.9 Hospital admissions for alcohol-related conditions

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. Torbay has historically had a significantly higher rate of alcohol-related admissions than England (Figure 28) with rates almost twice as high amongst the male population when compared to the female population.

**Figure 28: Age standardised rate of admission episodes for alcohol-related conditions (narrow definition), per 100,000**



Source: Fingertips

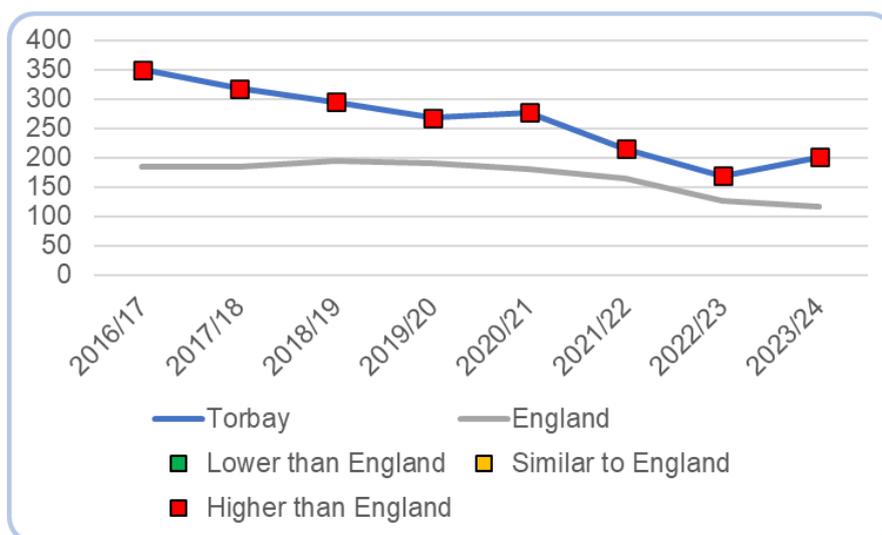
### 5.2.10 Hospital admissions for self-harm

Self-harm relates to intentional self-harm or self-poisoning. Hospital admissions for self-harm are used as a proxy of the prevalence of severe self-harm but are only the tip of the iceberg in terms of the levels of self-harm taking place. Approximately 99% of self-harm admissions are emergency admissions with around 2 out of 3 admissions relating to females.

Torbay has consistently had higher rates than England (Figure 29). Trends have fallen significantly from 2022/23 across England compared to previous years. A substantial amount of this may be due to a methodological change that requires NHS trusts to report 'Same Day Emergency Care' to the Emergency Care Data Set (ECDS) which covers Accident and Emergency attendances. Some trusts had previously reported this activity as admissions, and moving this to ECDS may reduce the number of admissions reported as emergency self-harm admissions.

The wards of Tormohun and Roundham with Hyde have had higher rates of emergency self-harm admissions than the Torbay average. Torbay has also had consistently higher rates of self-harm admissions amongst its 10 to 24 year old population than England.

**Figure 29: Age standardised rate of emergency admission episodes for self-harm, per 100,000**



Source: Fingertips, Hospital Episode Statistics for 2023/24

### 5.2.11 Estimates of population with specific mental health problems

The number of females and males aged 18 to 64 with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder and two or more psychiatric disorders) in Torbay is expected to increase (Table 8). Figures are based on the 2014 Adult Psychiatric Morbidity Survey and those rates of specific mental health problems were applied to the Torbay population projections. Female numbers are predicted to fall because the existing population projections show a small fall in the number of

females aged 18 to 64 living in Torbay.

**Table 8: People in Torbay aged 18 to 64 years, predicted to have a specific mental health problem by gender, 2023 to 2040**

		2023	2025	2030	2035	2040
Females predicted to have ...	a common mental disorder	8,801	8,709	8,639	8,547	8,524
	a borderline personality disorder	1,105	1,093	1,085	1,073	1,070
	an antisocial personality disorder	686	679	673	666	664
	a psychotic disorder	267	264	262	259	258
	two or more psychiatric disorders	2,858	2,828	2,805	2,775	2,768
Males predicted to have ...	a common mental disorder	5,468	5,498	5,527	5,542	5,601
	a borderline personality disorder	707	711	714	716	724
	an antisocial personality disorder	1,823	1,833	1,842	1,847	1,867
	a psychotic disorder	260	262	263	264	267
	two or more psychiatric disorders	2,567	2,581	2,594	2,601	2,629

Source: Projecting Adult Needs and Service Information (PANSI)

## 5.2.12 Estimates of population with dementia

The number of people in Torbay with dementia is projected to increase (Table 9) as the percentage of the population aged 65 and over is projected to increase over the coming decades. These figures are based on Dementia UK: Update (2014) prepared by the King's College London and the London School of Economics for the Alzheimer's Society. The national prevalence rates from this research were then applied to the Torbay population.

**Table 9: People in Torbay aged 65 years and over, predicted to have dementia by age group, 2023 to 2040**

Number predicted to have dementia aged ...	2023	2025	2030	2035	2040
<b>65-69</b>	162	173	202	203	188
<b>70-74</b>	284	277	314	366	372
<b>75-79</b>	538	550	502	567	669
<b>80-84</b>	598	675	852	796	895

<b>85-89</b>	615	651	792	1,009	953
<b>90 and over</b>	625	625	743	919	1,167
<b>Total aged 65 and over</b>	2,822	2,951	3,404	3,861	4,244

Source: Projecting Older People Population Information (POPPI)

### 5.2.13 Estimates of population with long-term conditions (diabetes, stroke and respiratory problems)

The number of people with diabetes (Type 1 or Type 2) is projected to increase (Table 10) as the Torbay population ages. National prevalence rates were taken from the Health Survey for England 2006 Volume 1 and applied to the projected Torbay population.

**Table 10: People in Torbay aged 18 years and over, predicted to have diabetes by age group, 2023 to 2040**

Number predicted to have diabetes aged ...	2023	2025	2030	2035	2040
<b>18-24</b>	69	68	79	80	74
<b>25-34</b>	166	162	152	156	170
<b>35-44</b>	260	269	278	271	257
<b>45-54</b>	806	774	768	840	868
<b>55-64</b>	1,571	1,600	1,542	1,417	1,426
<b>65-74</b>	2,485	2,547	2,928	3,158	3,069
<b>75 and over</b>	2,354	2,488	2,726	3,015	3,387
<b>Total aged 18 and over</b>	7,711	7,908	8,473	8,937	9,251

Source: Projecting Adult Needs and Service Information (PANSI)

The number of people in Torbay with a longstanding health condition caused by a stroke is projected to increase as the population ages (Table 11). This data is based on the General Household Survey 2007 which reported selected longstanding health conditions, these rates were then applied to the projected Torbay population.

**Table 11: People in Torbay aged 18 years and over, predicted to have a longstanding health condition caused by a stroke, by age group, 2023 to 2040**

Number predicted to have a longstanding health condition caused by a stroke aged ...	2023	2025	2030	2035	2040
<b>18-44</b>	18	18	18	18	18
<b>45-64</b>	250	248	242	241	245
<b>65-74</b>	380	389	448	482	469

<b>75 and over</b>	543	576	631	693	787
<b>Total aged 18 and over</b>	1,191	1,230	1,338	1,434	1,518

Source: Projecting Adult Needs and Service Information (PANSI)

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) among patients at Torbay GP Primary Care Networks (PCN) is significantly higher than England (Table 12), this is to be expected given Torbay's older age profile

**Table 12: QOF Prevalence (%) of COPD, 2023/24**

	Prevalence %
<b>Baywide PCN</b>	3.0%
<b>Brixham &amp; Paignton PCN</b>	3.1%
<b>Torquay PCN</b>	2.7%
<b>All Torbay PCNs</b>	2.9%
<b>England</b>	1.9%

Source: Quality Outcomes Framework, 2023/24

In terms of what this means for the PNA, pharmacies provide essential services and support for patients with long-term conditions. Ensuring that medicines taken to manage long-term conditions are used safely and effectively improves outcomes for patients, reducing the risk of drug-related hospital admissions. Pharmacies have a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines whilst reducing risks associated with treatment. In addition, pharmacies can provide healthy lifestyle advice which will support the prevention and management of long-term conditions.

#### 5.2.14 Overweight adults

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 8 year period from 2015/16 to 2022/23, Torbay has a similar rate of adults classified as overweight when compared to England (Table 13). Across England, rates of those classified as overweight are higher than those in the more deprived areas.

**Table 13: Percentage of adults who are classified as overweight or obese, 2015/16 to 2022/23**

	Prevalence %
<b>Torbay</b>	62.9%
<b>England</b>	62.5%

Source: Fingertips

## 5.2.15 Hypertension/Blood Pressure

For September 2024, when compared to England, all Torbay PCN groups had significantly lower rates of those aged 18 and over with GP recorded hypertension, who have had a blood pressure reading in the last 12 months (Table 14). Please note that the Baywide PCN data relates only to Chilcote Practice.

**Table 14: Percentage of those aged 18+ with GP recorded hypertension who have had a blood pressure reading in the last 12 months, September 2024**

Area	%
Baywide PCN	83.0%
Brixham and Paignton PCN	85.2%
Torquay PCN	85.6%
England	87.0%

Source: CVDPprevent

## 6 Provision of pharmaceutical services

### 6.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services'. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Healthy Living Pharmacies
- Support for self-care.
- Discharge Medicines Service

In addition to the essential services, the following advanced services are considered necessary:

- Pharmacy First
- New Medicines Service
- Hypertension Case Finding Service
- Pharmacy Contraception Service
- Seasonal Influenza Vaccination Service

### 6.2 Current provision of necessary services

As of February 2025, there are 28 pharmacies in Torbay (see figure 30).

19 pharmacies are owned by national pharmacy chains:

- 7 by Day Lewis Pharmacy
- 6 by Boots Pharmacy
- 5 by Well Pharmacy (Bestway National Chemists)
- 1 by Superdrug Pharmacy.

4 pharmacies are owned by a local chain, Poolearth, 2 by O'Brien Ltd and 3 other pharmacies are owned by independent providers.

There is one 100 hour pharmacy - Boots Pharmacy at Wren Retail Park, Torquay. As

of May 2023, these pharmacies had a 'notification' procedure for reducing their weekly core opening hours to no less than 72 hours<sup>18</sup>. This pharmacy is open for 79 hours a week, 73 hours of these are core hours.

There are twenty-seven 40-hour pharmacies. 27 out of 28 pharmacies are Pharmacy First accredited. The service was launched in January 2024 and adds to the existing consultation service by enabling community pharmacists to complete episodes of care for seven common conditions. In addition, all pharmacies have access to EPS.

There are no pharmacies with local pharmaceutical services contracts, distance-selling pharmacies, dispensing appliance contractors or dispensing doctors in Torbay.

Since the last PNA was published three pharmacies have closed in Torbay:

- Lloyds Pharmacy at Sainsbury's, The Willows in Torquay closed in March 2023 (i.e. 2022/23).
- Lloyds Pharmacy at Sainsbury's, Yalberton Road in Paignton closed in July 2023 (i.e. 2023/24).
- Day Lewis Pharmacy at 56-52 Marina Quay, King Street, Brixham closed in November 2023 (i.e. 2023/24). Consolidated with Day Lewis Pharmacy at 52 Fore Street, Brixham.

No new pharmacies have opened since the last PNA was published.

Over the last three years provision in Torbay has been as follows:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items per head	Items per pharmacy
2021/22	139,440	31	22.2	3,151,235	22.6	101.653
2022/23	139,409	31	22.2	3,207,274	23.0	103,460
2023/24	139,485	28	20.1	3,212,276	23.0	114,724
South West 23/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 23/24	57,690,323	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2023/24 the population is taken as the mid-year estimate for 2023
2. Number of Torbay pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Torbay pharmacies including those that closed during the year.

<sup>18</sup> [New PLPS regulations tomorrow and an update for 100-hour pharmacies - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/new-plps-regulations-tomorrow-and-an-update-for-100-hour-pharmacies)

3. Number of pharmacies in England and South West England in 2023/24 and item dispensed totals are taken from Supporting Tables from NHSBSA found at:  
<https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>
4. Pharmacy numbers are for community pharmacies and do not include DACs

The number of pharmacies in Torbay fell by 3 between 2021/22 and 2023/24. The number of items dispensed rose by 1.9% between 2021/22 and 2023/24.

As of April 2025, the most recent publicly available data pertains to the 2023/24 financial year. According to the NHS Business Services Authority (NHSBSA), there were 12,009 active community pharmacies in England during that period. This figure represents an increase from 11,414 in 2022/23 and is the highest reported since 2015/16.

However, it's important to note that this apparent growth may be influenced by the way NHSBSA counts active pharmacies. When a pharmacy changes ownership, it may retain the same premises but receive a new organisation code, potentially inflating the count of active pharmacies. Indeed, the number of physical pharmacy premises decreased from 10,850 at the start of 2023/24 to 10,511 by the end of the year, and further declined to 10,486 by June 2024.

The number of pharmacies per 100,000 population in Torbay (20.1 in 2023/24) is higher than the South West (19.0) but lower than national figures (20.8). There is a higher number of items dispensed per pharmacy in Torbay (114,724 in 2023/24) than either the South West or national levels (89,580 and 92,674 respectively). However, considering the significantly older demographics and the urban compact nature of Torbay, it is concluded that this does not equate to a significant difference and therefore suggests Torbay is neither over nor under served in terms of the overall number of pharmacies.

### **6.3 Current provision outside the HWB's area**

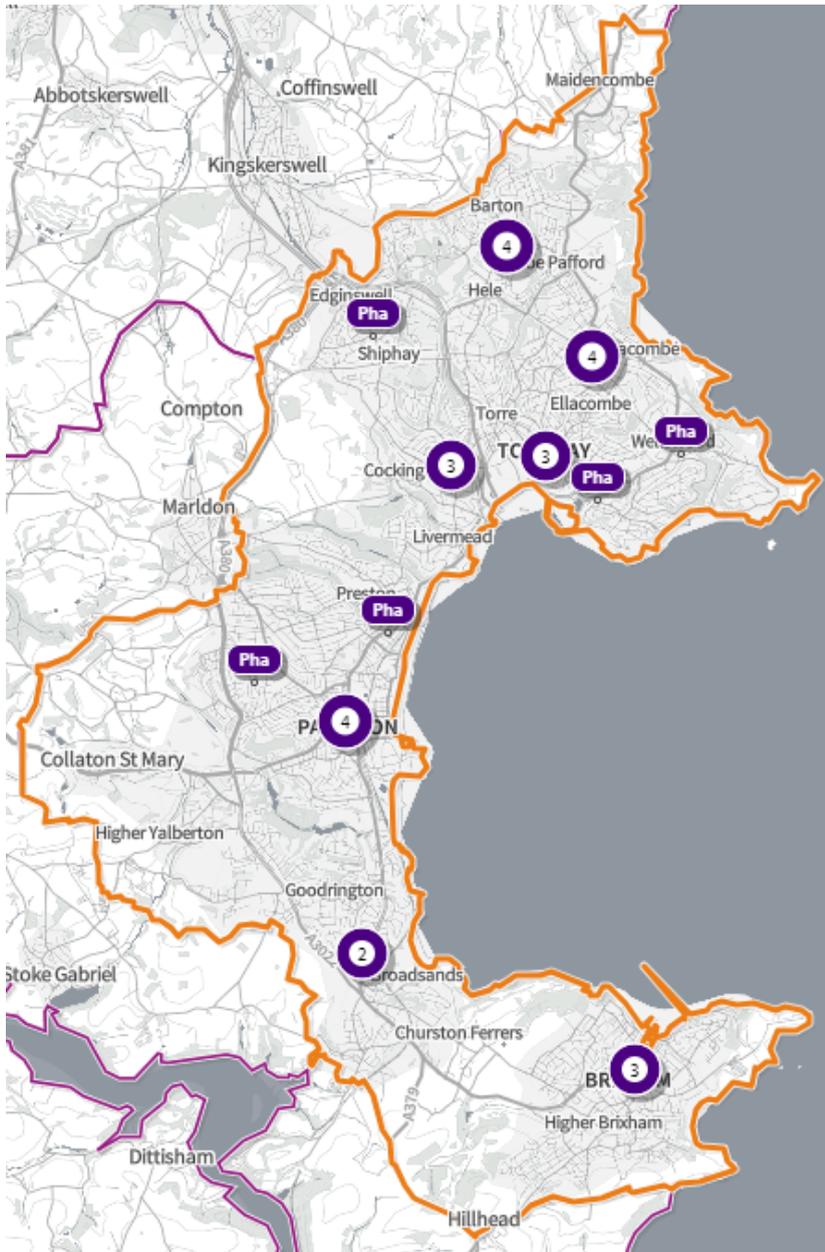
As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at [www.nhs.uk/service-search/pharmacies/InternetPharmacies](http://www.nhs.uk/service-search/pharmacies/InternetPharmacies)

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the HWB's area. As of October 2024, there were 113 DACs in England, including any located within the HWB area.

For 2023/24, 88.8% of the 3,560,568 Torbay GP prescriptions were dispensed within

Torbay. 188,360 (5.3%) were fulfilled in Devon and Plymouth, with 60% of this attributable to Devon Healthcare Solutions, Newton Abbot which is an on-line distance selling pharmacy and 12% at Boots, Courtney Street, Newton Abbot. A further 5.9% of prescriptions were fulfilled outside Torbay, Devon and Plymouth, this equates to 211,667 prescriptions. 69,351 of these were fulfilled by Pharmacy2U Ltd in Leeds, a further 46,748 by Metabolic Healthcare Ltd. These 2 providers accounted for over half of these prescriptions.

**Figure 30: Location of pharmacies in Torbay**



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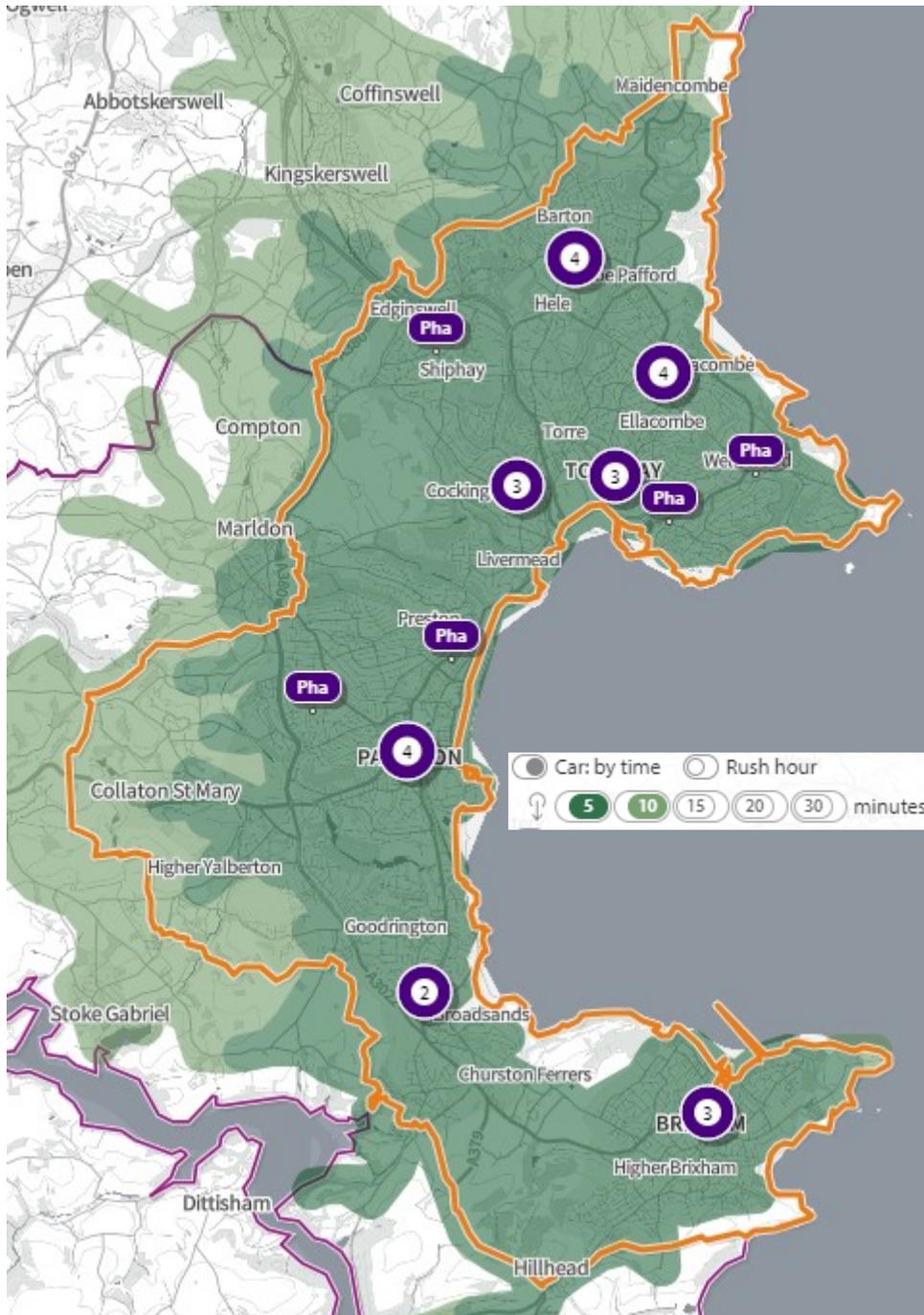
## 6.4 Access to premises

### 6.4.1 Access to all premises

Torbay's population is served by 28 pharmacies, with 100% of the population within a

10 minute car journey of a pharmacy (including within the rush hour). Pockets of Torbay not covered in the following map are the coast line and golf courses (Figure 31). Please note that numbers on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 31: drive times around pharmacies in Torbay**

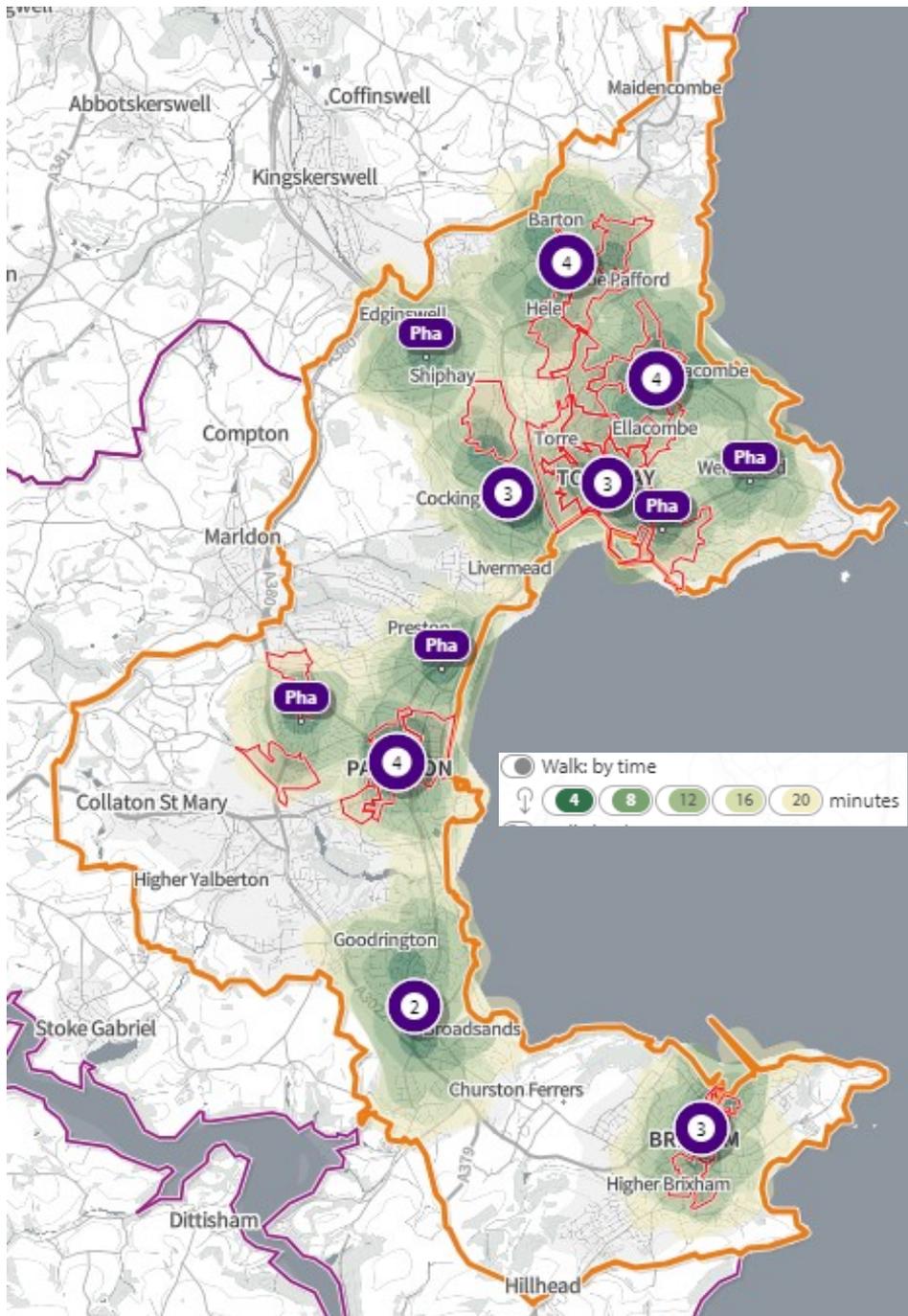


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100% of the Torbay population that live within the 20% most deprived areas (areas outlined in red on the map) of England are within a 20 minute walk of a pharmacy with the vast majority within a 15 minute walk (Figure 32). Please note that numbers

on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 32: walking times to pharmacies in Torbay for areas among the 20% most deprived in England**

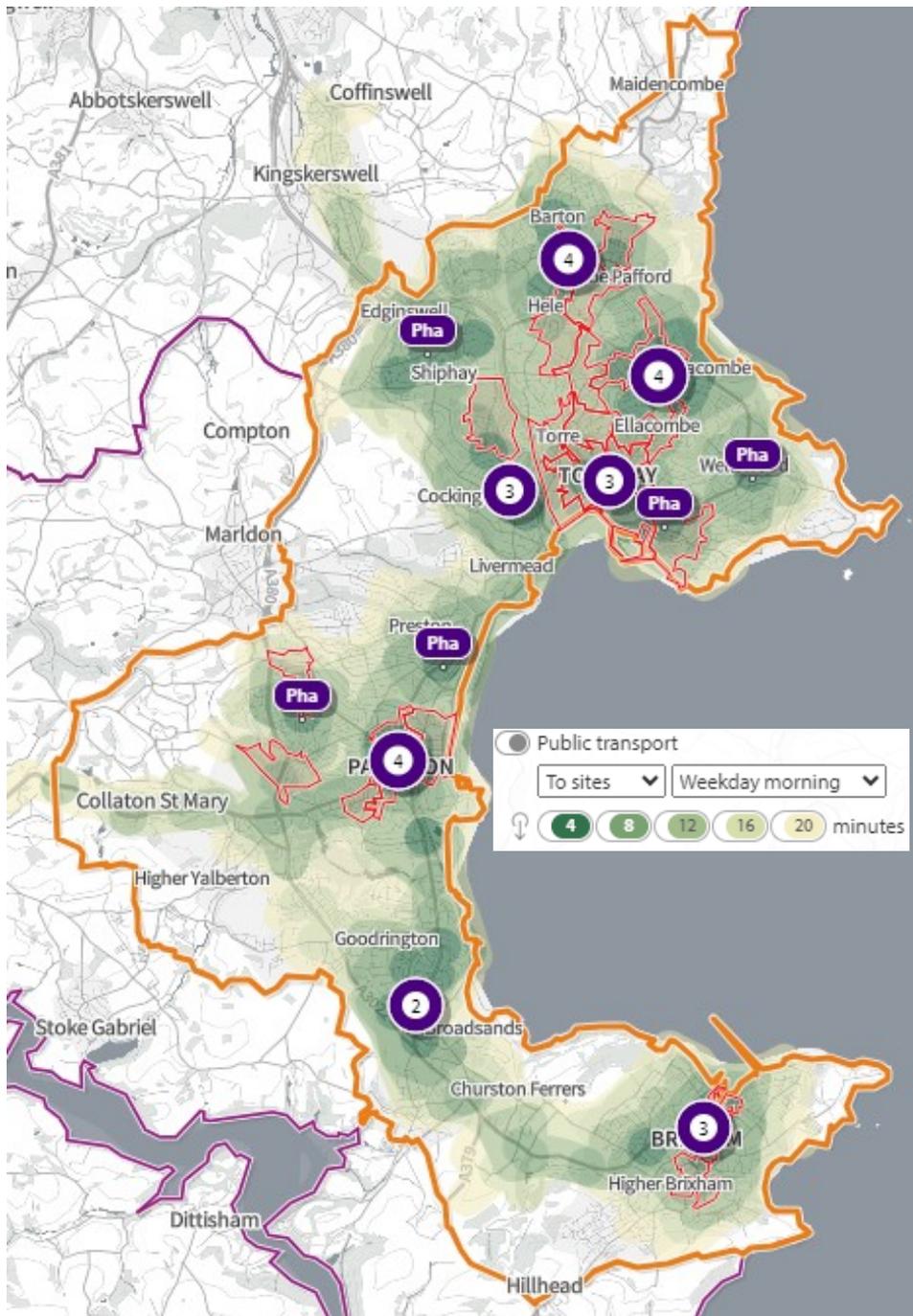


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98% of the Torbay population live within a 20 minute public transport ride of a pharmacy on a weekday morning or afternoon, 100% of the Torbay population that live within the 20% most deprived areas (areas outlined in red on the map) of

England are within a 20 minute bus ride of a pharmacy (Figure 33). Please note that numbers on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 33: public transport times to pharmacies in Torbay**



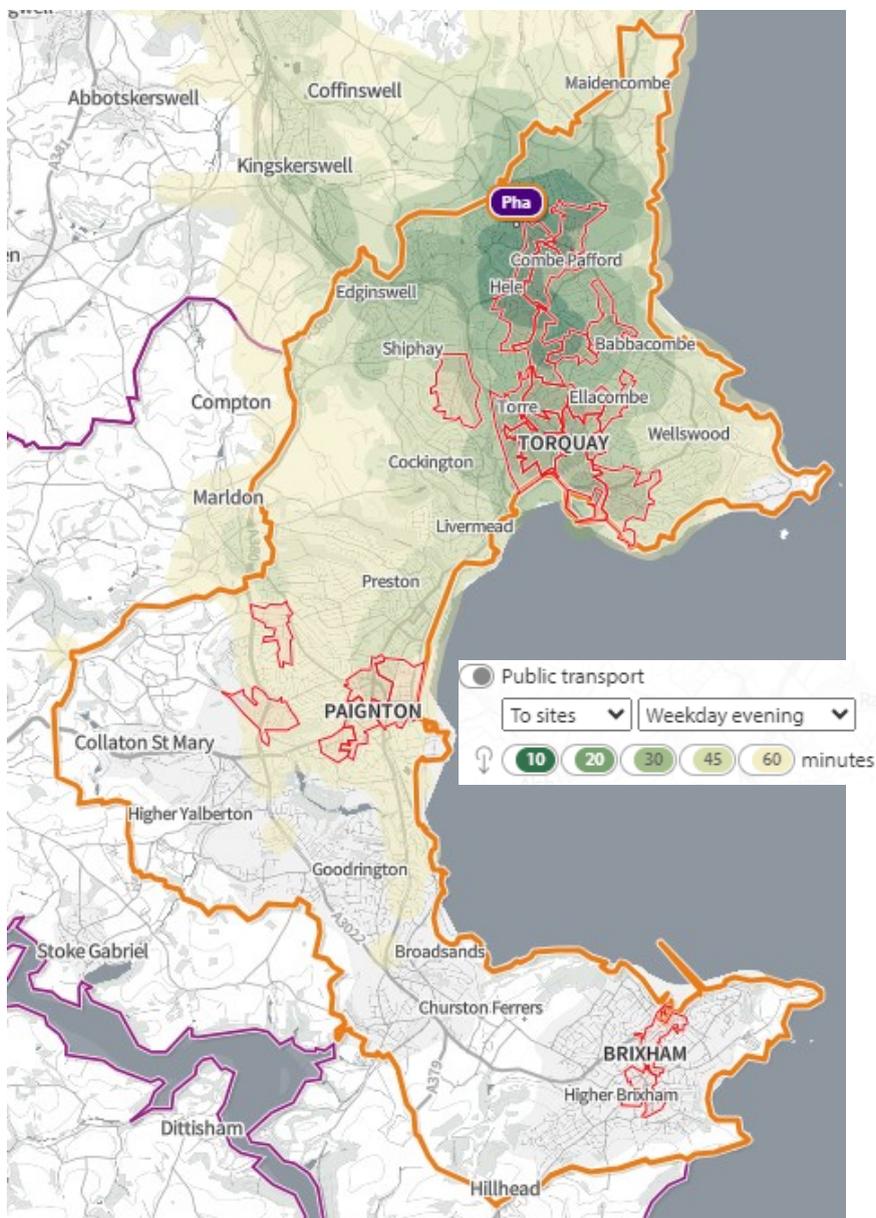
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### 6.4.2 Access to premises after 6.30pm on a weekday evening

When looking at combined core and supplementary hours for a typical weekday, as of January 2025, 1 pharmacy closes at 5pm, 13 close at 5.30pm, 12 at 6pm and 1 at 6.30pm which leaves 1 pharmacy open after 6.30pm closing at 9pm (These are core hours) which is Boots at Wren Retail Park, Torquay.

All Torbay residents are within a 30 minute car journey of Boots at Wren Retail Park, Torquay. The vast majority of residents in the most deprived areas of Torbay (areas outlined in red on the map) are not within a 20 minute walk of the pharmacy. A significant majority of Torbay residents in the most deprived areas of Torbay are within a 45 minute public transport ride with the exception of areas of Paignton around Foxhole and Brixham (Figure 34). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 34: public transport times to pharmacies in Torbay after 6.30pm on a weekday evening**



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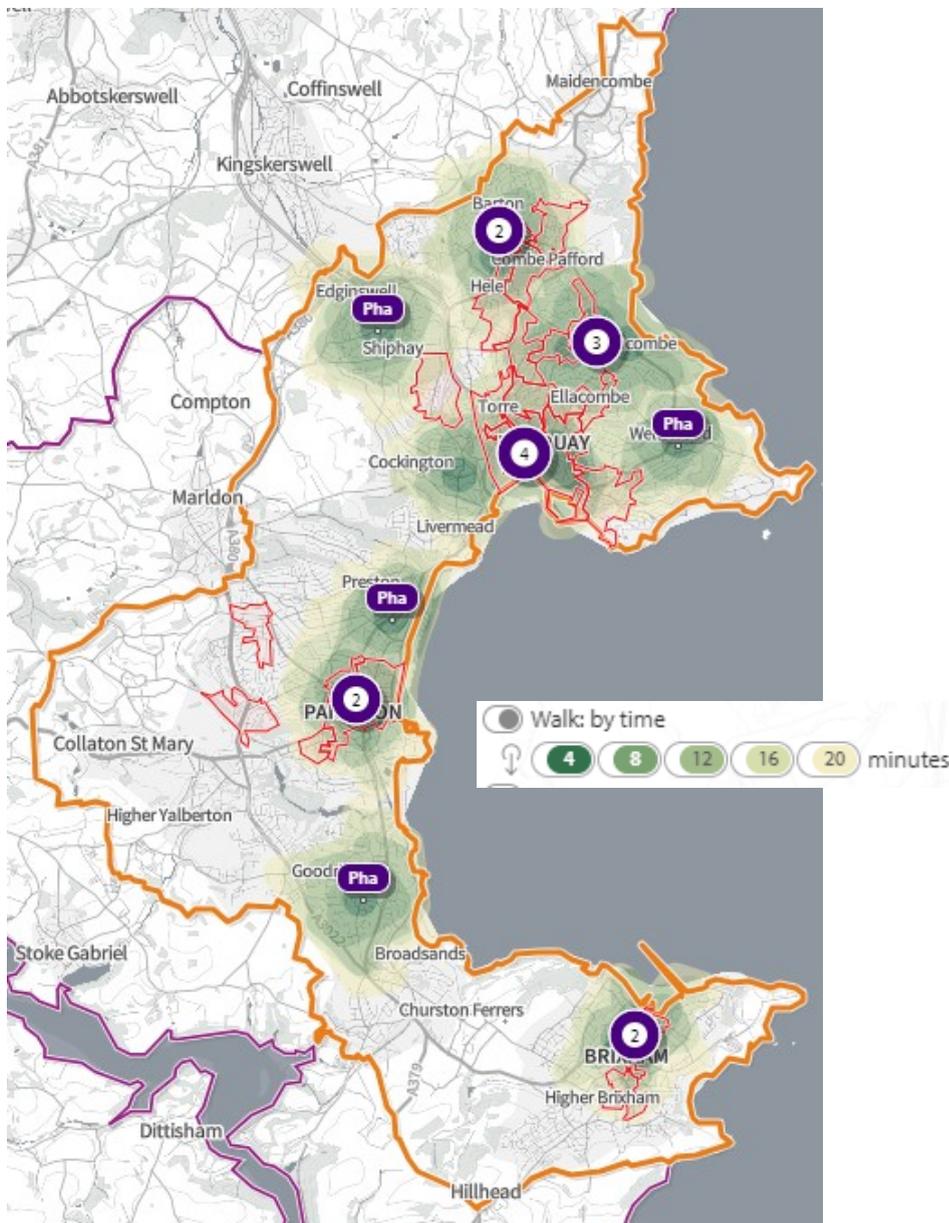
### 6.4.3 Access to premises on a Saturday until 1pm

When looking at combined core and supplementary hours for Saturday, as of January 2025, there were 19 pharmacies open. Of those, 2 close at 12pm and 11 close at 1pm.

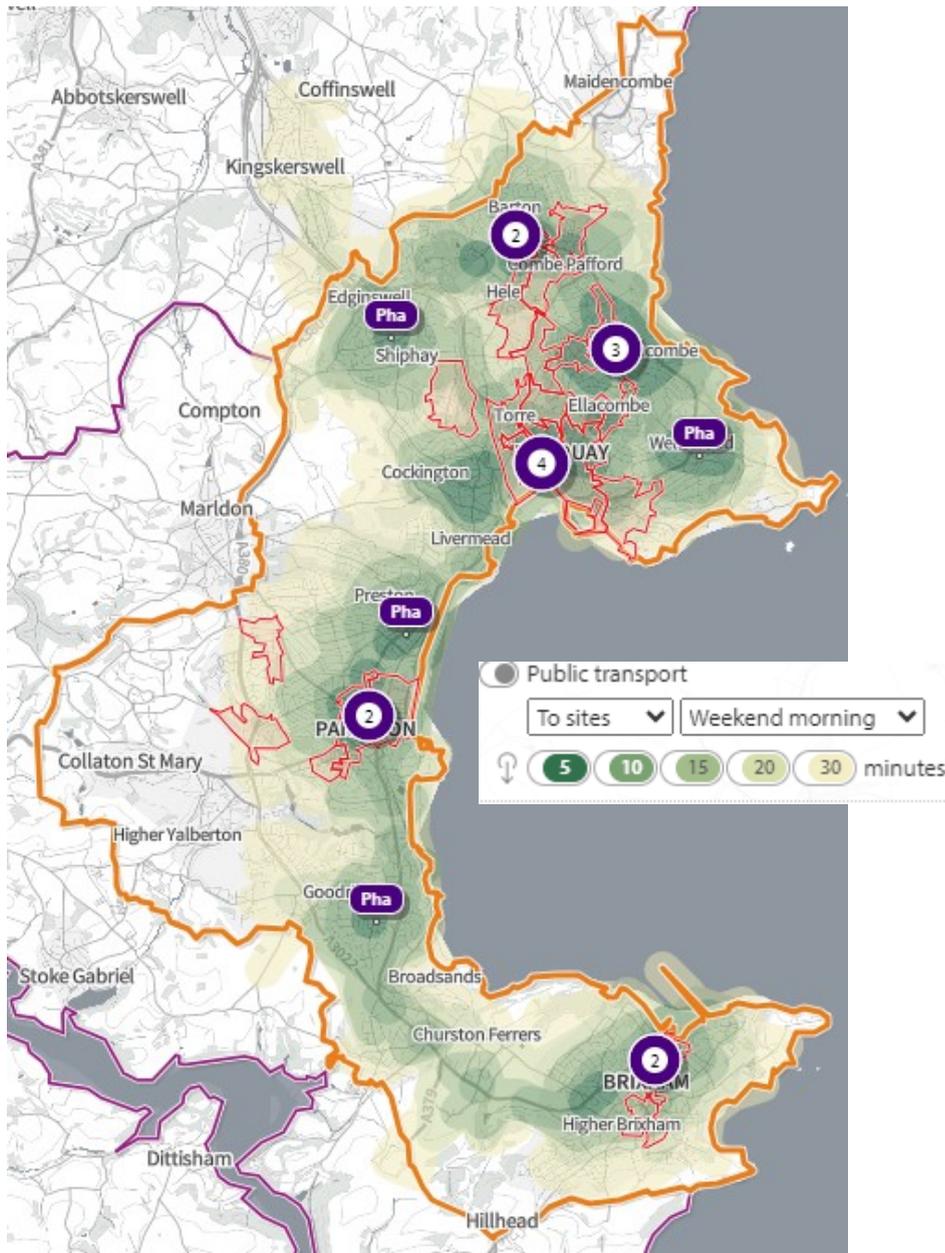
All Torbay residents are within a 10 minute drive of a pharmacy that remains open until at least at 1pm. All residents in the most deprived areas of Torbay (areas outlined in red on the map) except those in Foxhole are within a 20 minute walk of a pharmacy that remains open until at least 1pm (Figure 35). 99% of Torbay residents are within a 30 minute public transport ride of a pharmacy that remains open until at least 1pm, the most deprived areas of Torbay are all within a 30 minute public transport ride of a pharmacy (Figure 36).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 35: walk times to pharmacies in Torbay open until 1pm on a Saturday**



**Figure 36: public transport times to pharmacies in Torbay open until 1pm on a Saturday**



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#### **6.4.4 Access to premises on a Saturday from 1pm to 5pm**

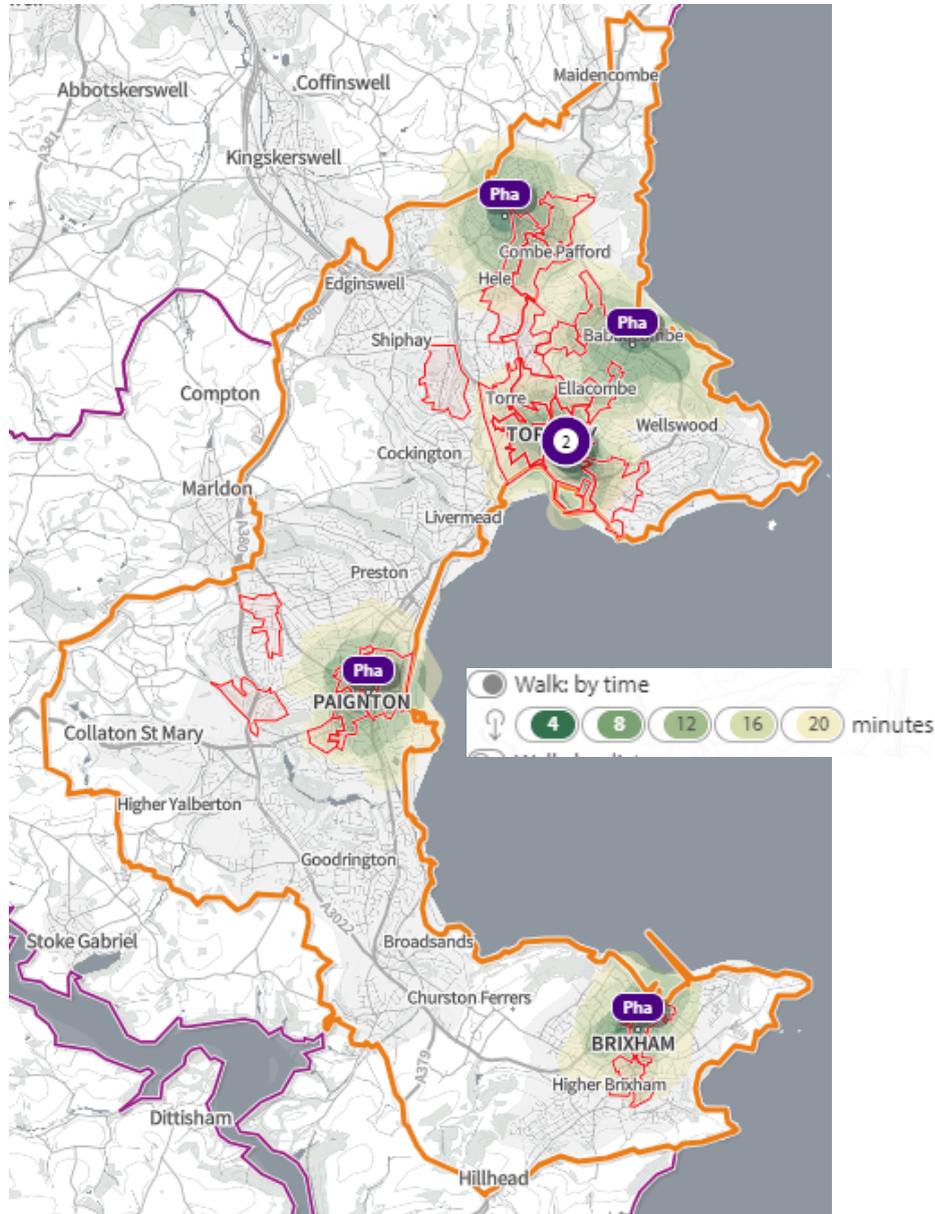
When looking at combined core and supplementary hours for Saturday after 1pm, as of January 2025, there were 6 pharmacies open. Of those, 3 close at 5pm, 2 close at 5.30pm and 1 closes at 9pm. 4 of these pharmacies are in Torquay, 1 in Paignton and 1 in Brixham.

All Torbay residents are within a 10 minute drive of a pharmacy that remains open until at least at 5pm. A substantial majority of residents in the most deprived areas of Torbay (areas outlined in red on the map) are within a 20 minute walk of a pharmacy that remains open until at least 5pm (Figure 37). All Torbay residents are within a 30 minute public transport ride of a pharmacy that remains open until at least 5pm, the most deprived areas of Torbay are all within a 20 minute public transport ride of a

pharmacy (Figure 38).

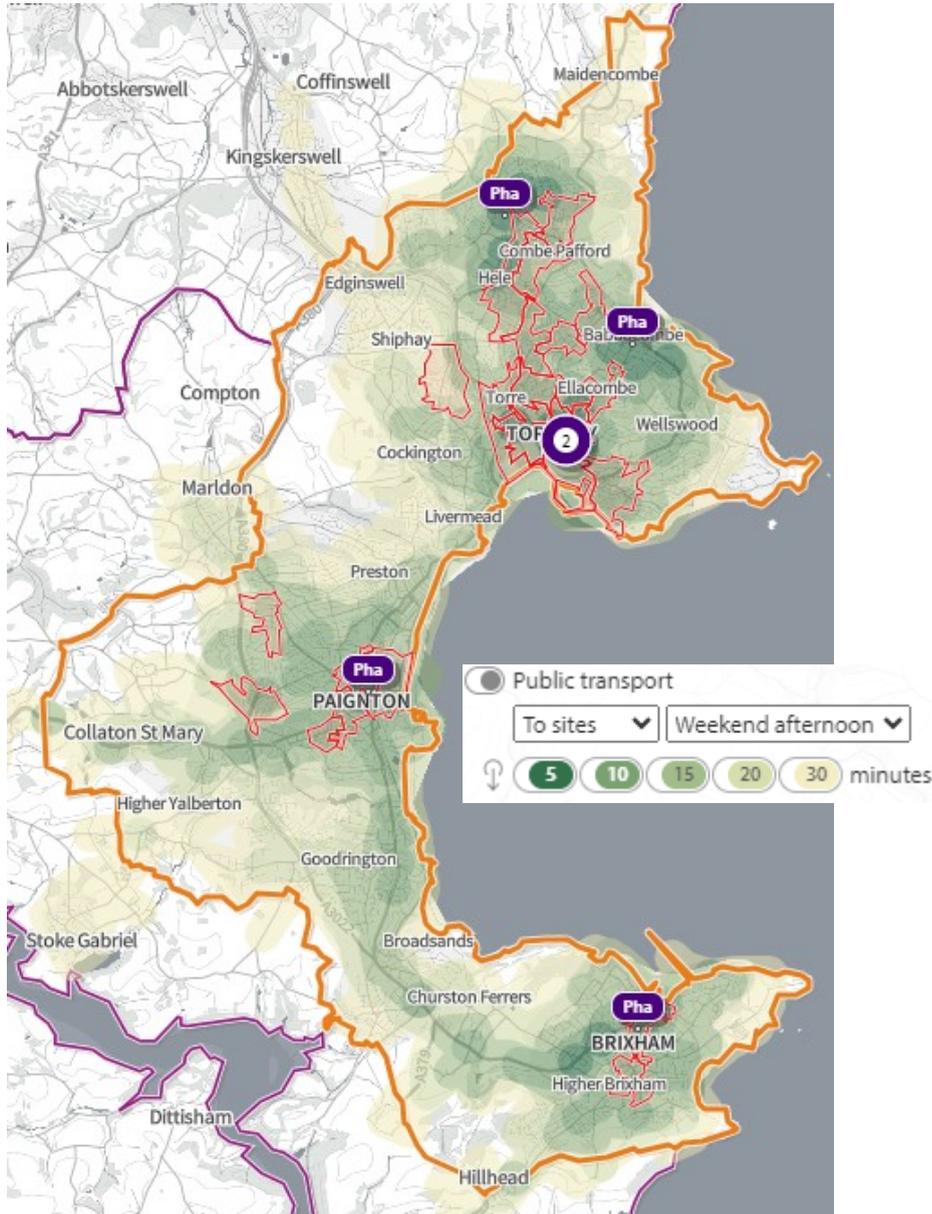
Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 37: walk times to pharmacies in Torbay open between 1pm and 5pm on a Saturday afternoon**



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**Figure 38: public transport times to pharmacies in Torbay open between 1pm and 5pm on a Saturday afternoon**



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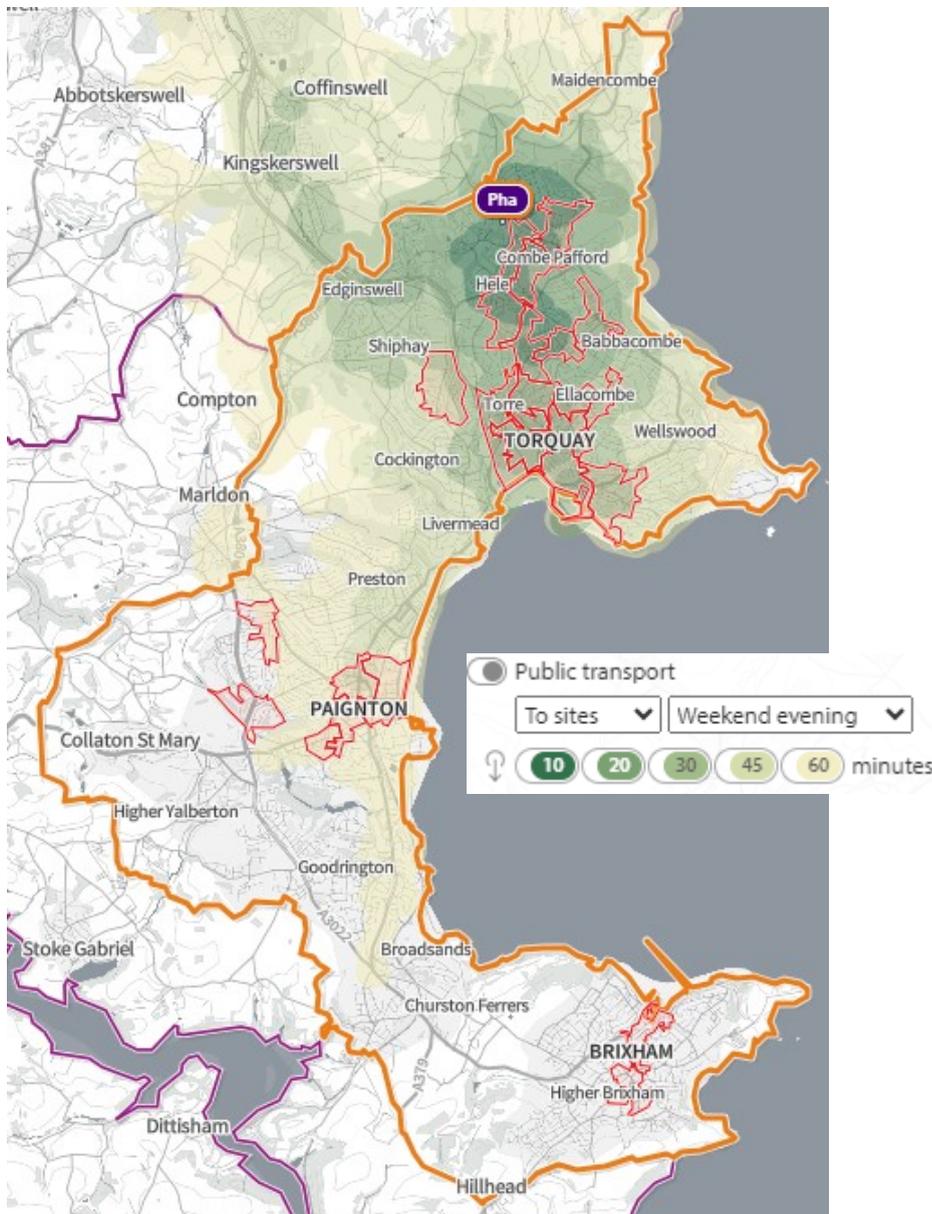
**6.4.5 Access to premises on a Saturday from 5.30pm onwards**

When looking at combined core and supplementary hours for Saturday after 5.30pm, as of January 2025, there is 1 pharmacy open which is Boots at Wren Retail Park, Torquay. It is open until 9pm and those hours are core hours.

All Torbay residents are within a 30 minute car journey of Boots at Wren Retail Park, Torquay. The vast majority of Torbay residents in the most deprived areas of Torbay are not within a 20 minute walk of the pharmacy. Residents in the most deprived areas of Torquay (areas outlined in red on the map) are within a 45 minute public transport ride on a Saturday evening but the vast majority of Paignton and all of Brixham are further than a 45 minute public transport ride (Figure 39).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 39: public transport times to pharmacies in Torbay open after 5.30 pm on a Saturday**



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#### **6.4.6 Access to premises on a Sunday**

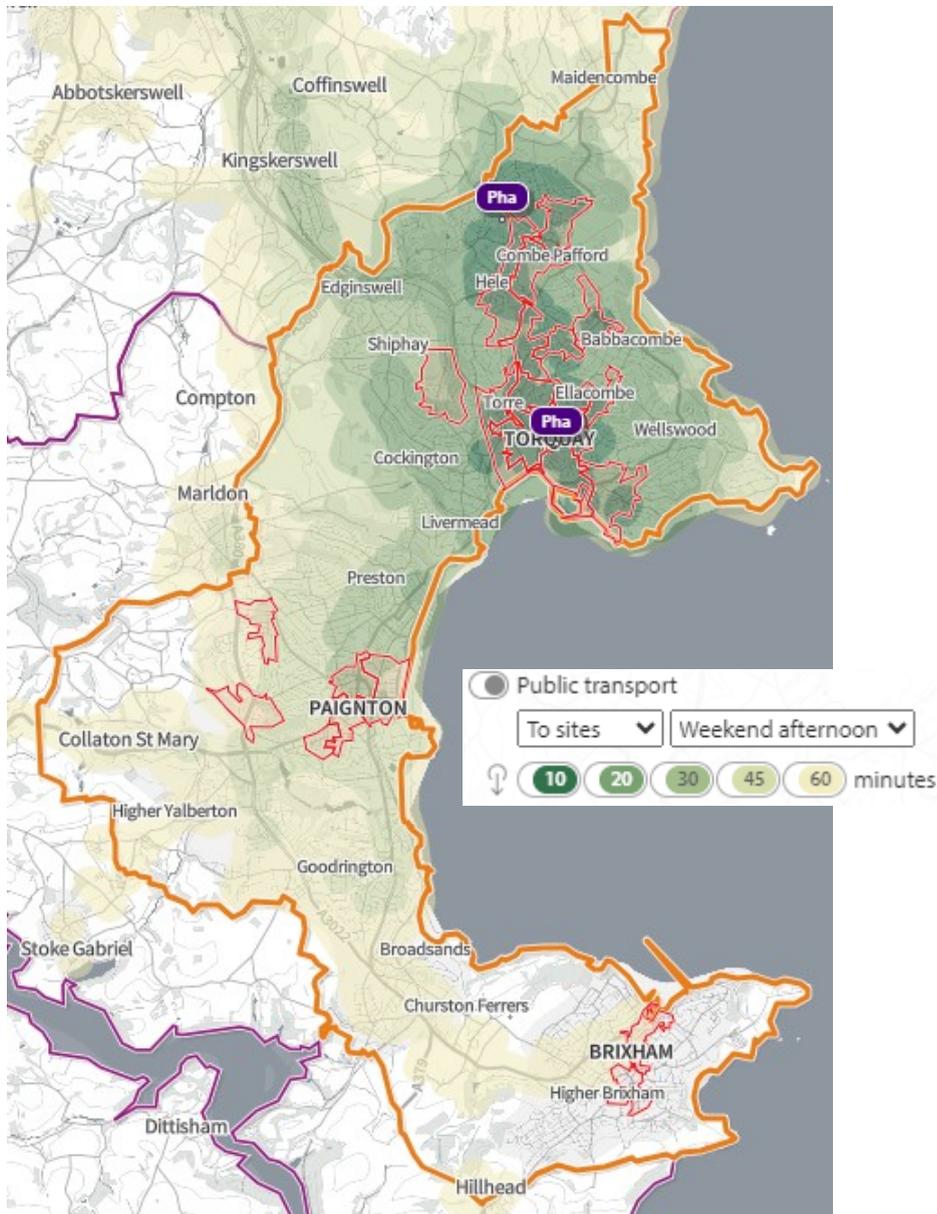
When looking at combined core and supplementary hours for Sunday, as of January 2025, there are 2 pharmacies open, these are both in Torquay. Both open at 10am and close at 4pm and 5pm respectively.

All Torbay residents are within a 30 minute drive of a pharmacy open on a Sunday. The majority of residents in the most deprived areas (areas outlined in red on the map) of Torbay are not within a 20 minute walk of the pharmacy, no-one in Paignton and Brixham can walk to a pharmacy in 20 minutes. 91% of Torbay residents are

within a 45 minute public transport ride of a pharmacy that opens on a Sunday with the majority of Brixham being more than 45 minutes away (Figure 40).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

**Figure 40: public transport times to pharmacies in Torbay open on a Sunday**



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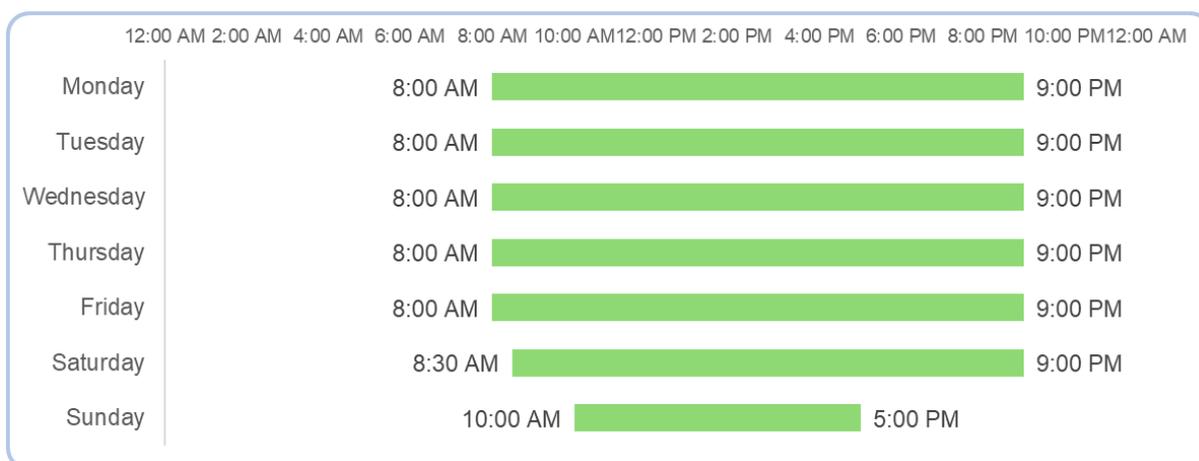
#### **6.4.7 Access to the essential services (core plus supplementary opening hours)**

- 2 pharmacies are routinely open 7 days per week: both in Torquay. At the time of the last PNA, there were 5 pharmacies routinely open 7 days per week.
- 17 pharmacies are open Monday to Saturday only. Of these pharmacies, 13 pharmacies close at or before 1pm on Saturdays and 4 pharmacies close after 1pm on Saturdays.
- 9 pharmacies open Monday to Friday only.

- No pharmacy is open before 8am Monday to Friday
- 1 pharmacy routinely open later than 6.30 pm Monday to Friday: located in Torquay and it is open until 9pm. At the time of the last PNA, there were 4 pharmacies routinely open later than 6.30pm Monday to Friday.

The local ICB has a duty to ensure that residents of the HWB’s area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. The local ICB asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

**Figure 41: Earliest opening time and latest closing time for any given pharmacy, by day of the week**



Note: Earliest opening and latest closing times are based on current total opening hours i.e. core plus supplementary opening hours.

#### 6.4.8 Access to Pharmacy First

As of January 2025, 27 out of 28 pharmacies provided the ‘Pharmacy First’ service. Data on the number of Pharmacy First consultations was only available for a few months so an annual summation of the level of consultations is not currently possible.

#### 6.4.9 Access to New Medicines Service (NMS)

As of January 2025, all 28 pharmacies had NMS accreditation. During 2023/24, 12,623 NMSs were undertaken.

#### 6.4.10 Access to Seasonal Influenza Vaccination Service

As of January 2025, 27 out of 28 current pharmacies in Torbay deliver the seasonal influenza vaccination service. A total of 10,725 vaccinations were given during the 2023/24 flu season (September 2023 to March 2024).

#### **6.4.11 Access to Hypertension Case-Finding Service**

As of January 2025, 25 pharmacies provide the Hypertension Case-Finding Service in Torbay. 14 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

#### **6.4.12 Access to Pharmacy Contraception Service**

As of January 2025, 26 pharmacies provide the Pharmacy Contraception Service in Torbay. 15 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

#### **6.4.13 Access to the ‘on demand availability of specialist medicines’ enhanced service**

There is no provision for this service currently.

#### **6.4.14 Access to dispensing of appliances**

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

### **6.5 Other relevant services**

Other relevant services are services that are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, ‘other relevant services’ includes:

- the advanced services not classed as ‘necessary’ (Stoma appliance customization, AUR, LFD and Smoking Cessation Referral)
- services commissioned from pharmacies by Devon ICB or Torbay council
- other NHS services
- services provided by other organisations.

### **6.6 Advanced services not classed as ‘necessary’**

#### **6.6.1 Stoma Appliance Customisation Service (SAC)**

0 stoma customisations were provided during 2023/24. This compares to 0 stoma customisations in 2022/23 and 14 stoma customisations in 2021/22 undertaken by 1 pharmacy. However, many stoma appliances will be dispensed by DACs based

around the country, who may provide this service.

### **6.6.2 Appliance Use Review Service (AUR)**

0 appliance use reviews were provided during 2023/24. This compares to 0 appliance use reviews in 2022/23 and 3 appliance use reviews in 2021/22 undertaken by 1 pharmacy. However, many appliance reviews will be supplied by DACs based around the country.

### **6.6.3 Lateral Flow Distribution Service (LFD)**

As of January 2025, 25 pharmacies provide the LFD Service in Torbay. 14 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

### **6.6.4 Smoking Cessation Referral Service**

As of January 2025, 27 of the 28 pharmacies provide the Smoking Cessation Referral Service in Torbay.

## **6.7 Services commissioned by the ICB or Council**

As noted in section 9, the ICB or council may commission pharmacies or DACs to provide services.

### **6.7.1 Services commissioned by the Council**

These are described in section 2.9.1.

### **6.7.2 Local services commissioned by the ICB**

These are described in section 2.9.2.

## **6.8 Other NHS services**

### **6.8.1 Hospital pharmacies**

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There is one hospital in Torbay, which has a pharmacy on site, although this is not an NHS community pharmacy and therefore does not dispense FP10 prescriptions; it only dispenses hospital outpatient prescriptions. This pharmacy is based on the main hospital site at Lowes Bridge in Torquay.

### **6.8.2 Personal administration of items by GPs**

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

### **6.8.3 GP Out of Hours service**

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be

dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

## **6.9 Services provided by other organisations**

It has been assessed that there are no other services, provided by other organisations in Torbay that is applicable to the PNA.

## 7 Conclusion

### 7.1 Current provision

Torbay HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB. Based on the information presented herein, the HWB is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Torbay as a whole. However, some specific future gaps have been identified and are highlighted below.

### 7.2 Change in provision since the last PNA's gap analysis

2 pharmacies closed and there has been 1 pharmacy consolidation since the last PNA. The 2 pharmacies that closed were Lloyd's Pharmacy at Sainsbury's, Yalberton Road, Paignton and Lloyd's Pharmacy at Sainsbury's, The Willows, Torquay. The 2 pharmacies closed in 2023.

The consolidation related to 2 Day Lewis pharmacies within Brixham which merged onto 1 existing site, this occurred in late 2023. The conclusion was that this did not create a gap, this is still the case in relation to this PNA.

The provision of core hours across Torbay has fallen since the last PNA from 1,415.5 hours to 1,203 hours, a loss of 212.5 hours. 181 of these hours relate to the 3 pharmacies that have closed (1 due to consolidation). 2 of the existing 28 pharmacies have reduced core hours since the last PNA, this includes a 100 hour pharmacy who reduced their core hours in line with the notification procedure.

The provision of supplementary hours across Torbay has fallen since the last PNA from 199.5 hours to 133 hours, a loss of 66.5 hours. 45 of these hours relate to the 3 pharmacies that have closed (1 due to consolidation). 6 of the existing 28 pharmacies have reduced supplementary hours since the last PNA.

### 7.3 Necessary services: current gaps in provision

Torbay HWB has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists.
- The advanced services of Pharmacy First, New Medicines Service, Seasonal Influenza Vaccination Service, Hypertension Case-Finding Service and Pharmacy Contraception Service

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of necessary services have been identified.

With regards to the 'on demand availability of specialist drugs' enhanced service, there is no provision of this service currently identified. If a need for this provision to be extended is identified then NHS Devon ICB will commission additional existing pharmacies to provide it. Therefore, it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

## **7.4 Necessary services: future gaps in provision**

As of November 2024, Torbay Council are developing a new Local Plan Working Party that will look at a number of options around the level of housing development within Torbay. It is likely that a public consultation will take place in 2025 on the available options.

It is not currently anticipated that large scale housing developments will be delivered within the lifetime of this PNA given the current planning permissions in place. Also, looking forward to those future permissions that might be in place within a short-term time frame, the build rates for those developments will take a number of years beyond the lifetime of this PNA.

Since the last PNA, there has been a reduction in opening hours outside of Monday to Friday core working hours. Potential future gaps in access to necessary services would occur primarily in the evenings or weekends if pharmacies were either to close or reduce their supplementary hours of opening. Changes to 3 pharmacies are highlighted below that would cause a gap in the provision of necessary services in Torbay.

There is only 1 pharmacy in Torbay that is open after 6.30 pm on a weekday and 5.30 pm on a Saturday. Whilst there are 2 pharmacies open on a Sunday, it is the only pharmacy with core hours on a Sunday. If this pharmacy were to close, then there would be a gap in the provision of necessary services after 6.30pm on a weekday, 5.30pm on a Saturday and there would only be 1 pharmacy open on a Sunday whose hours would be entirely supplementary. There is provision outside Torbay at these times in Newton Abbot but with public transport times of over 45 minutes each way for significant amounts of Paignton and Brixham.

If the pharmacy at Foxhole were to close this would create a gap to the provision of necessary services to 2 geographical areas (Lower Super Output Areas) of Torbay that are within the 20% most deprived areas in England. For Monday to Friday when the pharmacy at Foxhole is currently open, people in these 2 geographical areas would not be within a 20 minute walk of a pharmacy providing necessary services.

There is only 1 pharmacy with core hours (until 3pm) on a Saturday in Brixham. If this pharmacy were to close then Brixham would not have a pharmacy with core hours on a Saturday, there would only be 1 pharmacy open from 9am to 1pm (entirely supplementary hours) in Brixham. This would leave Brixham without

provision of necessary services at a pharmacy with core Saturday hours within 20 minutes walk of 2 geographical areas (Lower Super Output Areas) of Torbay that are within the 20% most deprived areas in England.

We see increasing demand pressure in primary care, and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the GP Forward View, is for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes.

With regards to the 'on demand availability of specialist drugs' enhanced service, this would be commissioned by NHS Devon ICB who could commission additional existing pharmacies to provide it. Therefore, it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

## **7.5 Other relevant services: current and future gaps in provision**

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of the Lateral Flow Distribution service and smoking cessation referral service have been identified.

The potential future gaps for the Lateral Flow Distribution service and smoking cessation referral service are the same as those identified for necessary services in Section 7.4.

Services commissioned through the local authority and ICB, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement will be made in this document as to the adequacy of these services.

## Appendix 1: Acronyms and definitions

ABPM	ambulatory blood pressure monitoring
AUR	appliance use review
BAME	black and asian minority ethnic
BMI	body mass index
COPD	chronic obstructive pulmonary disease
CPCF	community pharmacy contractual framework
DAC	dispensing appliance contractor
DMS	discharge medicines service
DOT	directly observed therapy
DRUM	dispensing reviews of the use of medicine
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
ECDS	emergency care data set
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
HIV	human immunodeficiency virus
HWB	health and wellbeing board
ICB	integrated care board
ICSD	integrated care system for devon
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LFD	lateral flow distribution service
LKIS	local knowledge and intelligence service
LPC	local pharmaceutical committee
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTP	nhs long term plan
NCMP	national child measurement programme
NES	national enhanced service
NHSBSA	nhs business services authority
NHSE	nhs england

NMS	new medicine service
OHID	office for health improvement and disparities
ONS	office for national statistics
PANSI	projecting adult needs and service information
PCN	primary care network
PGD	patient group direction
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
SAC	stoma appliance customisation service
SHAPE	strategic health asset planning and evaluation
TB	tuberculosis

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

## Appendix 2: Steering Group membership (Alphabetical)

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Simon Baker	Public Health Specialist – Intelligence	Torbay Council
David Bearman	ICB Pharmacy Workforce Lead Director of Strategy	NHS Devon ICB Community Pharmacy Devon
Karen Button	Project support for the development of the Devon Community Pharmacy Strategy	NHS Devon ICB
Carol Harman	Senior Public Health Analyst	Plymouth City Council
Sharon Hodges	Senior Commissioning Support	NHS SW Collaborative Commissioning Hub
Nikki Holmes	Head of Primary Care	NHS SW Collaborative Commissioning Hub
Paul Hynam	GP	Devon Local Medical Committee
Donna Luckett	Senior Public Health Information Analyst	Devon County Council
Sarah Macleod	Senior Public Health Analyst	Plymouth City Council
Maria Moloney-Lucey	Public Health Specialist	Devon County Council
Victoria Mitchell	Senior Officer for Pharmacy, Optometry & Dental (POD)	NHS Devon ICB
Rob Nelder	Public Health Specialist	Plymouth City Council
Melissa Redmayne	Senior Primary Care Commissioning Manager	NHS Devon ICB
Les Riggs	Senior Commissioning Manager	NHS SW Collaborative Commissioning Hub
Sue Taylor	Chief Officer	Community Pharmacy Devon
Leah Wolf	Services Lead	Community Pharmacy Devon

We acknowledge the support and contributions from colleagues in Office for Health Improvement and Disparities.

## Appendix 3: Equality impact assessment

### STAGE 1: What is being assessed and by whom?

#### ***What is being assessed – including a brief description of aims and objectives***

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (HWB) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the local ICB.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the local ICB to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for the local ICB to use to make commissioning decisions, it may also be used by local authorities (Las). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

**Author:** Simon Baker

**Department and Service:** Knowledge and Intelligence Team, Public Health

**Date:** September 2024

## **STAGE 2: Evidence and Impact**

### ***Protected Characteristic – Age***

#### ***Evidence and Information***

Torbay has a population of 139,485 (2023 mid-year estimates).

The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. The proportion of the population under 50 is significantly lower than England.

#### ***Any adverse impact?***

Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within Torbay. Any missing provision should have been identified in the document and should therefore have a positive impact.

#### ***Actions***

The predicted population increases within age bands has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.

#### ***Timescale and who is responsible?***

Throughout the life of the document. NHS Devon ICB.

### ***Protected Characteristic – Disability***

#### ***Evidence and Information***

According to the 2021 Census, 11.0% of Torbay residents reported having physical or mental health conditions or illnesses which lasted or are expected to last 12 months or more, that limit their day-to-day activities a lot. The England average was 7.3%.

According to the 2021 Census, 42.2% of Torbay residents reported their general health as 'very good' placing Torbay significantly below the England rate of 48.5%. Both Bad health (5.7%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.0%, 1.2% respectively), this equates to 10,207 people over both categories.

#### ***Any adverse impact?***

The provision of adequate pharmaceutical services responds to these statistics (which potentially show a relatively high demand when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

#### ***Actions***

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

It is important that physical access to pharmacy buildings is ensured for all the population.

***Timescale and who is responsible?***

Throughout the life of the document. NHS Devon ICB.

***Protected Characteristic – Gender Reassignment***

***Evidence and Information***

According to the 2021 Census, of those who answered the question, 449 of Torbay's population aged 16 and over (0.4%) stated that their gender identity was not the same as the sex registered at birth. Rates were highest in the 16 to 24 year age group at 1.1%, this was almost 3 times higher than the next highest age groups.

***Any adverse impact?***

The PNA aims to ensure adequate provision of pharmaceutical services throughout Torbay taking into consideration any particular needs identified. Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

***Actions***

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.

***Timescale and who is responsible?***

Throughout the life of the document. NHS Devon ICB.

***Protected Characteristic – Race***

***Evidence and Information***

Torbay is significantly less ethnically diverse than England as a whole. According to the 2021 Census, 92.1% of Torbay's population considered themselves White British. This is significantly higher than the England average (73.5%). Torbay has 5,402 (3.9%) resident ethnic minority population (excluding white ethnic groups). Of these, 2,254 residents (1.6%) are **Asian/Asian British/Asian Welsh**, 2,084 residents (1.5%) **Mixed/Multiple** ethnic background, 617 (0.4%) **Other ethnic Group** and 447 (0.3%) **Black British/Welsh/Caribbean/ African**

***Any adverse impact?***

Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.

There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.

### **Actions**

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.

### **Timescale and who is responsible?**

Throughout the life of the document. NHS Devon ICB.

## **Protected Characteristic – Religion or Belief**

### **Evidence and Information**

According to the 2021 Census, Christianity is the most common religion in Torbay with 48.5%. 43.2% of the Torbay population stated they had no religion. Both are higher than the national average. 1.3% of Torbay residents stated they were either Muslim (0.6%), Buddhist (0.4%), Hindu (0.2%), Jewish (0.1%) or Sikh (<0.1%). A further 0.7% state they have a religion that is not one of those listed above. 6.3% of Torbay residents did not answer the question.

### **Any adverse impact?**

Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

### **Actions**

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

### **Timescale and who is responsible?**

Throughout the life of the document. NHS Devon ICB.

## **Protected Characteristics – Sex, including Marriage and Civil Partnership, Pregnancy and Maternity**

### **Evidence and Information**

Overall, 51.3% of Torbay's population are female (ONS mid-2023 estimates). According to the 2021 Census, of those aged 16 and over, 44.2% are married or in a registered civil partnership – the same as the national average. There were 1,010 live births in 2022 with numbers decreasing significantly over the last decade.

***Any adverse impact?***

The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

***Actions***

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

***Timescale and who is responsible?***

Throughout the life of the document. NHS Devon ICB.

***Protected Characteristic – Sexual Orientation***

***Evidence and Information***

According to the 2021 Census, 3.4% of Torbay's population aged 16 and over identified as Gay or Lesbian, Bisexual or 'All other sexual orientations' which include those who identify as Pansexual, Asexual or Queer. This is similar to the England average. Rates of identifying as Gay or Lesbian, Bisexual or 'All other sexual orientations' among younger age groups are significantly higher than older age groups.

***Any adverse impact?***

Pharmaceutical services are not targeted people with a specific sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.

***Actions***

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.

***Timescale and who is responsible?***

Throughout the life of the document. NHS Devon ICB.

## Appendix 4: List of contractors and opening times (January 2025)

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT</b>	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
<b>Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG</b>	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
<b>Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA</b>	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	Closed
<b>Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY</b>	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
<b>Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ</b>	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-17:00
<b>Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	10:30-16:00
<b>Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
<b>Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN</b>	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
<b>Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE</b>	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-12:00	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS</b>	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD</b>	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, Units 2&amp;3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ</b>	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-13:00	Closed

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Day Lewis Pharmacy, Day Lewis plc, 19 Ilisham Road, Wellswood, Torquay, TQ1 2JG</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU</b>	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
<b>Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN</b>	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
<b>Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
<b>Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA</b>	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-12:00	Closed
<b>Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ</b>	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
<b>Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH</b>	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
<b>Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES</b>	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
<b>Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED</b>	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
<b>Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP</b>	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
<b>Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF</b>	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
<b>Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW</b>	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
<b>Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP</b>	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA</b>	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	09:00-13:00	Closed
<b>Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ</b>	08:30-20:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed

## Appendix 5: List of contractors and advanced services provided (January 2025)

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	No	Yes	Yes	No	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 19 Ilisham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	Yes	No	Yes	No	Yes	Yes	No	No
Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	Yes	No	No	No	No	No	No	No
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

## Appendix 6: List of contractors and locally commissioned services provided (services commissioned by Torbay Council from July 2025) – As of October 2024

Contractor and address	Needle Exchange	Smoking cessation	TB Directly Observed Therapy
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	No	Yes	Yes
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	No	No	No
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	No	No	No
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	No	No	No
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	No	No
Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	No	Yes	No
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes

<b>Contractor and address</b>	<b>Needle Exchange</b>	<b>Smoking cessation</b>	<b>TB Directly Observed Therapy</b>
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 19 Ilisham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	No	No	Yes
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	No	No	No
Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	Yes
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	No	Yes	Yes
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	No	Yes	Yes
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	No	No	No
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	No	No
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes

<b>Contractor and address</b>	<b>Needle Exchange</b>	<b>Smoking cessation</b>	<b>TB Directly Observed Therapy</b>
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	No
Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	No	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	No	No	Yes

## Appendix 7: Consultation report

The consultation period ran from Monday 3<sup>rd</sup> March 2025 to Tuesday 6<sup>th</sup> May 2025.

The Health and Wellbeing Boards for Plymouth and Torbay held the consultation process for their PNAs at the same time to aid organisations who were asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group. The consultation was hosted by the Plymouth City Council Consultation webpage. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- NHS England
- Healthwatch
- Torbay Health and Wellbeing Board
- Devon Health and Wellbeing Board
- Plymouth Health and Wellbeing Board
- Torbay and South Devon NHS Foundation Trust
- Devon Partnership NHS Trust
- All GP surgeries in Torbay
- All Pharmacies in Torbay

Torbay received 1 formal response to the consultation which was positive.

**Meeting:** [Health and Wellbeing Board](#) **Date:** [19<sup>th</sup> June 2025](#)

**Wards affected:** [All](#)

**Report Title:** [Joint Strategic Needs Assessment \(JSNA\) 2025/26](#)

**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](#)

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## 1. Purpose of Report

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1.1 [2025/26 update of the Joint Strategic Needs Assessment \(JSNA\)](#)

## 2. Recommendation(s) / Proposed Decision

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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

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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 2019 to 2023 there is a 10 year gap between the life expectancy of males and 5 year gap for females in the most and least deprived areas of Torbay. The gap for males increased with the addition of Covid-19 period data.

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 33% in the next 10 years. Torbay's **population is projected to rise** to 153,000 by 2043 compared to its current level of 139,485.

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

Torbay is ranked as the **most deprived upper-tier local authority in the South West** with approximately 27% of the population classified as living in areas that are amongst the 20% most deprived in England. The most deprived areas are concentrated in central Paignton and Torquay.

Relative deprivation compared to England was highest in relation to **Employment deprivation**, that is those who have been involuntarily excluded from the labour market.

For 2019, just over 1 in 6 people in Torbay were classified as **income deprived**, this rose to more than 1 in 5 for children being affected by income deprivation.

An updated Index of Multiple Deprivation is currently scheduled for release in late 2025.

### 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 2023/24, the percentage of Torbay pupils achieving a good pass at GCSE for English and Maths was 72% for those not eligible for free school meals as opposed to 36% for those who were eligible.

Torbay has significantly higher rates of children with special educational needs receiving an **Education, Health & Care Plan** than England.

Increase in Torbay **breastfeeding** rates at 6 to 8 weeks after birth over the last decade from 40% to 50%. Improvement from lower than England to similar to England.

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 2022/23 but remains at an elevated level when compared to years before 2021/22.

**MMR rates** are higher than England but are below the 95% target, **HPV vaccination rates** fell significantly over the COVID-19 period from approximately 80% to 48% for females aged 13 to 14 in 2022/23. Rates have fallen across England but not as steeply.

#### 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 31<sup>st</sup> March 2024. **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 (55% for 2022/23) or those with a child protection plan (70% for 2022/23) than the general school population (24% for 2022/23).

#### 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 2 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 2023/24.

During 2023/24, 1,180 **safeguarding concerns** were raised and those instigated 390 **Section 42 safeguarding enquiries**. This equates to the highest levels in the last 7 years.

30% of carers and 48% of users felt that they had as much **social contact** as they would like according to the latest survey. For users, this was slightly higher than the England rate and for carers, rates were broadly in line with England. Rates for users have reached similar levels to pre-COVID surveys after a significant fall during the COVID period.

### 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, but they are on a broadly decreasing trend.

Torbay's **chlamydia detection rate** in females aged 15 to 24 years more than doubled in 2022 and slightly reduced in 2023, is now far 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** (57%) compared to England and this is forecast to fall over the next 20 years to approximately 50% of the population.

The **average (median) full-time salary** for residents in 2024 was £30,611. This compares to £36,112 across the South West and £37,617 for England, employees in Torbay were also more likely to work **part-time**. The Annual Population Survey (2019 – 2024) 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 **Full Fibre and Ultrafast** broadband coverage 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 the last year.

Since the start of 2020, 45% 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.

There has been a notable rise in the number of households experiencing **fuel poverty** in Torbay and rates are higher than the England average.

On average, 127 households were in **temporary accommodation** each quarter between October 2023 and September 2024. 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 2024.

### 3.1.9 Environment and Climate Change

Torbay's **greenhouse gas emissions** are reducing and remain considerably lower than England.

The percentage of Torbay residents **walking or cycling for travel** at least 3 times a week increased sharply in 2023 after 3 years of falls.

For the 10 years to March 2024, Torbay had significant amounts of **energy inefficient housing**, joint 21<sup>st</sup> from bottom out of 296 local authority districts.

Torbay's **waste reuse, recycling and composting rate** has increased over the last 3 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 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 before slightly reducing in 2023, is now far 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 and the percentage of testing positivity sharply increased in Torbay for 2022 and have remained at high levels for 2023 after previously decreasing trends. May indicate high levels of infections or other reasons such as better targeting of 'at risk' groups.

A halving in the **under 18 conception rate** over the last decade in Torbay.

### 3.1.11 **Substance Misuse, Gambling and Dependency**

Prevalence of **smoking** among Torbay adults has risen in the last year to a rate broadly equivalent to a decade ago. 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 has been a significant rise in the number of drug poisoning deaths in Torbay although rates have started to fall from their peak. Torbay has a higher percentage of estimated opiate and/or crack cocaine users in **treatment** than England or South West.

### 3.1.12 **Crime, Domestic Abuse and Anti-Social Behaviour**

Rates of reported **violent crime and sexual offences** were higher in Torbay than England during 2023/24.

Levels of reported **anti-social behaviour** and **drug offences** have fallen from their recent peak of 2020/21.

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

National Crime Survey data indicates that 27.4% of women and 13.7% of men in England and Wales have experienced **domestic abuse** at some time since the age of 16.

### 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 1 in 3 are **obese**.

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 18.8 years for females and 18.2 years for males.

40% of Torbay adults **walk** for 10 consecutive minutes or more, at least 3 times a week, this is broadly in line with England. This represents a fall from 2 years previously.

### 3.1.14 Oral Health

In Torbay, 65% of children were seen by an **NHS dentist** in the previous 12 months during 2023/24 and 43% of adults were seen in the last 2 years. This is significantly higher than England. This will not include patients seen by private dental practices.

**Dental decay in 5 year olds** is similar to England for 2023/24.

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 have decreased significantly since 2019/20.

Rates of treatment including **tooth extractions** by NHS dentists is significantly higher in Torbay adults than across England.

### 3.1.15 Mental Health

Prevalence of **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.

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 15%** (approximately 4,900 people) between 2013 and 2023 and is currently projected to be 33% 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 65 and over is higher in Torbay (12.4%) than England (10.7%).

**Flu vaccination** rates for those aged 65 and over in Torbay have been higher than the national target of 75% for the last 4 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 approximately 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**

10,290 Torbay GP patients had recorded **Diabetes** in 2023/24 equating to 8.2% of those aged 17 and over at those GPs. Over 90% of these cases relate to Type 2 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 has risen in the latest year to be higher than England.

1 in 3 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 much higher among our most deprived areas when compared to the least deprived.

For the latest year, just over 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 more than doubled over the last decade but rates of those referrals leading to a diagnosis of cancer have fallen by over 40%.

Rise in the rate of **emergency hospital admissions for cancer** over the last 2 years to be significantly higher than England after **Page 137** 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 2<sup>nd</sup> consecutive year. Rates were last below 90% in 2014/15.

**Flu vaccination** rates among those aged 65 and over in Torbay have been higher than the national target of 75% for the last 4 years.

**Antibiotic prescribing in NHS primary care** has been on a downward trend, however rates for 2022 did rise across England when compared to the COVID-19 affected years of 2020 and 2021.

The all new **sexually transmitted infection** diagnosis rate sharply increased in Torbay for 2022 and remains elevated for 2023 after previously decreasing trends. May indicate high levels of infections or other reasons such as better targeting of 'at risk' groups.

- 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 2025/26

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## JSNA Key Challenges

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

- The long-term recovery from COVID-19 and the cost of living crisis. The social and economic effects of the pandemic and the persistent inflationary leaps in the cost of living, particularly around gas, electricity and food prices have disproportionately affected those who live in the most deprived areas of our communities. Costs around fuel are exacerbated by old housing stock which is often energy inefficient. Torbay has a growing number of households experiencing fuel poverty.
- There is significant variation in health and wellbeing across the bay. In our most affluent areas residents can expect to live on average almost eight years longer than those living in our more deprived communities. There are also significant gaps in healthy life expectancy between the most affluent and deprived areas.
- 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.
- The number of cared for children within the local authority remains significantly much higher than England. Rates of referrals to children's social care are consistently much higher than England.
- Torbay schools (primary and secondary combined) have a significantly higher proportion of their pupils requiring special educational needs support through an Education, Health & Care Plan when compared to England, this gap has narrowed due to increases in the England rate.
- Persistent pupil absenteeism remains at significantly elevated levels post-COVID 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 much higher than England in the 18 to 64 and 65+ population.
- The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. These unpaid carers require support to help deliver this care and to look after their own health and wellbeing. This care is disproportionately provided by women.
- We have an ageing population with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. This will put increasing demand on health and social care.

The number of those who are of working age is projected to fall over the next 20 years to approximately 50% of the population from its current rate of 55%.

- Consistently 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, largely concentrated among younger females.
- 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.
- HPV vaccination rates for 13 to 14 year girls have fallen substantially during and since COVID-19 in Torbay and for the latest year are approximately half the 90% target.
- There are high levels of self-harm and suicide in the population. Suicide rates fell for the latest year but this is thought to be due to a significant local coroner backlog.
- Falls in breast and cervical cancer screening rates since COVID-19. Significant increases in last 2 years of emergency hospital admissions for cancer.
- A general fall in childhood immunisation rates since COVID-19 although rates remain broadly higher than England.

- 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 1 out of 3 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 6 adults in Torbay smoke.
  - 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

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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 50%.
- Fall in under 18 conception rates over the last decade.
- Although rates remain high, a fall from the 2019 peak in rates of Cared for Children within the local authority.

- 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.
- 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.
- Children and Adults are more likely to have seen an NHS dentist than the England average, although amongst adults rates along with England have been on a downward trajectory.
- 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).
- Flu vaccination rates for those aged 65+ have achieved the 75% target for the last 4 years.
- Rates of hospital admissions and under 75 mortality for strokes have broadly fallen over the last decade.
- 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

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### Background

A Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community.

The JSNA helps local leaders to work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies enable commissioners to plan and

commission more effective and integrated services to meet the needs of the population. Local Authorities and Integrated Care Boards have equal and explicit obligations to prepare a JSNA, under the governance of the health and wellbeing board.

The approach to the JSNA in Torbay is to provide a collection of narrative and data interpretation to support the community, voluntary sector and statutory organisations across Torbay. This provides a central, consistent range of data that can be accessed to support commissioning strategies and funding bids across all sectors within Torbay.

Helping people to live longer and healthier lives is not simply about NHS healthcare received through GPs or at hospital. It is also about the wider social determinants of where we live and work, things such as Crime, Income, Housing and Education. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth and continues to accumulate throughout individuals' lives.

#### Structure

The document is part of a wider suite of documents and presentations that make up the JSNA for Torbay, these include breakdowns of information to smaller areas of Torbay such as wards. As well as the JSNA, there are specific topic based summaries relating to fields such as alcohol and suicide. This information is collated at the following website <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 Mental Health, Alcohol and Tobacco. The site is available at <https://fingertips.phe.org.uk/> and shows Torbay's position relative to other local authorities.

#### Document overview

Before the 2023/24 JSNA, the JSNA had been written by life course, for instance 3 years ago the JSNA was divided into 4 chapters called Population overview, Starting and developing well, Living and working well and Ageing well.

For the 3 most recent JSNAs, it was decided to significantly increase the number of measures within the document. Because of this increase in measures and to improve the navigability of the document it was decided to split the document by subject as shown on the contents page. For example, Sexual and Reproductive Health measures are grouped in a 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:

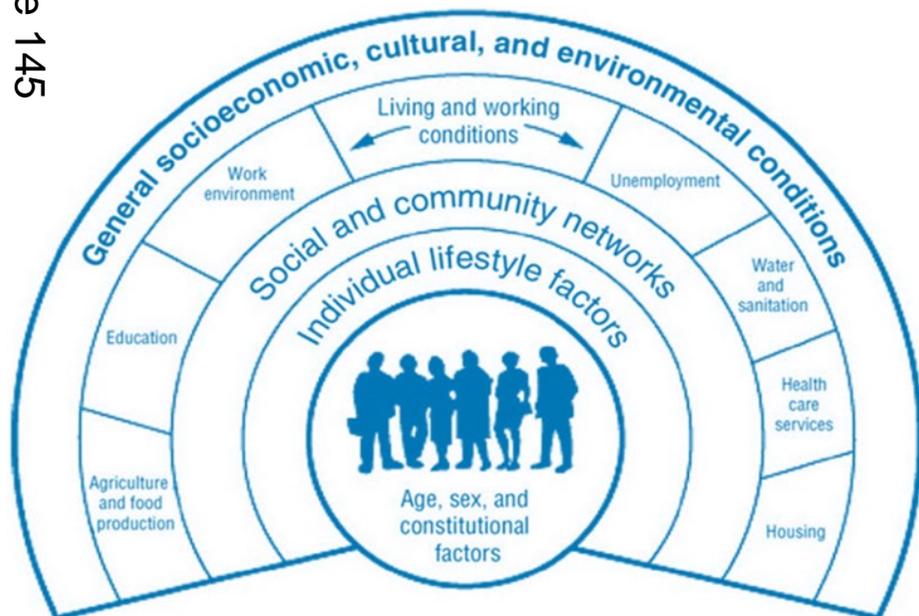
- Individual lifestyle factors – Smoking, alcohol, physical activity and diet.
- Social and community networks – Relationships with family, friends and the wider community.
- Living and working conditions – Includes access and opportunities in relation to jobs, housing, education and welfare services.
- 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

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### Inequalities

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

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

Fig 2: Inequalities and intersection

Groups



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

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

### 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 2025, 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, 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

## 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.

### 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 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 2023/24, 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 2025 are presented below. Within this report, Torbay will be compared to a 'comparator group' in data tables at the end of most sections, the statistic shown is the average of the nearest neighbours. Torbay is also shown in Fig 3 for comparison.

There are 2 chapters relating specifically to children and young people where a different 'comparator group' is used. The 2 chapters are 'Children & Young People's Education and Health' and 'Children's Social Care' where Torbay is compared to Children's Services Statistical Neighbours (Fig 4). The section of the Index of Multiple Deprivation (IMD) used to calculate the percentage of the child population living in the 20% most deprived areas in England is the Income Deprivation Affecting Children Index (IDACI).

**Fig 3: NHS England nearest statistical neighbours for Torbay**  
 Source: OHID – Public Health Profiles (Fingertips), IMD 2019, 2023 ONS mid-year population estimates

Local Authority	% of population living in 20% most deprived areas (IMD 2019)	% of population aged 65 & over (2023)
Blackpool	56.9%	20.6%
Bournemouth, Christchurch and Poole	11.5%	21.8%
Cheshire East	8.6%	22.5%
Darlington	30.2%	21.0%
East Riding of Yorkshire	7.7%	26.9%
East Sussex	14.3%	26.5%
Isle of Wight	13.8%	29.8%
North East Lincolnshire	36.7%	21.4%
North Somerset	11.3%	24.1%
Redcar and Cleveland	35.8%	23.8%
Sefton	30.9%	23.6%
South Gloucestershire	1.1%	18.7%
Southend-on-Sea	23.5%	19.3%
St. Helens	43.4%	20.7%
Wirral	35.8%	22.4%
Torbay	27.5%	27.2%

**Fig 4: Children’s Services statistical neighbour comparators for Torbay**  
 Source: IMD (IDACI) 2019, 2023 ONS mid-year population estimates

Local Authority	% of child population living in 20% most deprived areas (IMD 2019)	% of population aged 17 & under (2023)
Bournemouth, Christchurch and Poole	14.5%	18.4%
Isle of Wight	21.4%	16.6%
Norfolk	17.9%	18.2%
North East Lincolnshire	45.5%	21.0%
Plymouth	31.8%	19.3%
Redcar and Cleveland	44.2%	19.9%
Rotherham	37.5%	21.4%
Southend-on-Sea	28.1%	21.2%
Telford and Wrekin	27.5%	22.4%
Wigan	29.4%	20.8%
Torbay	30.1%	17.8%

## Demographics

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### Overview

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

Source: ONS mid-year population estimates

- Current predictions indicate that 1 in 3 Torbay residents will be aged 65 and over by 2033.

Source: NOMIS

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

Source: 2021 Census

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

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

- 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%.

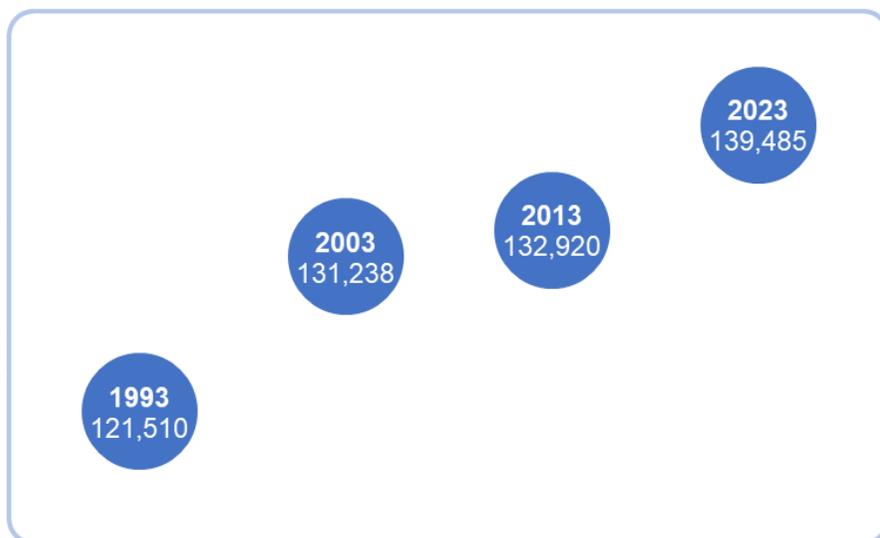
Source: 2021 Census

### Population

According to the latest population estimates, 139,485 people lived in Torbay. This is an increase of 4.9% when compared to the estimated 2013 population of 132,920. Torbay’s population has increased by approximately 18,000 since 1993 (Fig 5). The average (median) age of a Torbay resident is 49 years, compared to 44 years in 2003.

**Fig 5: Torbay Population by year**

Source: ONS Mid-year population estimates

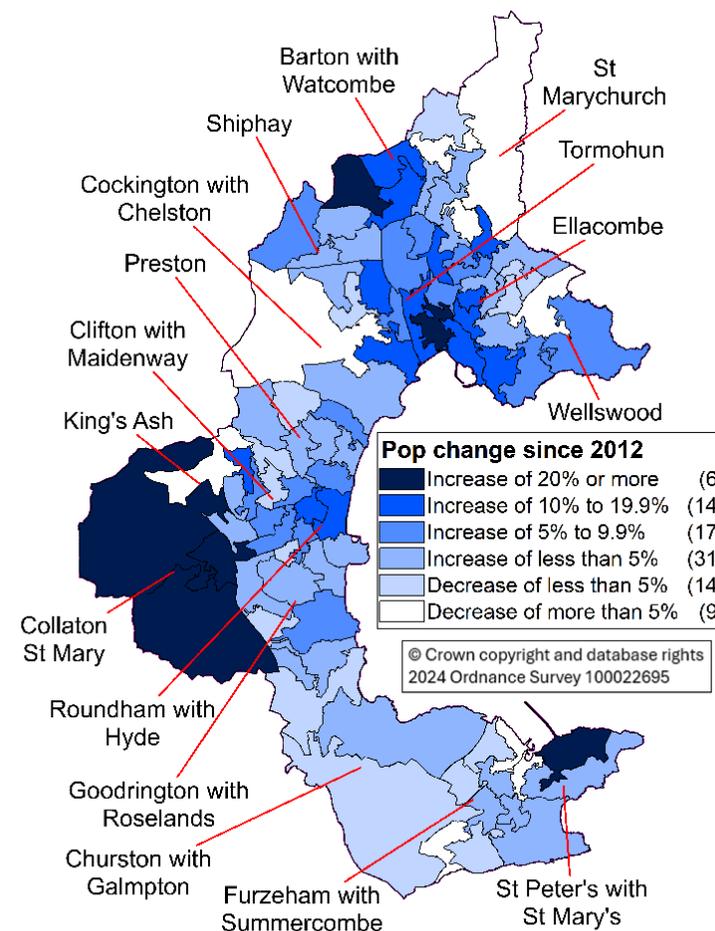


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The increase in population is different across Torbay (Fig 6), 25% of small areas called LSOAs within Torbay fell in population between 2012 and 2022. 20 small areas rose by 10% or more including 6 areas that had population rises over 20%. 2 small areas in Collaton St Mary saw the biggest rise as their combined population more than doubled, rising by 113%.

**Fig 6: Population change across Torbay from 2012 to 2022**

Source: ONS Mid-year population estimates



### 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.

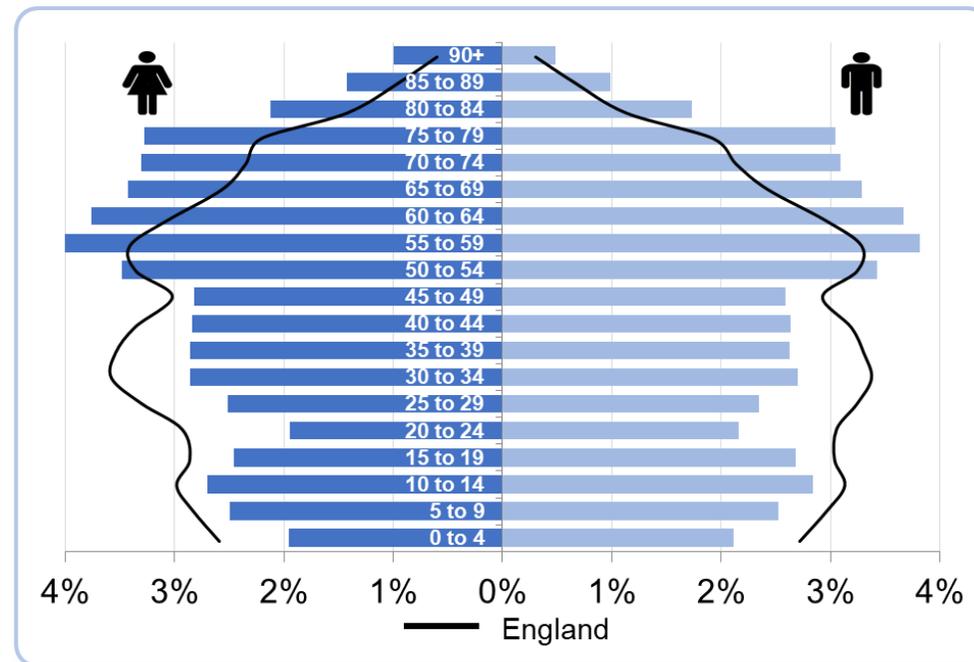
### Protected Characteristic - Age

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, 2023



Between 2013 and 2023, 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 2003 and 2023, the largest proportionate increase in population occurred in the 70 to 79 and 60 to 69 year age groups. 4 age groups have seen their population fall, those aged 0 to 9, 10 to 19, 30 to 39 and 40 to 49 (Fig 8).

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

Age Band	2003	2023	Change
0 to 9	13,356	12,663	-5.2%
10 to 19	15,877	14,884	-6.3%
20 to 29	12,006	12,513	+4.2%
30 to 39	16,664	15,394	-7.6%
40 to 49	16,947	15,170	-10.5%
50 to 59	18,708	20,585	+10.0%
60 to 69	15,573	19,725	+26.7%
70 to 79	12,573	17,739	+41.1%
80 to 89	7,642	8,750	+14.5%
90+	1,892	2,062	+9.0%
<b>ALL AGES</b>	<b>131,238</b>	<b>139,485</b>	<b>+6.3%</b>

**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.

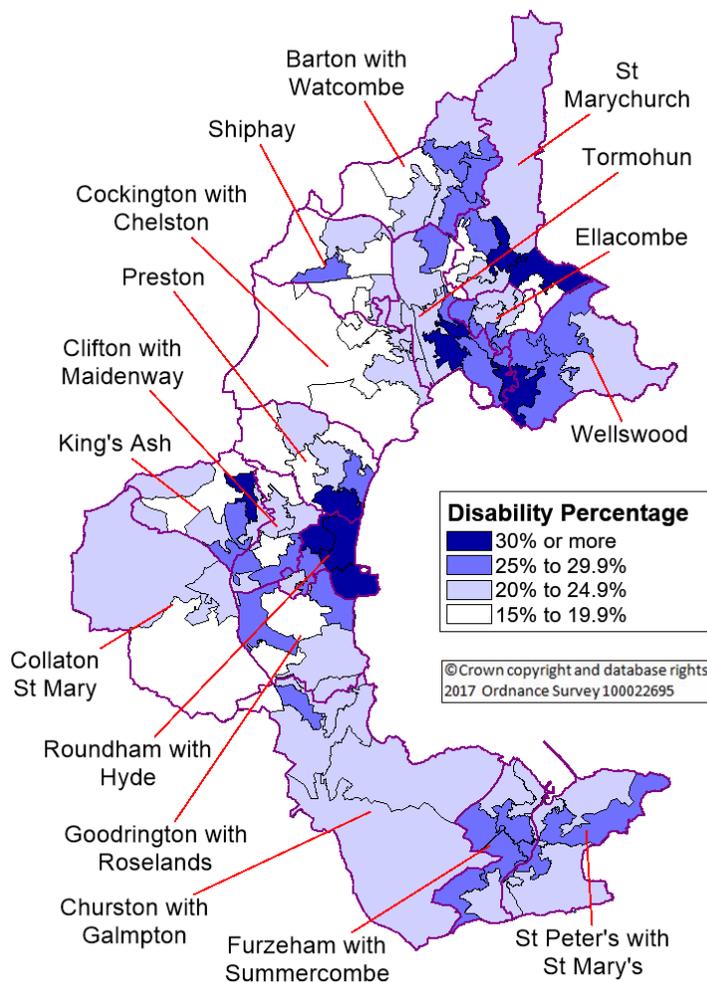
**Fig 9: Population by disability status - Torbay**  
Source: Census 2021

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

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

Fig 10: Population defined as disabled by area - Torbay

Source: Census 2021



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### Protected Characteristic – Gender Reassignment

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

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

Source: Census 2021

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

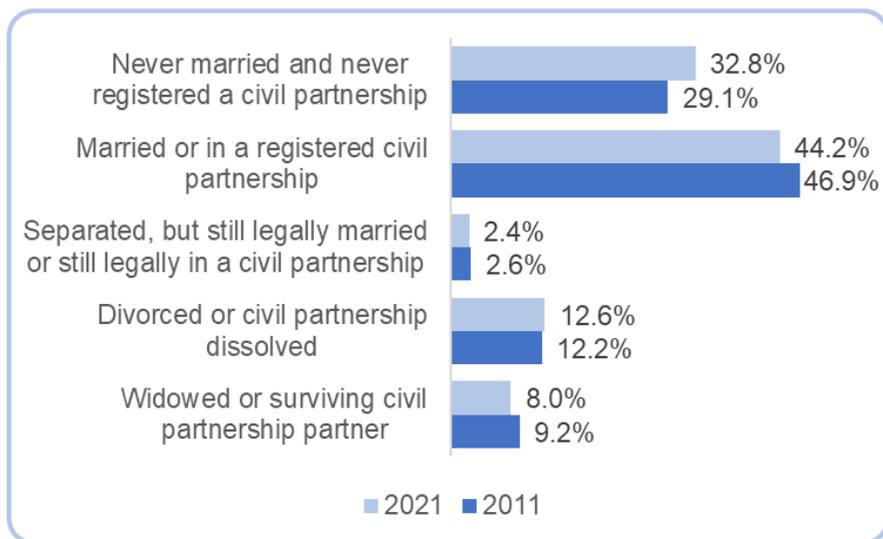
### Protected Characteristic – Marriage and Civil Partnership

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

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

Fig 12: Marriage and Civil Partnership Status - Torbay

Source: Census



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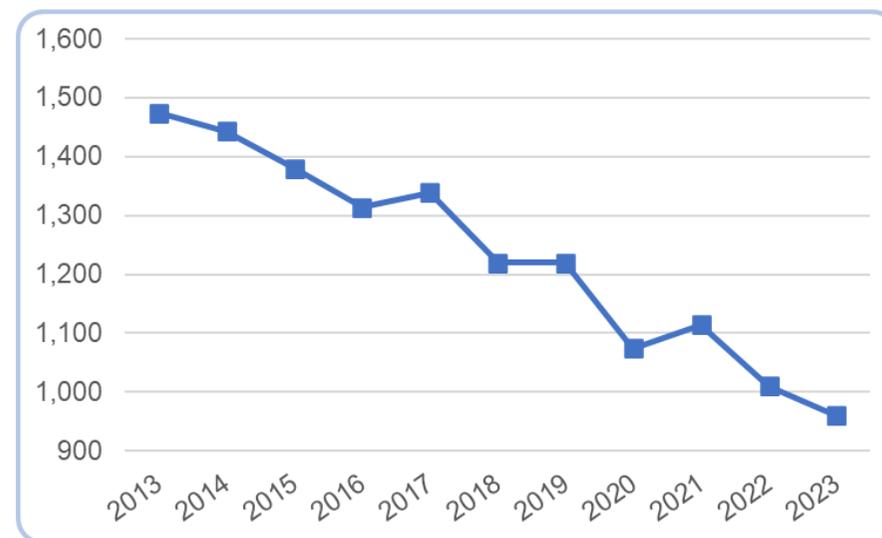
### Protected Characteristic – Pregnancy and Maternity

Over the period 2013 to 2023, the rate of live births (as a proportion of females aged 15 to 44) in Torbay (57.3 per 1,000) has been broadly in line with England (57.1) and slightly but significantly higher than the South West (54.3). There has been a notable fall in the

numbers of live births since the middle of the last decade in Torbay (Fig 13). This fall in births has been steeper than England or the South West. 2022 and 2023 were the only years in the period 2013 to 2023 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.

Fig 14: Percentage of Ethnic group

Source: Census 2021

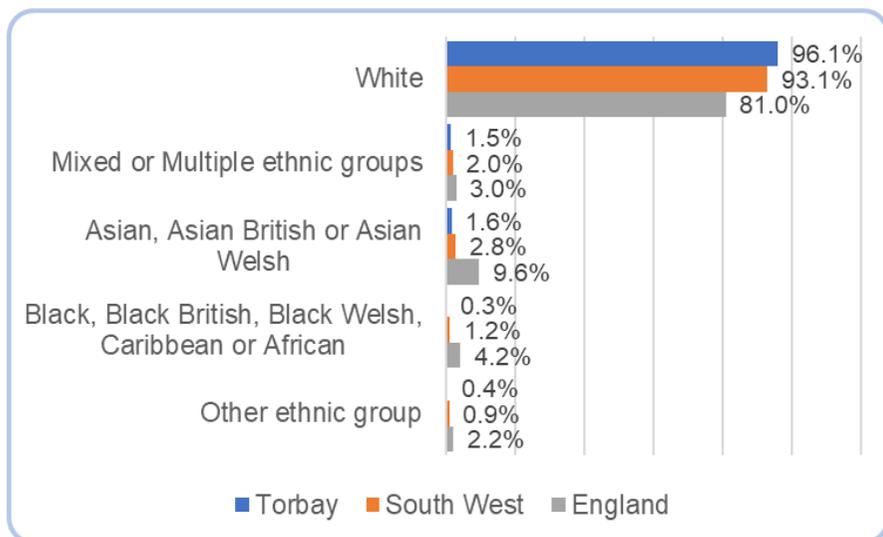
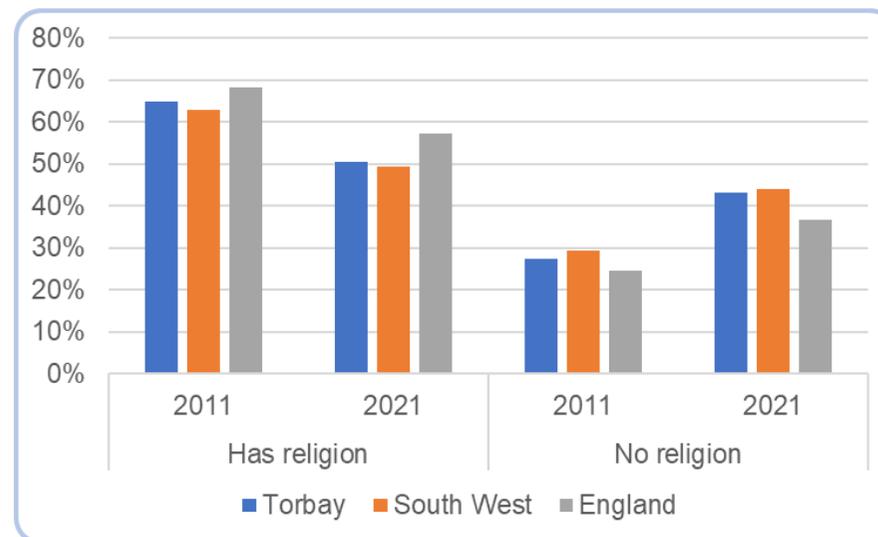


Fig 15: Percentage who have or do not have a religion

Source: Census



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**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 2023 were female, this was a slight fall from 2013 when it was 51.7%. Female to male ratios within Torbay change significantly once you get to those residents aged 80 and over (Fig 16).

**Protected Characteristic – Sexual Orientation**

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

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

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

**Fig 16: Sex by age group – Torbay**  
Source: ONS mid-year population estimate, 2023

Age Band	Female	Male	Female %	Male %
0 to 9	6,206	6,457	49.0%	51.0%
10 to 19	7,191	7,693	48.3%	51.7%
20 to 29	6,224	6,289	49.7%	50.3%
30 to 39	7,973	7,421	51.8%	48.2%
40 to 49	7,891	7,279	52.0%	48.0%
50 to 59	10,485	10,100	50.9%	49.1%
60 to 69	10,031	9,694	50.9%	49.1%
70 to 79	9,173	8,566	51.7%	48.3%
80 to 89	4,946	3,804	56.5%	43.5%
90+	1,384	678	67.1%	32.9%
<b>ALL AGES</b>	<b>71,504</b>	<b>67,981</b>	<b>51.3%</b>	<b>48.7%</b>

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

Source: Census 2021

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

**Life expectancy and Healthy life expectancy**

Life expectancy for males at birth in Torbay has been lower than England for 7 of the last 8 time periods (Fig 19), for females it has been broadly in line for the last 4 time periods (Fig 18). Over the last decade, life expectancy at birth within Torbay has remained largely flat and female life expectancy has been approximately 4 years higher than males, it should be noted that 2020 - 22 encompasses the first COVID-19 pandemic and saw a fall in male life expectancy.

There are very significant differences in life expectancy between different areas of Torbay, the gap is particularly pronounced among males. When we look at local Torbay data for the 5 year period 2019 to 2023, there is a 10 year life expectancy gap between males who live in the least and most deprived areas and a 5 year gap for females (Fig 20). It should be noted that Torbay has a relatively small population in the least deprived quintile of England so numbers are a little more volatile, the period also includes the COVID-19 pandemic which was known to be particularly dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and males.

Fig 18: Life expectancy at birth - Females

Source: OHID – Public Health Profiles (Fingertips)

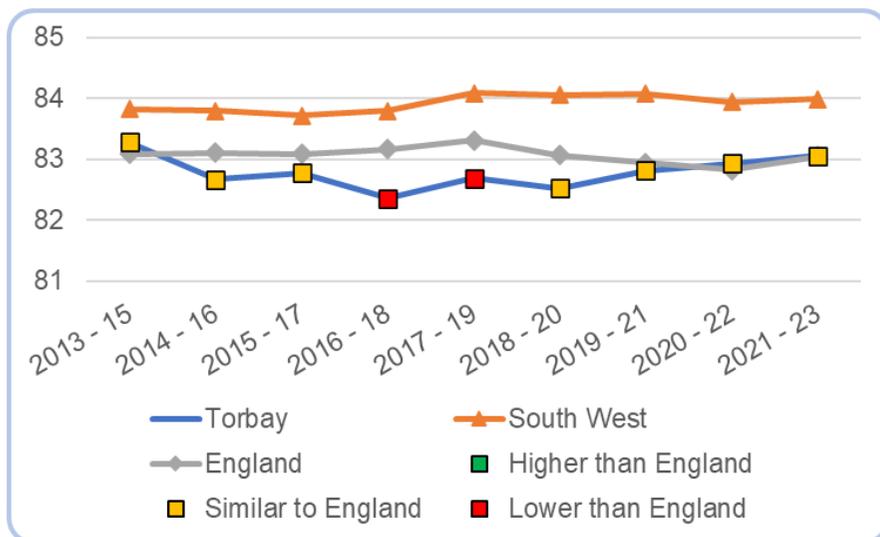


Fig 20: Life expectancy at birth – Torbay (2019 to 2023)

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

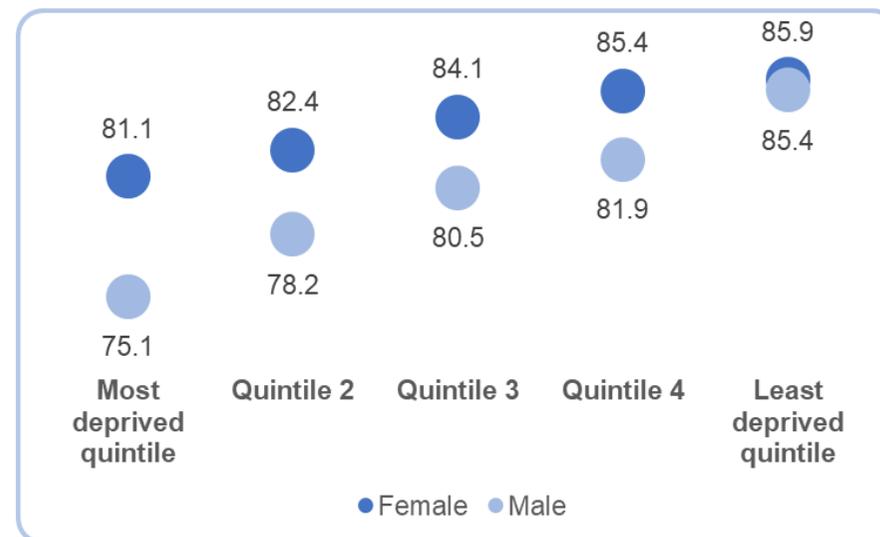
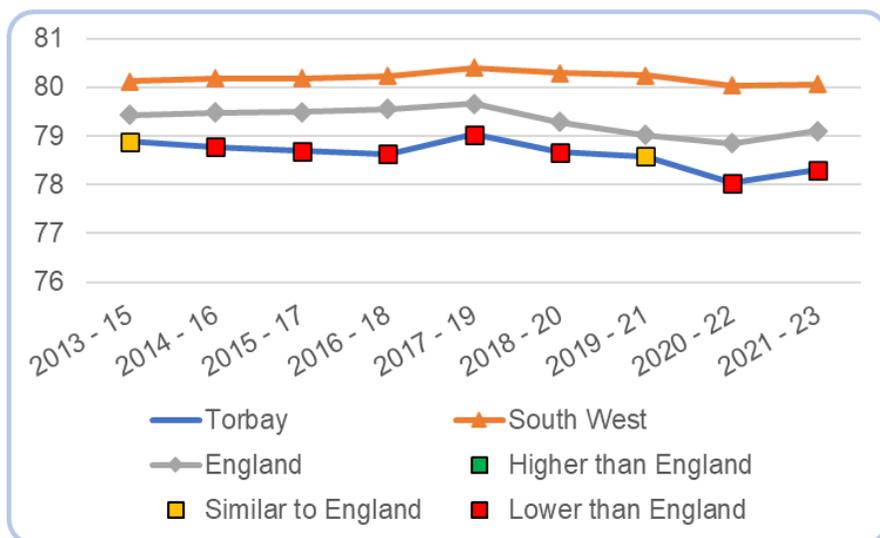


Fig 19: Life expectancy at birth - Males

Source: OHID – Public Health Profiles (Fingertips)



Whilst females in Torbay have a life expectancy at birth of approximately 4 years higher than males over the last decade, their healthy life expectancy has only been approximately 1 year higher than males over the same period in Torbay (Figs 21 and 22). Healthy life expectancy for females in Torbay, England and particularly 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 2021 – 23, this implies that females in Torbay could expect to live for 20 years whilst not being in good health, this would equate to approximately a quarter of their life, for males it would be approximately 16 years. Healthy life expectancy is based on self-reported good or very good health from the Annual Population Survey and registered deaths.

Fig 21: Healthy life expectancy at birth - Females

Source: OHID – Public Health Profiles (Fingertips)

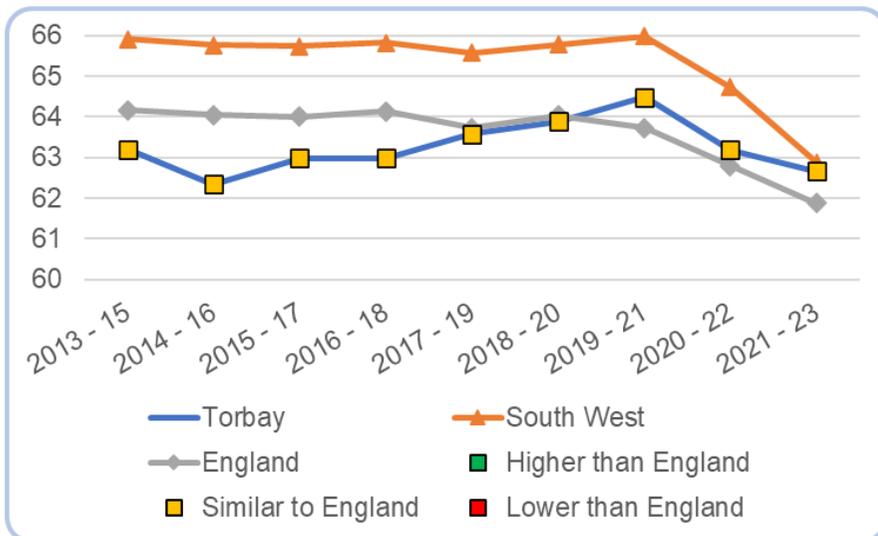
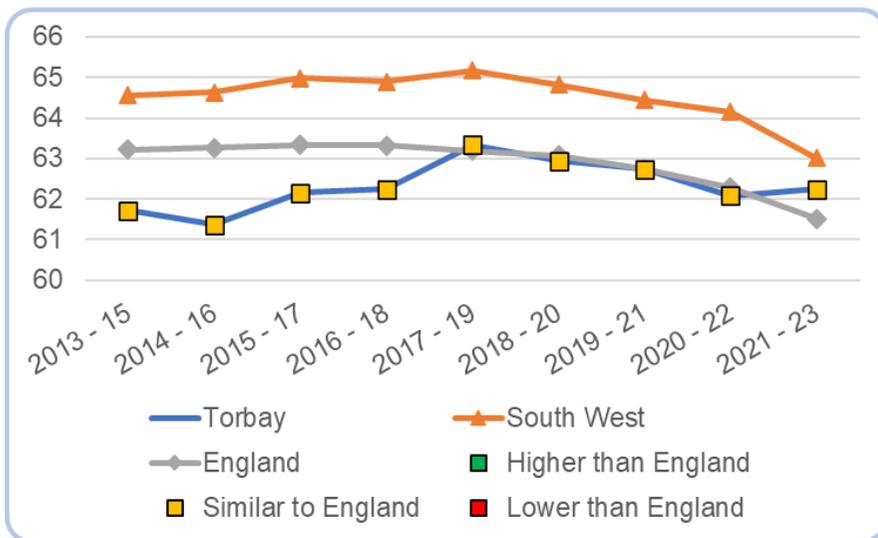


Fig 22: Healthy life expectancy at birth - Males

Source: OHID – Public Health Profiles (Fingertips)

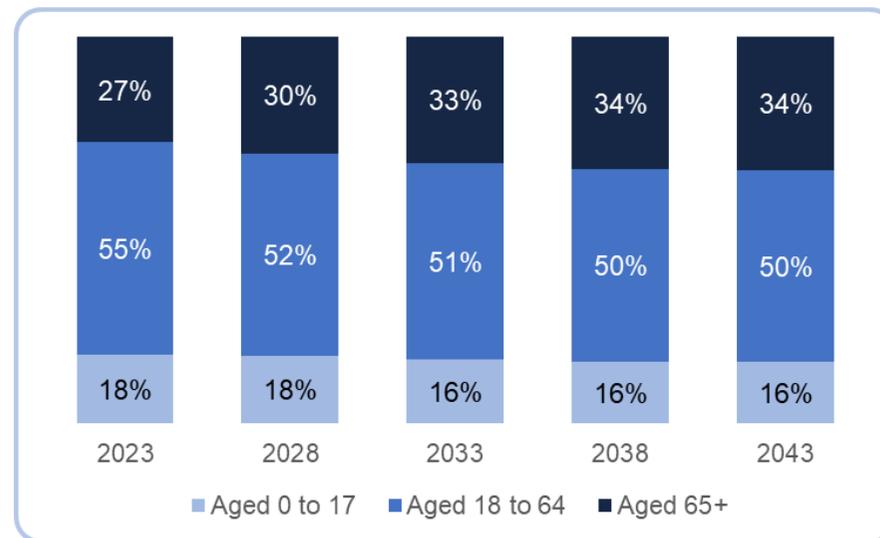


Population Projections

Torbay’s population is currently projected to rise from 139,485 in the 2023 population estimate to 153,088 by 2043. It should be noted that projections are likely to be updated over the next year in light of the 2021 Census. The proportion of the population aged 0 to 17 is projected to fall from 18% to 16% by 2043. Those aged between 18 and 64 are projected to fall from 55% to 50% by 2043; the proportion of those aged 65 and over is expected to rise from 27% to 34% by 2043 (Fig 23).

Fig 23: Population projections – Torbay

Source: NOMIS



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
<b>Average Age (2023)</b>	Years	49	44	43	40	●	↑
<b>Dependency Ratio (2023)</b>	Ratio %	71.8%	64.4%	62.1%	56.1%	●	↑
<b>Day to Day activities limited (2021)</b>	%	23.8%	19.9%	18.6%	17.3%	●	Not comparable
<b>Gender identity not the same as sex registered at birth (2021)</b>	%	0.4%	0.4%	0.4%	0.6%	Not relevant	First time collected
<b>GAYME Population (2021)</b>	%	3.9%	5.7%	6.9%	19.0%	Not relevant	↑
<b>Have a religion or belief (2021)</b>	%	50.5%	53.6%	49.5%	57.3%	Not relevant	↓
<b>Gay or Lesbian, Bisexual or other sexual orientations (2021)</b>	%	3.4%	3.1%	3.4%	3.4%	Not relevant	First time collected
<b>Life expectancy at birth - Female (2021 - 23)</b>	Years	83.1	82.8	84.0	83.1	●	↑
<b>Life expectancy at birth - Male (2021 - 23)</b>	Years	78.3	78.9	80.1	79.1	●	↑
<b>Healthy life expectancy at birth - Female (2021 - 23)</b>	Years	62.7	61.4	62.9	61.9	●	↓
<b>Healthy life expectancy at birth - Male (2021 - 23)</b>	Years	62.3	60.9	63.0	61.5	●	↑

## Index of Multiple Deprivation

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### Overview

- Torbay is ranked as the most deprived upper-tier local authority in the South West.
- Approximately 27% of population classified as living in areas that are amongst the 20% most deprived in England.
- Most deprived areas are concentrated in central Torquay and Paignton.
- Relative deprivation compared to England highest in relation to those involuntarily excluded from the labour market (Employment deprivation).
- Just over 1 in 6 people in Torbay were classified as income deprived, this rose to more than 1 in 5 for children being affected by income deprivation.
- Best performing of the 7 sub-domains relates to Crime deprivation.

All above sourced from 2019 English Indices of Deprivation

### Deprivation Categories

The Index of Multiple Deprivation (IMD) which was last undertaken in 2019 measures relative levels of deprivation in 32,844 small areas called Lower Super Output Areas (LSOA), in England. For example, a better rank in relation to Crime does not mean that Crime levels are falling, it could mean that Crime is not rising as quickly as other local authorities.

The Index is made up of the following deprivation sub-categories:-

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

Income has 2 sub-categories relating to:-

- Children
- Older People

### Torbay Rank of Deprivation

For 2019, Torbay was ranked as the 38<sup>th</sup> most deprived upper-tier local authority out of 151 (Fig 24). An upper-tier local authority is either a unitary authority or a county council.

For 2019, Torbay was ranked as the most deprived upper-tier local authority out of the 15 upper-tier local authorities in the South West, Torbay has been in this position since 2007.

24 of Torbay’s 89 LSOAs were classified as being amongst the 20% most deprived in England, this was down from 28 in 2015. The 24 areas equated to approximately 27% of the 2019 population (Fig 25).

Fig 24: Local Authority Deprivation rank for Upper-tier local authority – Torbay (1 = Most deprived)  
Source: English Indices of Deprivation 2019

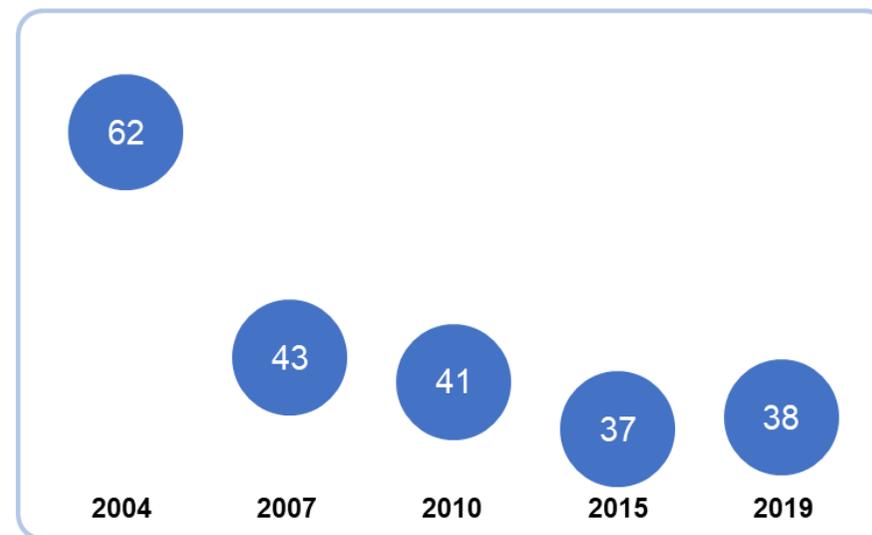
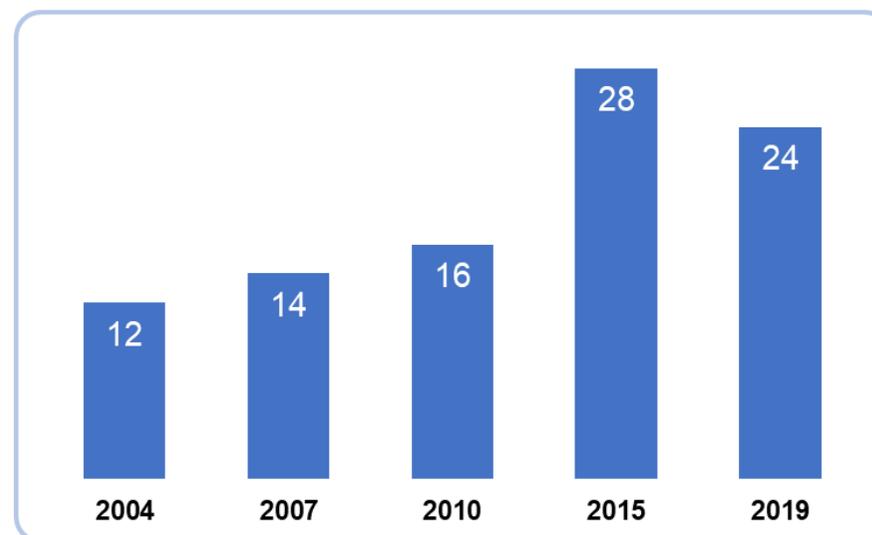


Fig 25: Torbay LSOAs classified as being amongst the 20% most deprived areas in England  
Source: English Indices of Deprivation 2019

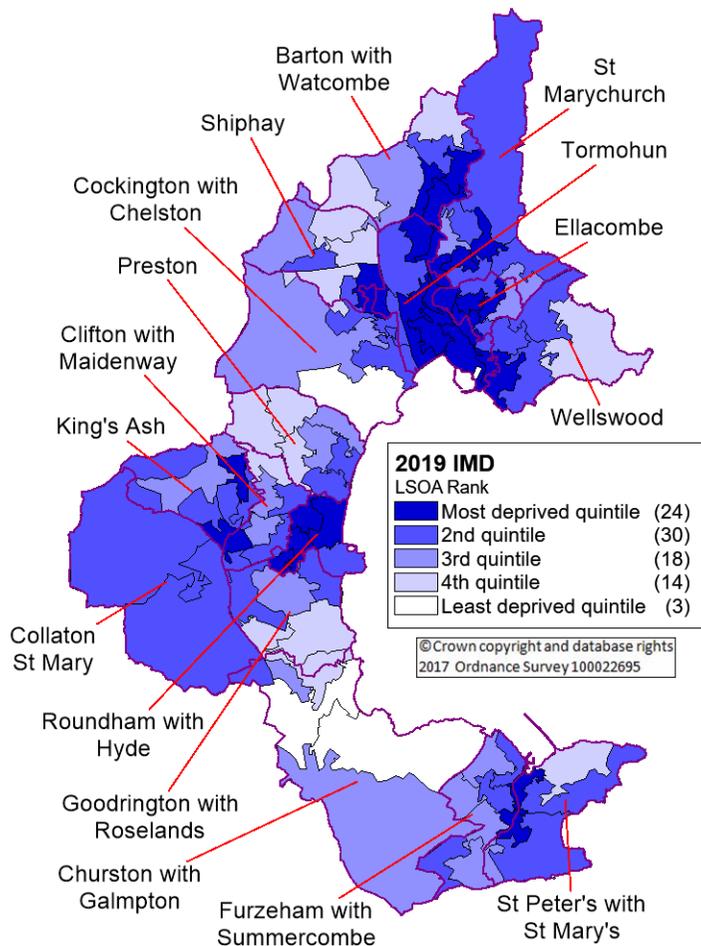


### Index of Multiple Deprivation

The most deprived areas within Torbay are concentrated within central Torquay, Hele and up to the Barton areas. There is also a concentration of deprived areas within central Paignton (Fig 26).

**Fig 26: Rank of Index of Multiple Deprivation**

Source: English Indices of Deprivation 2019



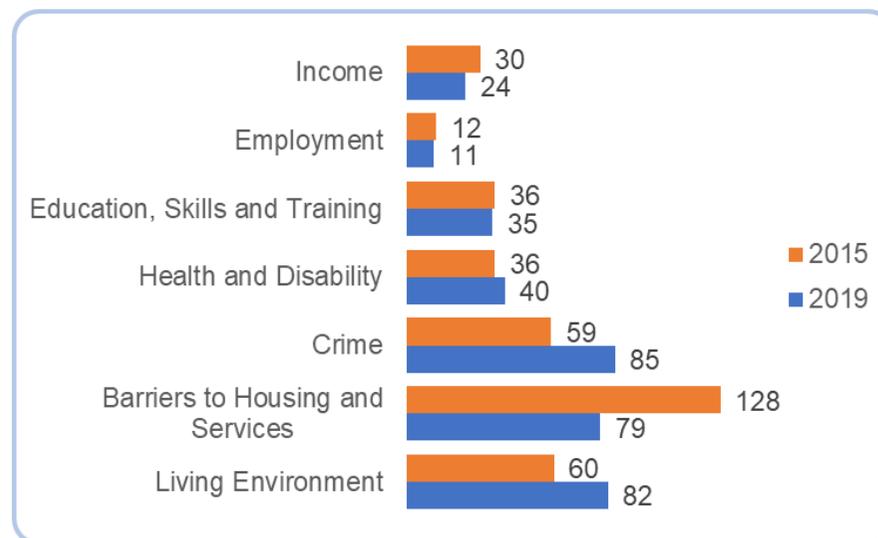
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### Deprivation by sub-domain

There are multiple sub-domains within the Index of Multiple Deprivation, a comparison of the change from 2015 to 2019 is given below (Fig 27). The most significant improvements from 2015 to 2019 were in the sub-domains of Crime and Living Environment, the most significant relative worsening related to Barriers to Housing & Services. The worst relative sub-domain continued to be related to Employment.

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

Source: English Indices of Deprivation 2019



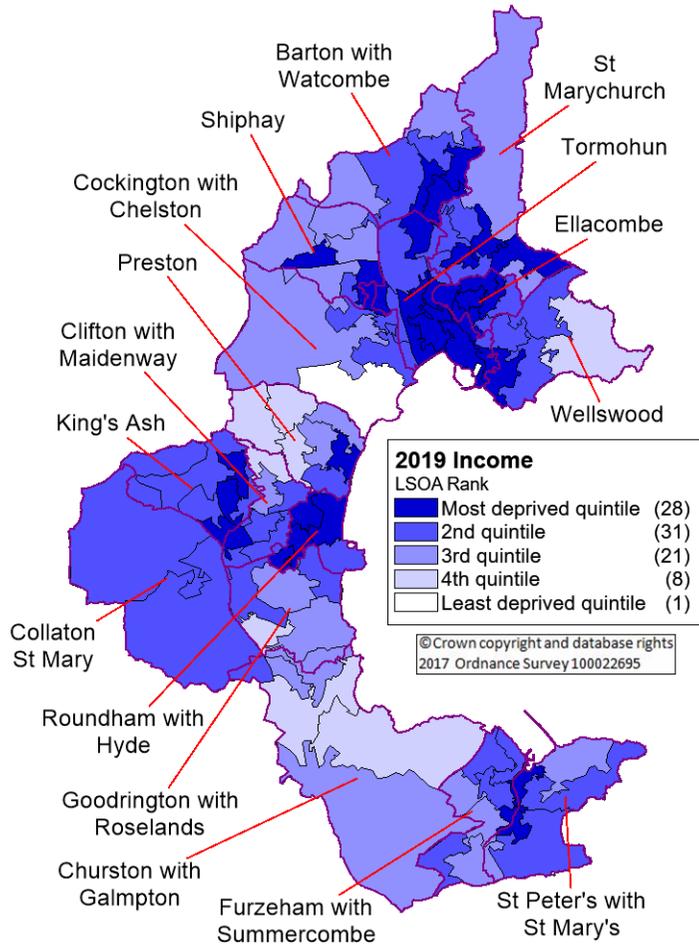
### Income Deprivation

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

Paignton, King's Ash and central Brixham (Fig 28). Torbay has the highest level of income deprivation amongst upper-tier local authorities in the South West.

**Fig 28: Rank of Income Deprivation**

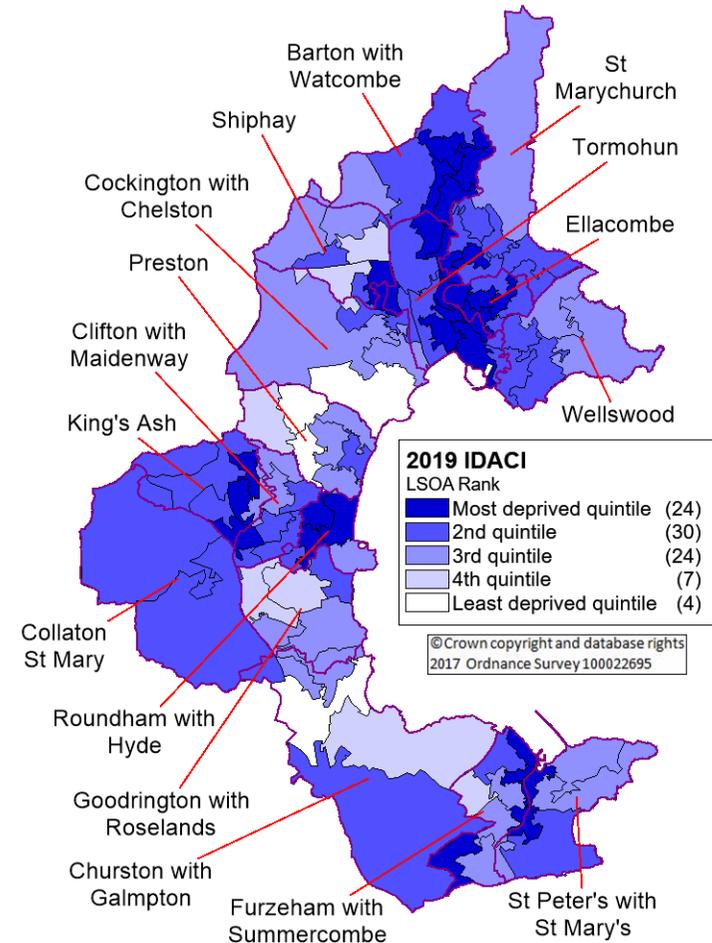
Source: English Indices of Deprivation 2019



Income deprivation has 2 further sub-domains related to the effects on children (0 to 15) and older people (60+). Over 1 in 5 (22.0%) of children aged 0 to 15 were affected by income deprivation (Fig 29), with geographical areas of deprivation similar to Income deprivation.

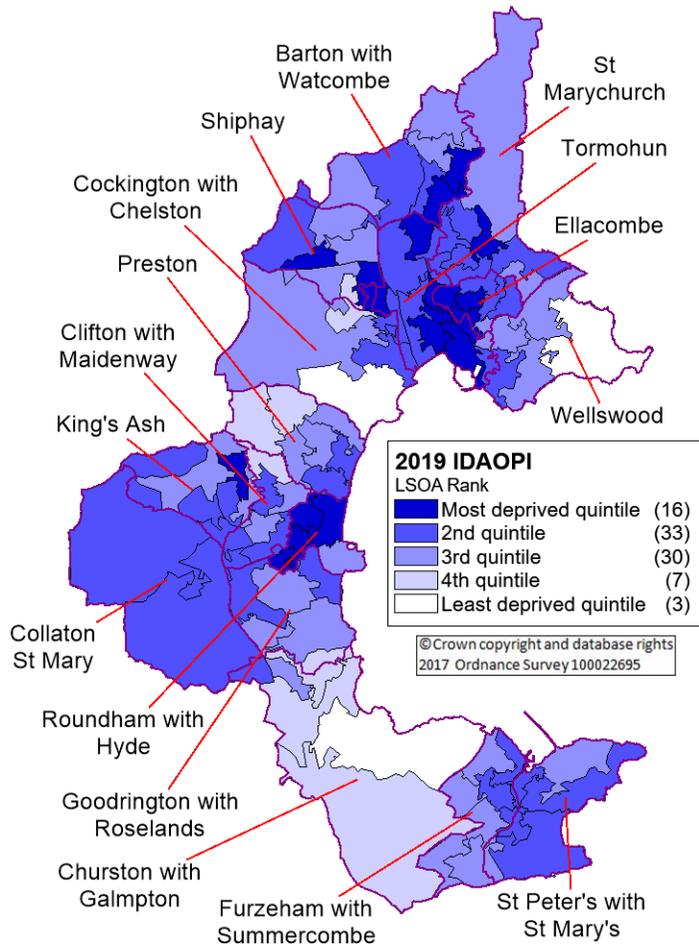
**Fig 29: Rank of Income Deprivation Affecting Children (IDACI)**

Source: English Indices of Deprivation 2019



Just over 1 in 6 (17.5%) of people aged 60 and over were affected by income deprivation (Fig 30). Compared to children, the number of the most deprived areas is fewer, but the concentrations are in similar areas.

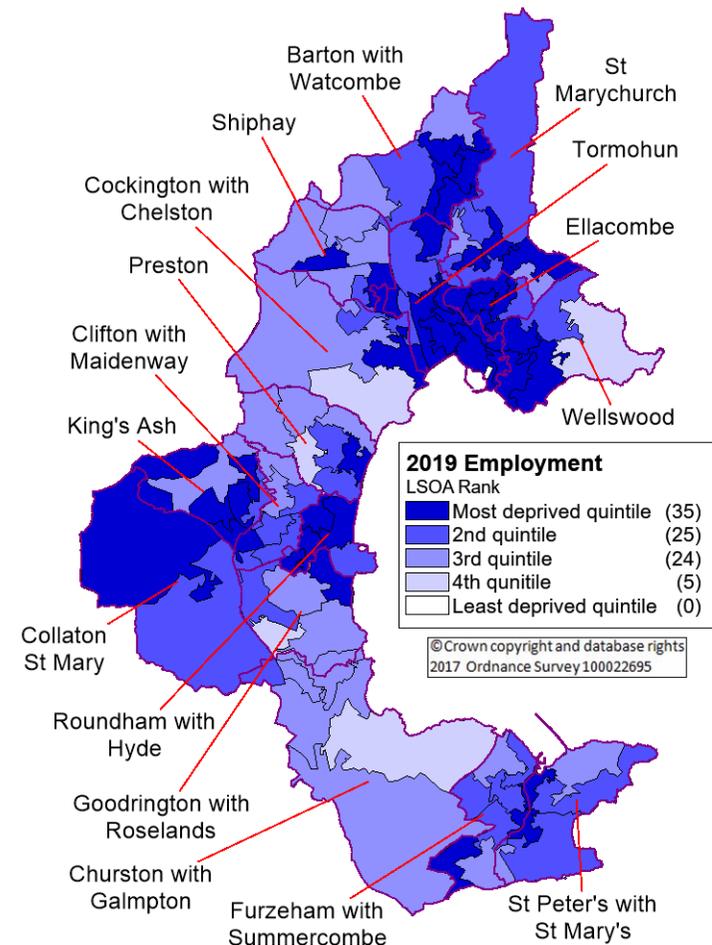
**Fig 30: Rank of Income Deprivation Affecting Older People (IDAOP)**  
 Source: English Indices of Deprivation 2019



### Employment Deprivation

Employment Deprivation measures the proportion of the working age population involuntarily excluded from the labour market (sickness, unemployment, disability or caring responsibilities). At 11<sup>th</sup> lowest in England this was Torbay's worst performing sub-domain (Fig 31).

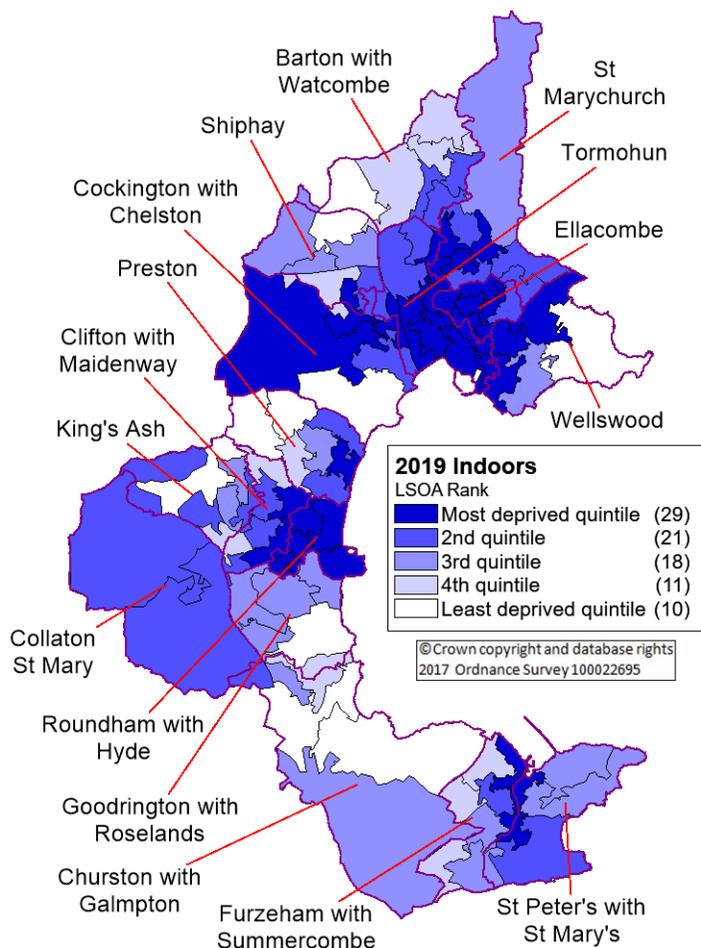
**Fig 31: Rank of Employment Deprivation**  
 Source: English Indices of Deprivation 2019



### Indoor Deprivation

Indoor deprivation is a section of the Living Environment sub-domain. Indoor deprivation measures the quality of housing, specifically the proportion of houses that do not have central heating or fail to meet the Decent Homes standard (Fig 32).

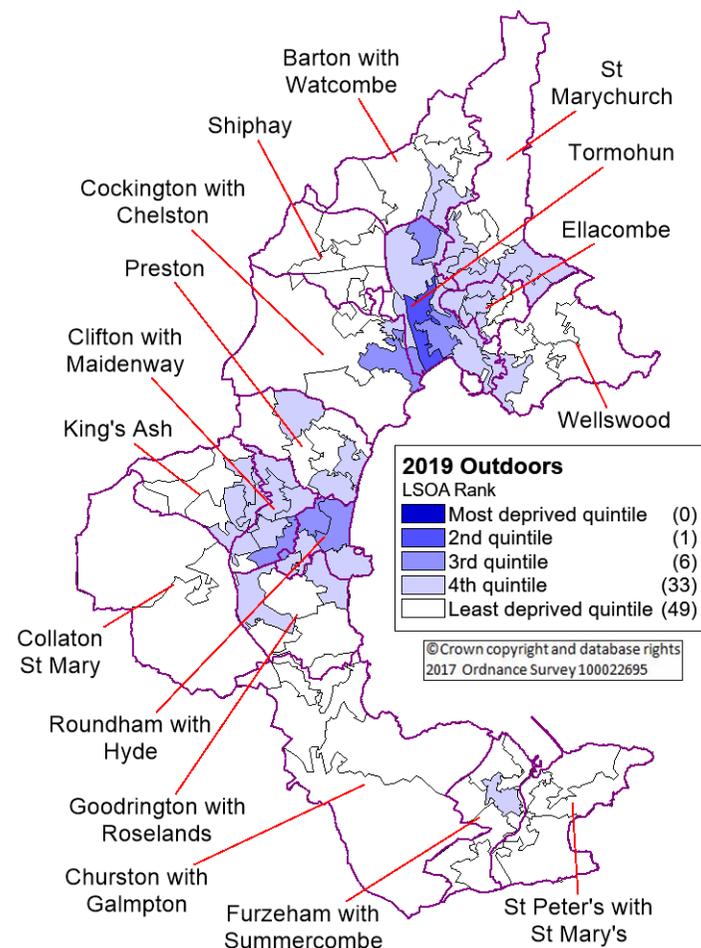
**Fig 32: Rank of Indoor Deprivation**  
Source: English Indices of Deprivation 2019



### Outdoor Deprivation

Outdoor deprivation is the other section of the Living Environment sub-domain. It measures air quality and road traffic accidents involving injury to pedestrians and cyclists. No-one within Torbay lives in an area within the most deprived quintile (Fig 33).

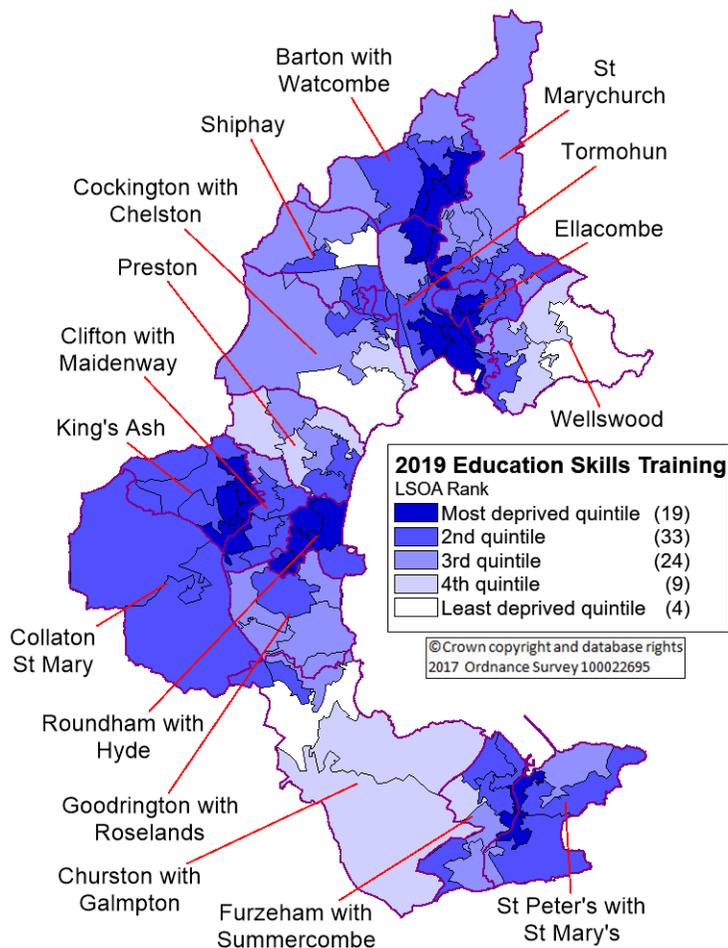
**Fig 33: Rank of Outdoor Deprivation**  
Source: English Indices of Deprivation 2019



### Education, Skills & Training Deprivation

The Education, Skills & Training sub-domain is based on Key Stage 2 and GCSE attainment, absence rates and those entering higher education. It also looks at working age adults with no or low qualifications and those who cannot speak English well (Fig 34).

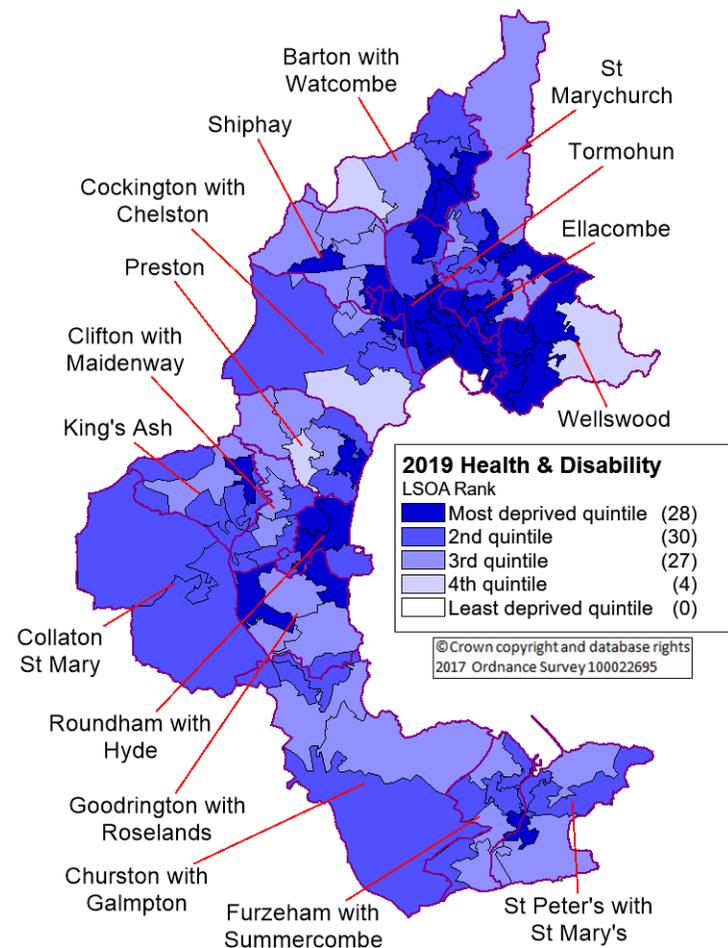
**Fig 34: Rank of Education, Skills & Training Deprivation**  
Source: English Indices of Deprivation 2019



### Health & Disability Deprivation

The Health & Disability sub-domain is based on measures such as premature death, emergency admissions to hospital, rates of disability, and mood and anxiety disorders. Deaths, admission rates and disability were adjusted to take account of age profile (Fig 35).

**Fig 35: Rank of Health Deprivation & Disability**  
Source: English Indices of Deprivation 2019



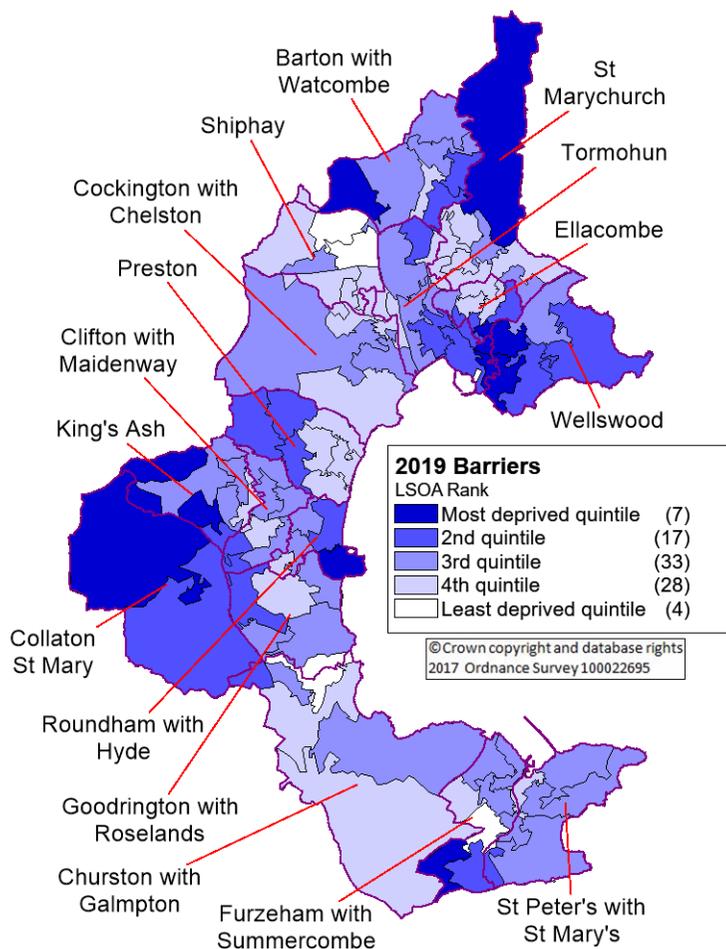
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### Barriers to Housing & Services Deprivation

The Barriers to Housing & Services sub-domain relates to the physical and financial accessibility of housing and local services. It includes distances to post offices, primary schools, shops and GPs, housing affordability/overcrowding and homelessness (Fig 36).

Fig 36: Rank of Barriers to Housing & Services Deprivation

Source: English Indices of Deprivation 2019

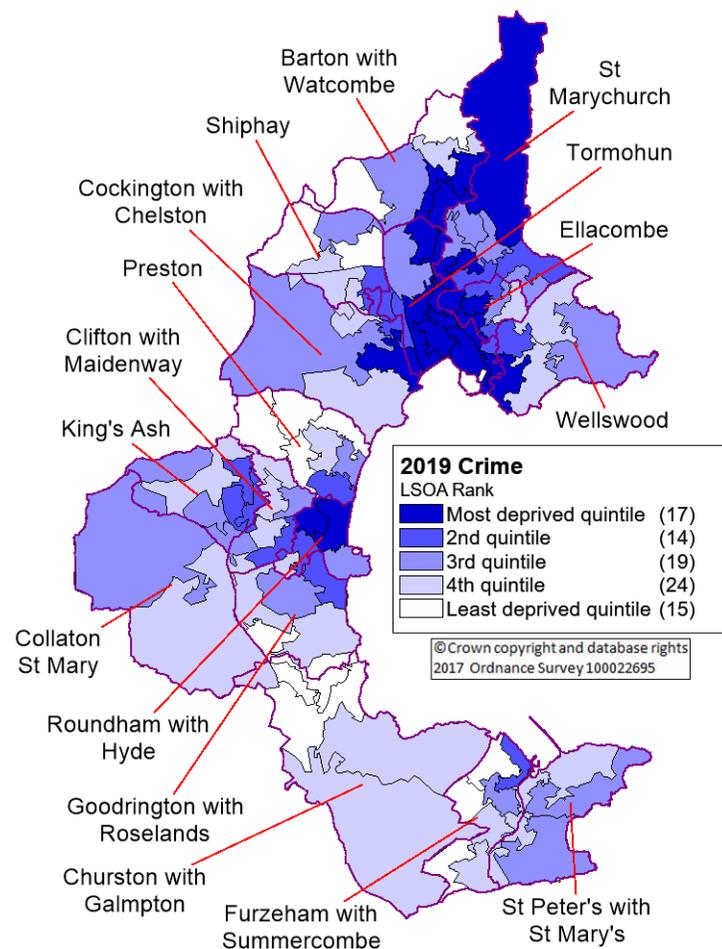


### Crime Deprivation

The Crime sub-domain relates to the rate of violence, burglary, theft and criminal damage. The most Crime deprived areas relate to Torquay (Fig 37). Town centres will have higher levels of recorded crime due to the concentration of licensed premises.

Fig 37: Rank of Crime Deprivation

Source: English Indices of Deprivation 2019



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## Children & Young People’s Education and Health

### Overview

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

Source: Department for Education – explore education statistics

- Torbay has a significantly higher proportion of primary and secondary school pupils with an Education, Health & Care Plan.

Source: Department for Education – explore education statistics

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- MMR rates are higher than England but are below the 95% national target. HPV vaccination rates fell significantly during COVID-19, have continued to fall for the latest year and are approximately half 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.

Source: Department for Education – explore education statistics

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

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

### Education

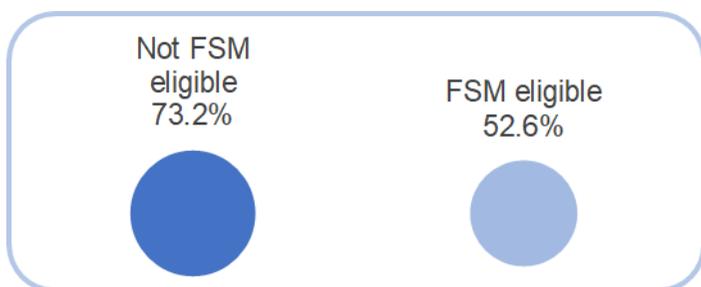
Education is a key determinant of a child’s future life, a good education increases the likelihood of higher earnings, better housing and material resources. These are also related to better health outcomes.

The percentage of children achieving a good level of development at the end of reception (aged 5 years) for 2023/24 in Torbay is broadly in line with regional and national levels. Significantly more females than males both locally and across England achieve a good level of development. For 2023/24, 74.9% of females in Torbay achieved a good level of development at the end of reception, for males it was 62.8%. For those who are eligible for free school meals (FSM), females were 56.5% and males 48.2%. Within Torbay and nationally, there are significant differences in those achieving a good level of development between all children and those who are eligible for free school meals, this shows how differences in social backgrounds can emerge early in life (Fig 38).

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**Fig 38: Percentage of children achieving a good level of development at the end of Reception – Torbay (2023/24)**

Source: Department for Education – explore education statistics



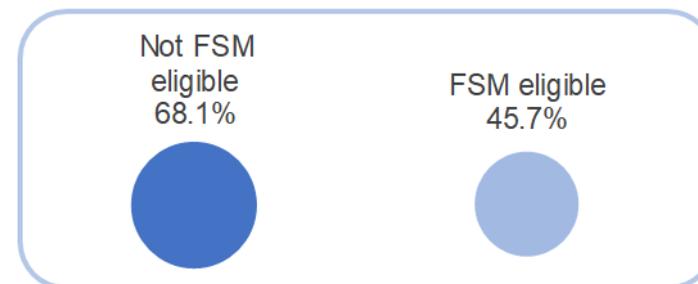
The percentage of children meeting the expected standard in reading, writing and mathematics at Key Stage 2 (age 7 to 11) is broadly similar in Torbay to levels in the South West and England. Looking at Torbay, there are significant differences in those meeting

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the expected standards between those who are eligible for free school meals (FSM) and those who are not eligible for free school meals. During 2023/24, those at state schools who were not eligible for free school meals in Torbay were 50% more likely to reach the expected standard in reading, writing and mathematics (Fig 39).

**Fig 39: Percentage of children meeting expected standard in reading, writing and maths at Key Stage 2 – Torbay (2023/24)**

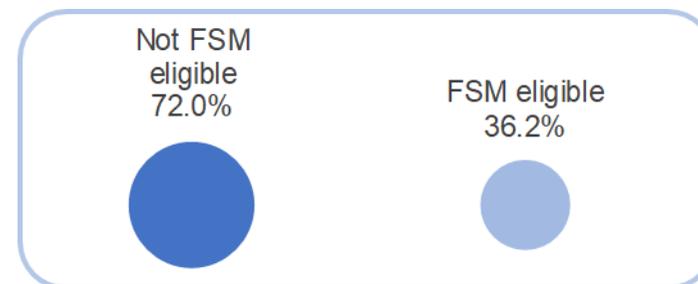
Source: Department for Education – explore education statistics



At GCSE level there is further evidence of the gap between those children who are eligible or not eligible for free school meals. For 2023/24, those at state schools who were not eligible for free school meals in Torbay were twice as likely to achieve a 9-4 pass (equivalent of A to C) in English and Mathematics at GCSE (Fig 40). GCSE pass rates are broadly in line with England.

**Fig 40: Percentage of pupils achieving a 9-4 pass in English & Maths – Torbay (2023/24)**

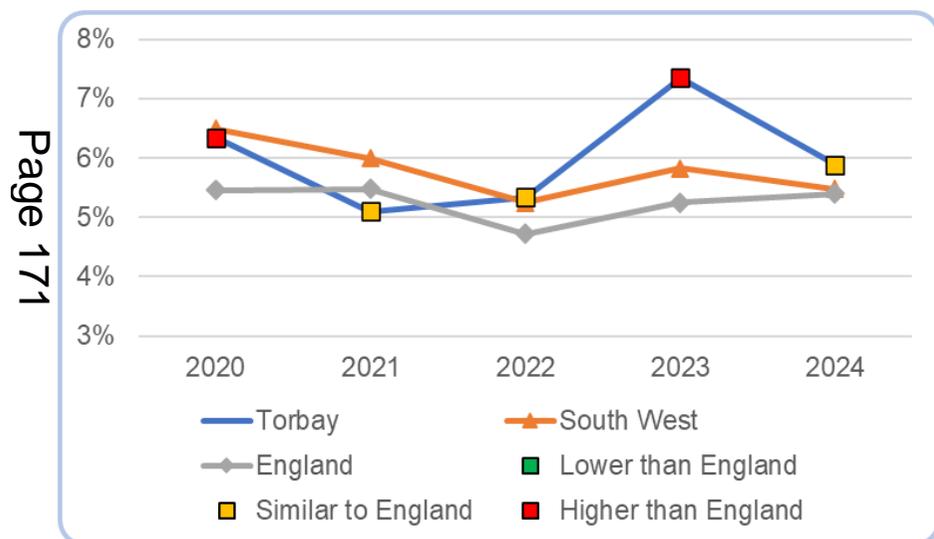
Source: Department for Education – explore education statistics



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 2024, 178 (5.9%) 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 last year and broadly in line with regional and national averages (Fig 41).

Fig 41: 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:-

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. For Torbay primary and secondary schools, the number of children with an Education, Health & Care Plan (EHCP) is significantly higher than England, for those with SEN Support, rates have been broadly in line with England since 2019/20 (Fig 42). Rates of recognised special needs are significantly higher in males and among those who are eligible for free school meals.

[Torbay Special Educational Needs JSNA](#)

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

Fig 43 shows the percentage of school children who have recognised special educational needs with a primary need of social, emotional and mental health. Torbay is significantly higher than England throughout with approximately 4% of Torbay children having this need identified. Torbay is consistently higher than England for both state primary and secondary school pupils with these needs.

Torbay is significantly higher than England in the percentage of both boys and girls with these needs in the last 3 years (the years

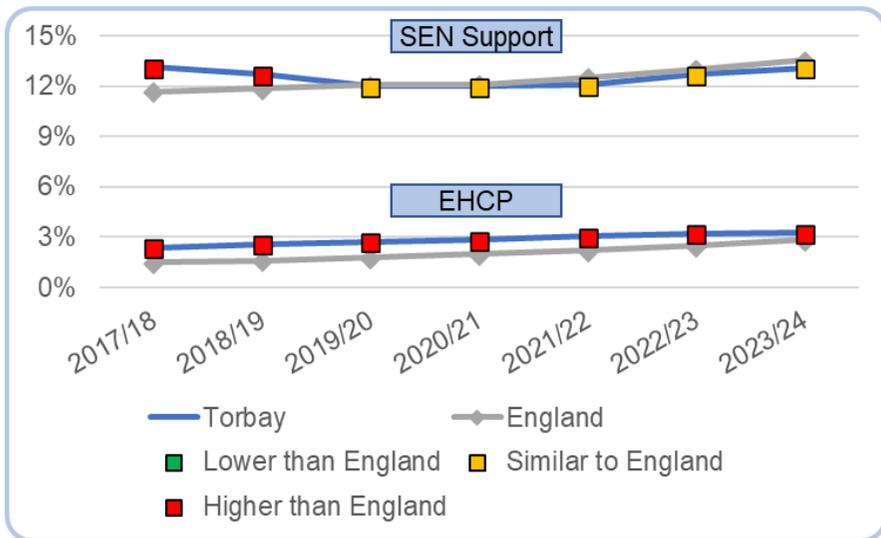
reported by OHID Fingertips). More than double the number of boys than girls are identified with these needs in Torbay, the South West and England.

Being autistic does not mean you have an illness or disease, it means that your brain works in a different way from other people. Autism is not a medical condition with treatments or a “cure” but some people will need support to help them with certain things. [What is autism? - NHS \(www.nhs.uk\)](http://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 44).

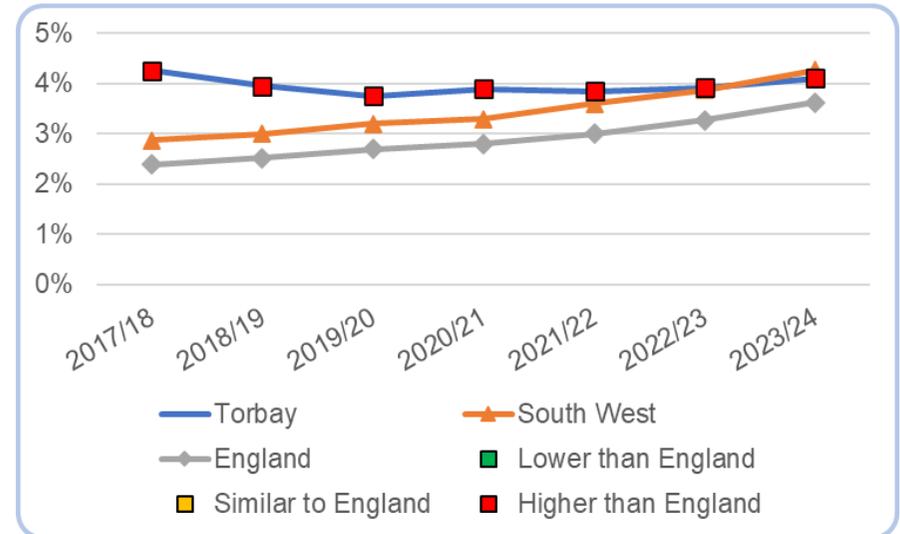
**Fig 42: Percentage of state primary and secondary Torbay school pupils with EHCP and SEN Support**  
Source: Department for Education – explore education statistics

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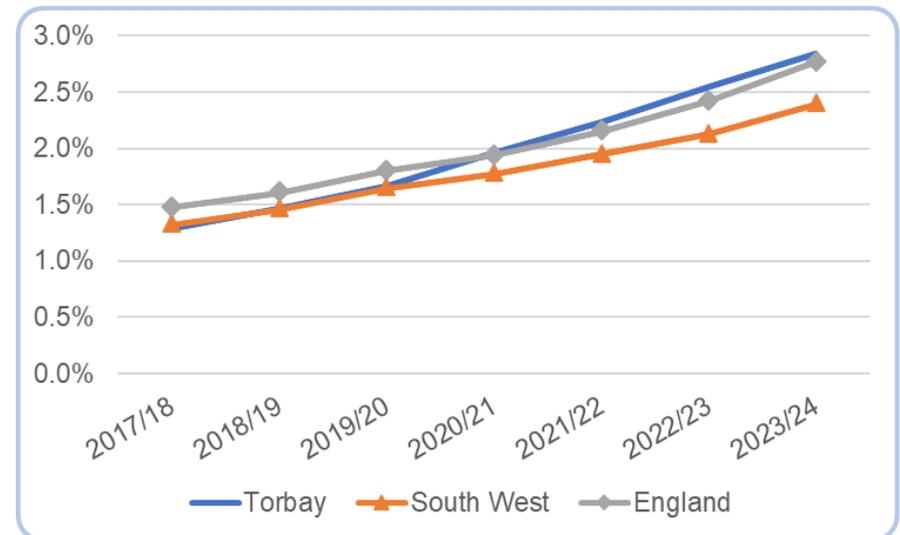
**Fig 43: Percentage of state Torbay school pupils with a primary need of Social, Emotional and Mental Health**

Source: Fingertips, Department for Education – explore education statistics 22/23 and 23/24



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

Source: Department for Education – explore education statistics



A pupil is identified as a persistent absentee if they miss 10% or more of their possible classes. Rates of persistent absenteeism are more common in secondary schools when compared to primary schools. Torbay secondary school pupils have consistently had higher rates of persistent absenteeism than the South West and England (Fig 46). Torbay primary school pupils have had higher rates of persistent absenteeism than the South West and England for the last 3 years (Fig 45). This data is based on the home location of the pupil and not the school. Rates of persistent absenteeism in 2021/22 doubled across England when compared to 2020/21, falling back slightly in 2022/23 but still far above historic levels.

Fig 45: Percentage of state primary school pupils classified as persistent absentees

Source: Department for Education – explore education statistics

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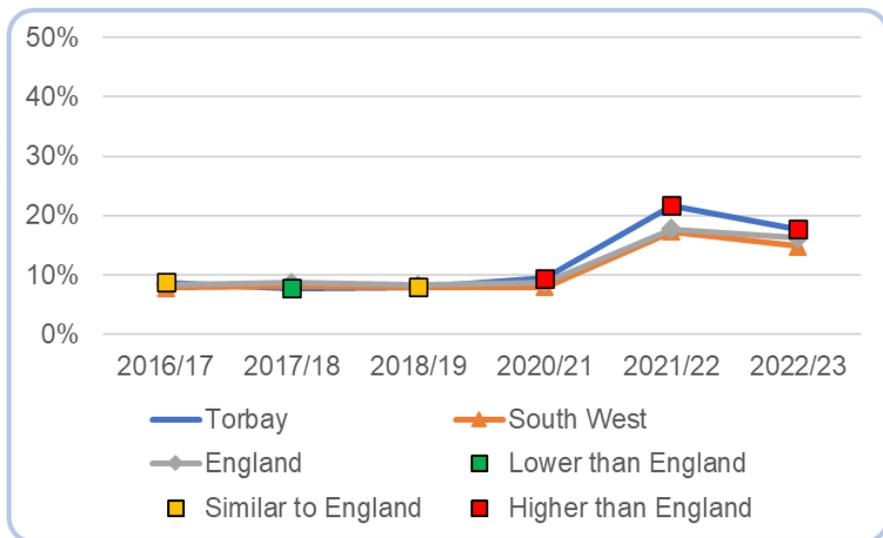
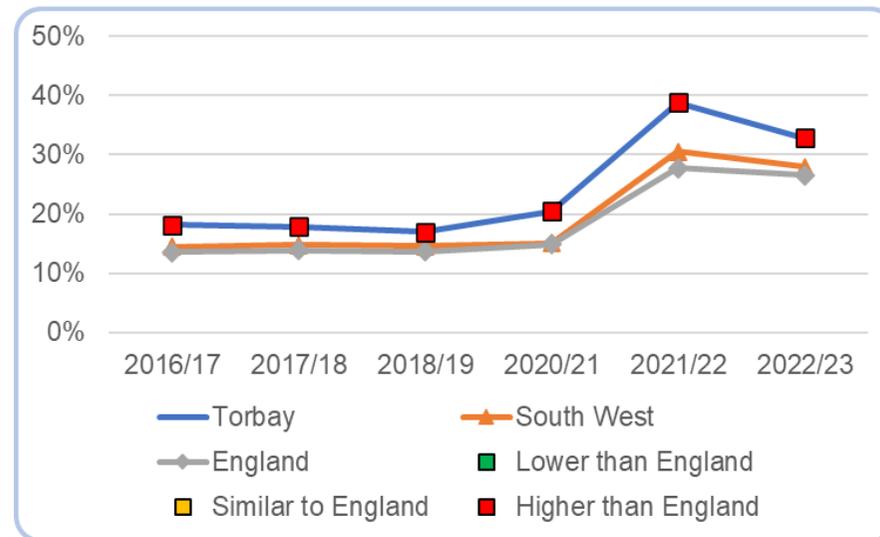


Fig 46: Percentage of state secondary school pupils classified as persistent absentees

Source: Department for Education – explore education statistics



Looking at the period 2016/17 to 2022/23, we find that those children who live in the most income deprived areas have a much higher rate of persistent absenteeism than those who live in the least deprived areas. This has been a common pattern across primary and secondary education (Fig 47). This level of absenteeism will increase the chances of poor academic achievement and a limiting of choices for those children after compulsory education.

Fig 47: Percentage of state primary and secondary school pupils classified as persistent absentees – Torbay (2016/17 to 2022/23)

Source: Department for Education – explore education statistics

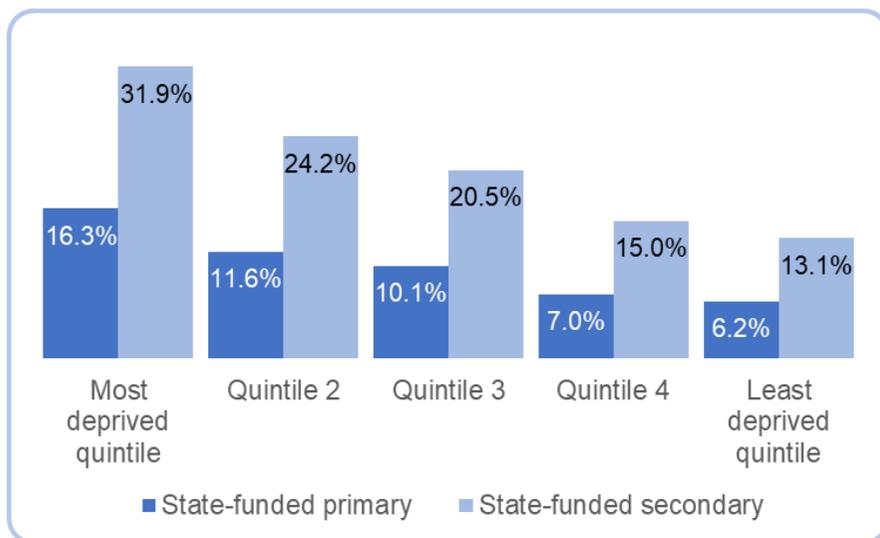
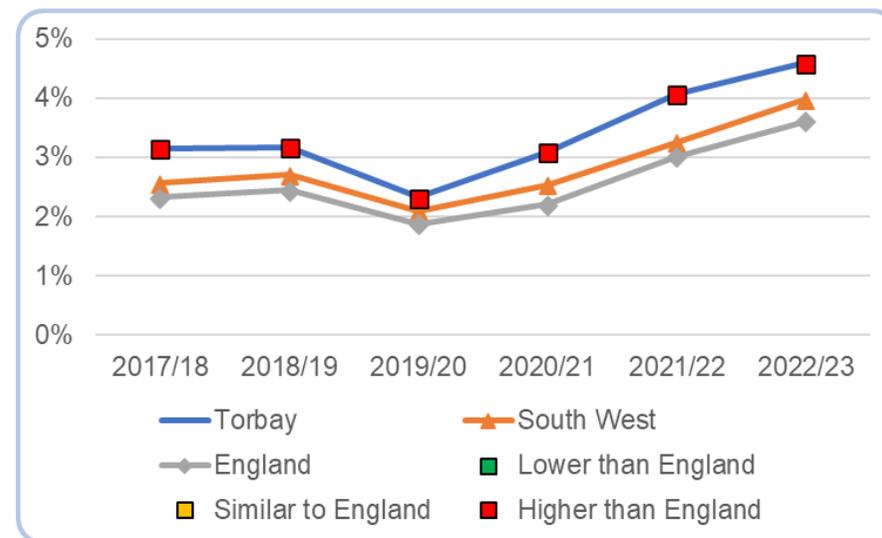


Fig 48: Percentage of state school pupils suspended at least once during school year

Source: Department for Education – explore education statistics



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Torbay school pupils were suspended from school at least once during the year, this equates to 4.6% of the school population.

Among those at Torbay state primary schools, the rate was 1.3% for 2022/23, for Torbay state secondary schools, the rate was 8.0%, in Torbay special schools, the rate was 9.8%. Torbay rates of suspensions (Fig 48) and permanent exclusions remain significantly higher than England.

For 2022/23, 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 close to 2 times (80%) higher for males when compared to females.

There were 50 permanent exclusions from Torbay schools for 2022/23, these followed the pattern of suspensions, those with recognised special educational needs, eligibility for free school meals and males being more likely to be permanently excluded.

### Health – Early Years

Smoking during pregnancy has significant and well-known detrimental effects for the growth of the baby and health of the mother. Rates given are for Devon (Devon, Torbay & Plymouth combined), as this data is no longer available at Torbay level. The percentage of women smoking at the time of delivery has fallen significantly over the last decade in Devon from 17.0% in 2013/14 to 8.0% in 2023/24 (Fig 49). Across England, mothers who live in the most deprived areas are almost 70% more likely to smoke at the time of delivery than those who live in the least deprived areas.

It should be noted that the Devon rate for 2023/24 had a significant number of mothers (14.7%) marked as having an ‘unknown’ smoking status. This substantial number of ‘unknowns’ may slightly affect the 2023/24 rate.

Fig 49: Percentage of women smoking at time of delivery

Source: OHID – Public Health Profiles (Fingertips)

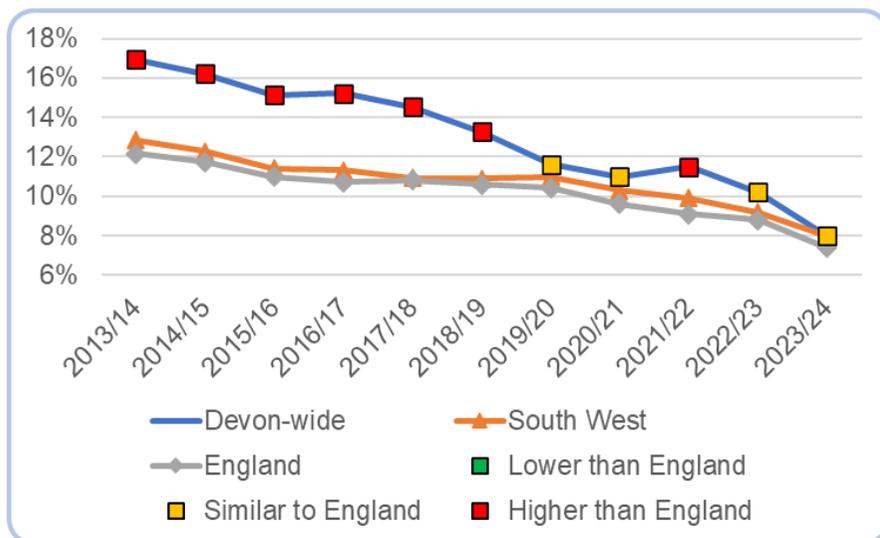
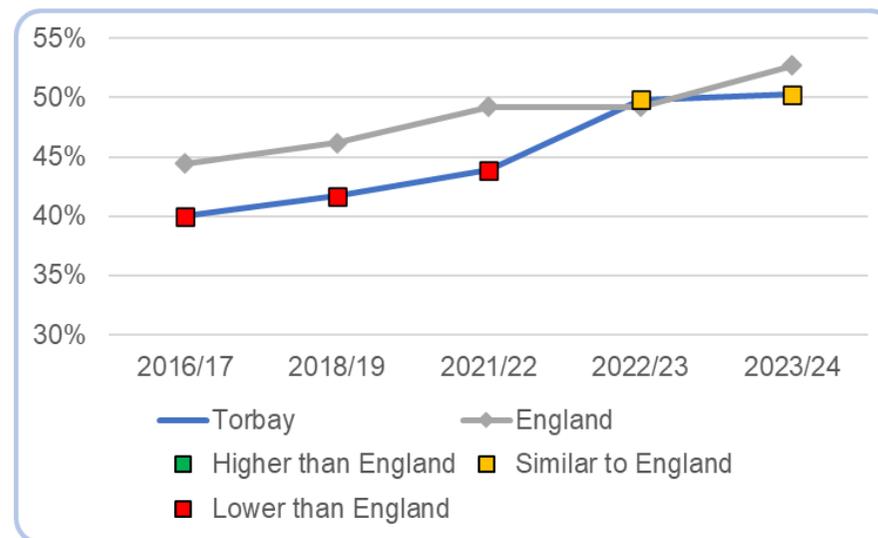


Fig 50: Percentage of women breastfeeding at 6 to 8 weeks after birth

Source: OHID – Public Health Profiles (Fingertips)



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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 2023/24, 50% of Torbay mothers were breastfeeding at 6 to 8 weeks after birth, this was broadly in line with the England figure of 53%. 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.

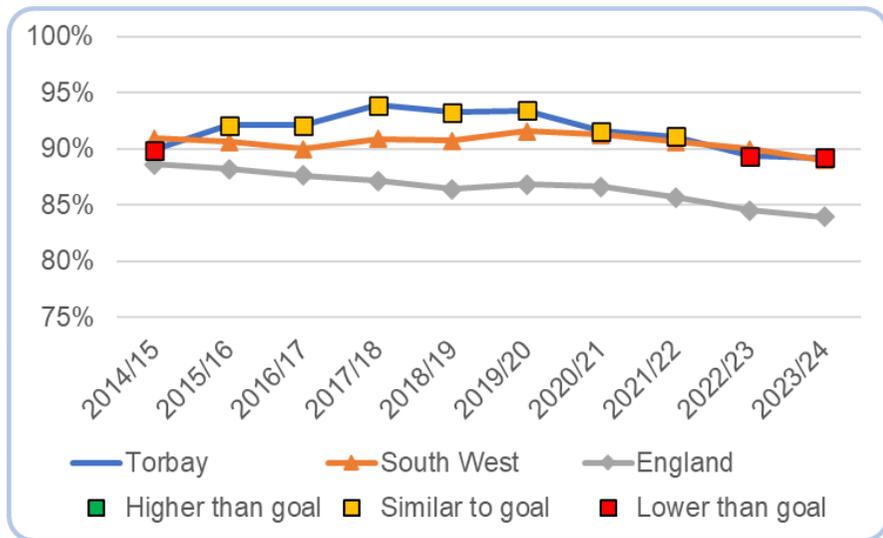
Infant mortality relates to the number of infant deaths aged under 1 year, Torbay’s rates are broadly in line with England over the 12 year period 2012 to 2023 but rates are broadly on a downward trajectory, there were 52 deaths of infants under 1 year during those 12 years. Looking at national data, infant mortality rates are more than twice as high in the most deprived areas of England when compared to the least deprived.

The MMR vaccine provides a safe and effective vaccine that protects against measles, mumps and rubella. The first MMR is usually given within a month of a child’s 1<sup>st</sup> birthday with the second given between the 3<sup>rd</sup> and 5<sup>th</sup> 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 89.2%; this is in

line with the South West rate and significantly above the England rate of 83.9% (Fig 51). 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 51: MMR vaccination coverage for 5 year olds (2 doses)

Source: OHID – Public Health Profiles (Fingertips)



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Health – Weight and Activity

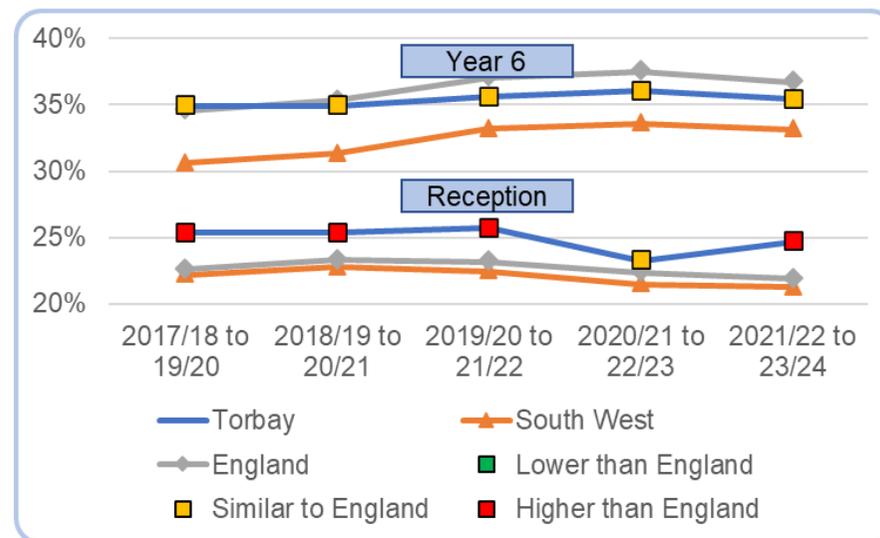
The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and Year 6 (aged 10 to 11) children at English schools.

The prevalence of overweight (including obese) Reception aged children in Torbay for the last 3 years was approximately 1 in 4 (24.7%), 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 (35.4%) children were overweight or obese, this rate has been consistent with levels across England but above South West levels (Fig 52). Across

England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2023/24, rates of overweight (including obese) children in the most deprived decile in England were 26.1% and 43.3% for Reception and Year 6 children respectively as opposed to 17.0% and 25.2% in the least deprived decile.

Fig 52: Percentage of overweight (including obese) children

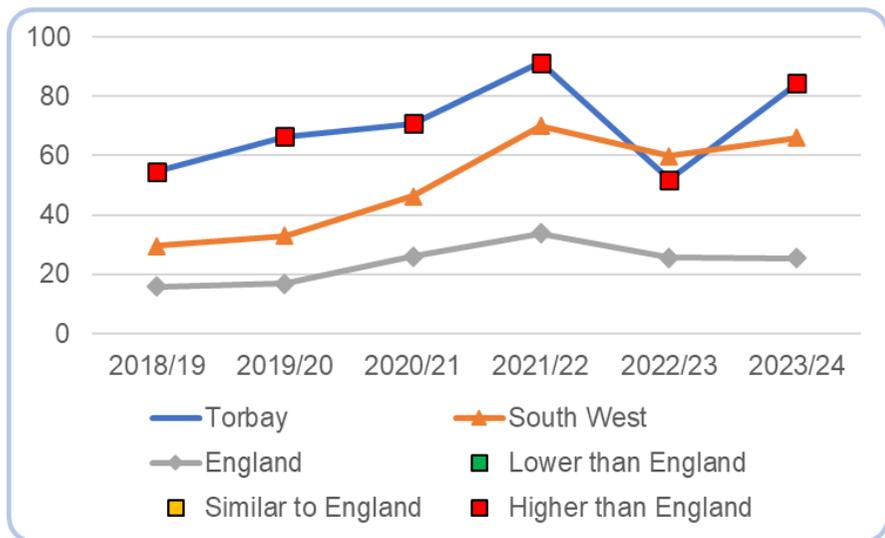
Source: OHID – Public Health Profiles (Fingertips)



Weight and dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia, bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. For the 6 years, 2018/19 to 2023/24, 7 out of every 10 admissions of Torbay residents where the primary diagnosis related to an eating disorder were people under the age of 18, this equates to just over 100 admissions, more than 90% of these admissions were for females.

Torbay has consistently had a significantly higher rate of admissions than England over the last 6 years and has been on a broadly upward trend (Fig 53). Across England, 91% of admissions for those under 18 relate to females [Note on Hospital admissions and SDEC – page 9](#).

**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



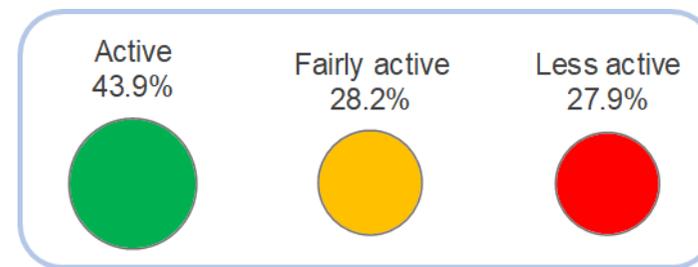
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The Active Lives Children’s Survey asks a number of questions around children’s level of activity.

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 has been released but Torbay

data was suppressed, this was due to a low response rate which made the data unreliable.

**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](#)).

A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. These years saw decreases in the percentage of 13 to 14 year old girls receiving two doses of the HPV vaccine (Fig 55) in Torbay, the South West and England. Across England, rates have since stabilised, but rates are well below the goal of 90% vaccination, Torbay’s rate has fallen to 48.2% for 2022/23 (England - 62.9%, South West - 62.7%).

From September 2019 boys were offered the HPV vaccine. Both doses were received by 41.4% of 13 to 14 year old boys in 2022/23 which was significantly lower than the rate of 60.1% the year before. Torbay is significantly lower than England figures for 2022/23 (56.1%).

Fig 55: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years

Source: OHID – Public Health Profiles (Fingertips)

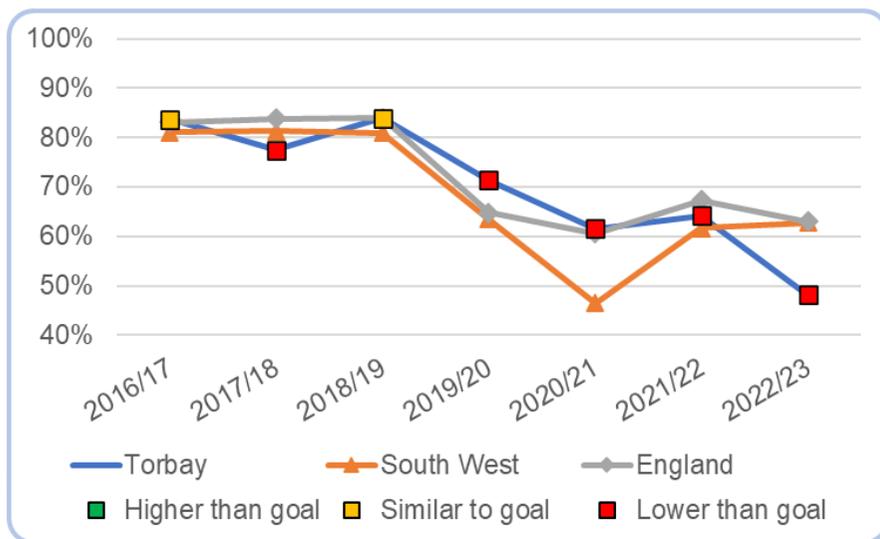
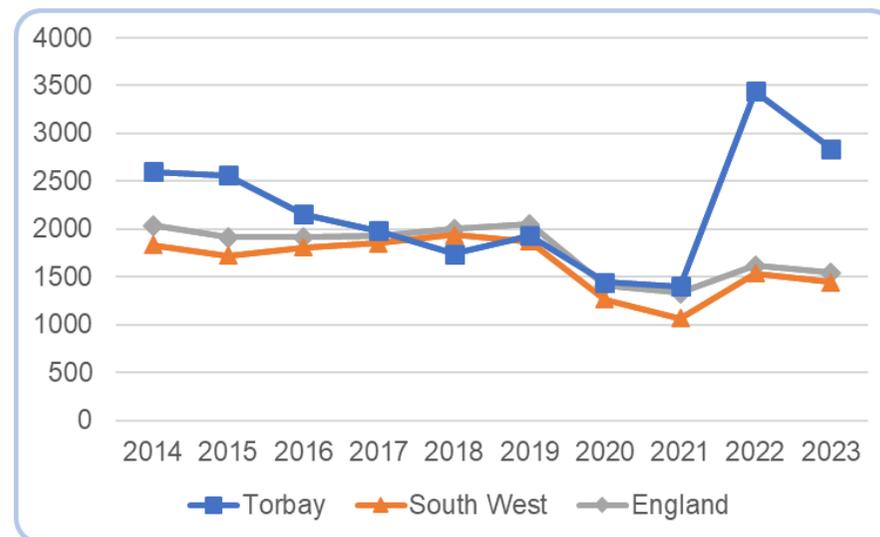


Fig 56: Chlamydia detection rate, aged 15 to 24, per 100,000

Source: OHID – Public Health Profiles (Fingertips)



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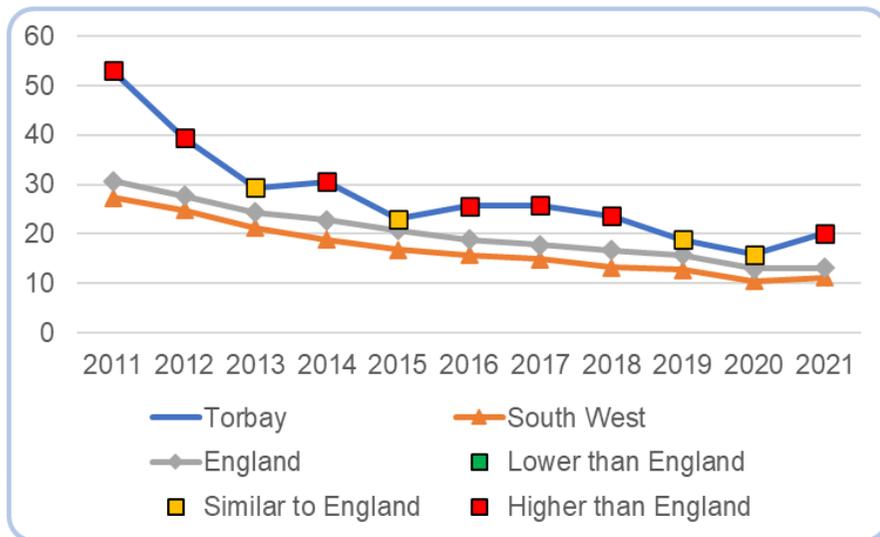
Chlamydia causes avoidable sexual and reproductive ill health and in England is the most commonly diagnosed, bacterial, sexually transmitted infection (STI) with rates higher in young adults than in other age groups (OHID Fingertips, Public Health Profiles).

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 has dropped for 2023 but remains significantly higher at 2,842 per 100,000 when compared to 1,546 in England. Females have a higher detection rate than males, as is the case in England.

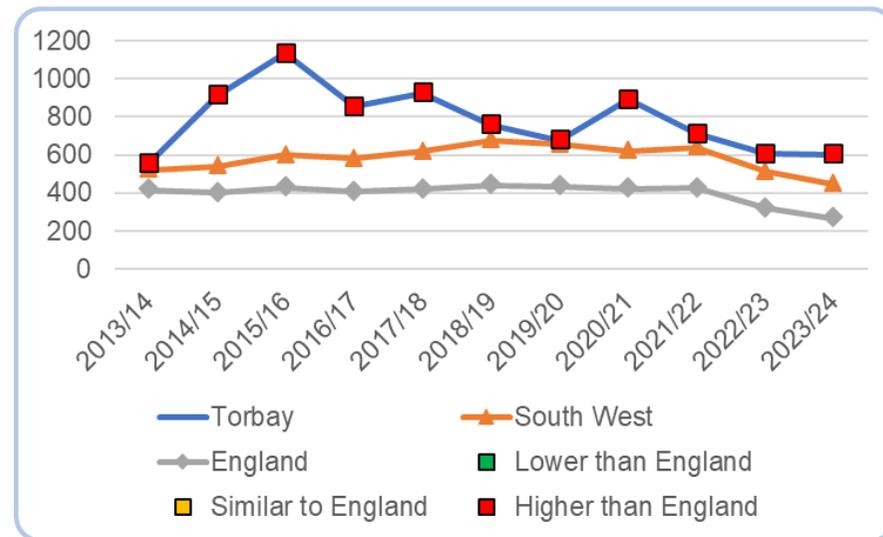
Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty (UKHSA, 2023).

Under 18s conception rates (Fig 57) include pregnancies that result in one or more live or still births or a legal abortion. The trend is of a falling teenage pregnancy rate although 2021 has seen a flattening across England and a rise in Torbay. Rates are higher in Torbay at 20.2 per 1,000 in 2021 compared to 13.1 in England. The majority of under 18s conceptions are in 16 and 17 year olds, under 16s represented 5 of the 43 Torbay under 18s conceptions in 2021.

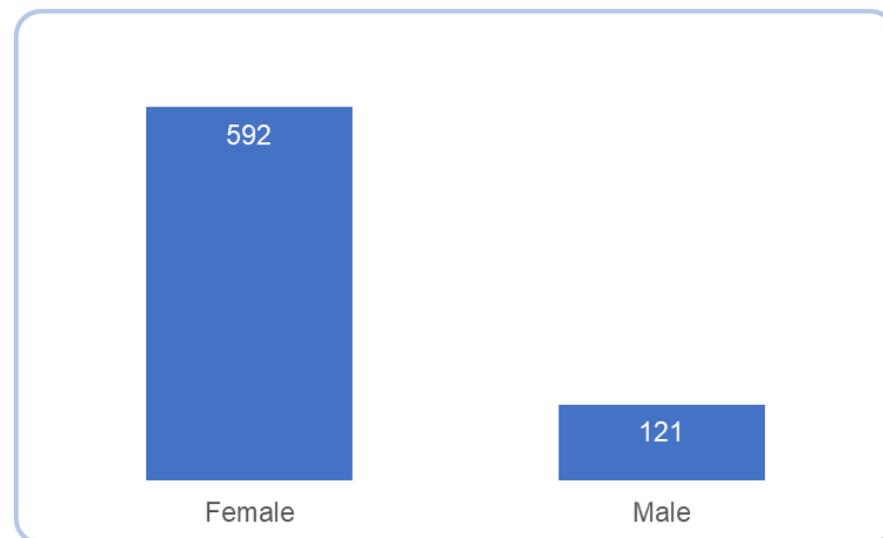
**Fig 57: Under 18s conception rate per 1,000 female population aged 15 to 17**  
 Source: OHID – Public Health Profiles (Fingertips)



**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 2023/24



**Fig 59: Hospital admissions as a result of self-harm, aged 10 to 24 – Torbay (2019/20 to 2023/24)**  
 Source: Hospital Episode Statistics



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**Health – Self-harm**

Hospital admissions as a result of self-harm among 10 to 24 year olds in Torbay have been consistently significantly higher than England. It should be noted that because of the numbers involved (fewer than 200 admissions on average per year in Torbay), it is possible for a handful of individuals with significant levels of admissions to skew the figures. However, the pattern of Torbay having significantly higher rates than England is consistent (Fig 58).

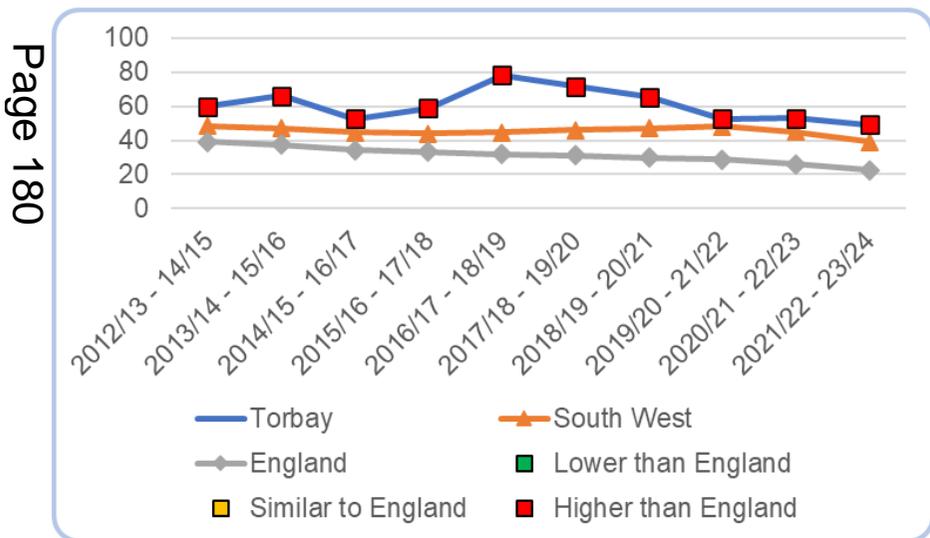
There are very large differences between females and males. Across England, rates are consistently between 3 to 4 times higher for females than males. This is also shown in Torbay where the number of admissions for females is almost 5 times higher than males over the 5 year period 2019/20 to 2023/24 (Fig 59) [Note on Hospital admissions and SDEC – page 9.](#)

**Health – Alcohol, Tobacco, Dental, Asthma, Emergency admissions**

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 84 admissions for 2014/15 to 2018/19 to 63 admissions for 2019/20 to 2023/24. Admissions have fallen among females and 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.](#)

[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 2021/22 - 23/24



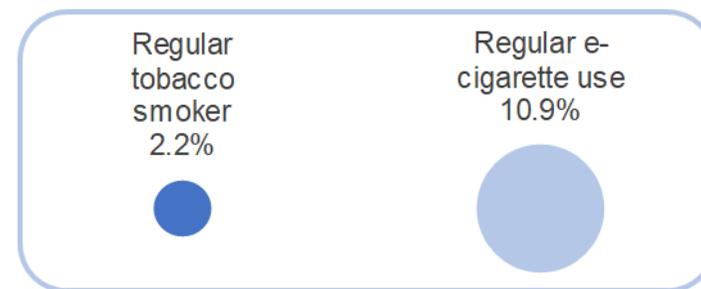
The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular tobacco smokers. For 2023 across England, 2.2% said that they were regular smokers which compares to 21% when the survey was undertaken in 2004. In the 2023 survey, 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 \(www.nhs.uk\)](http://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.

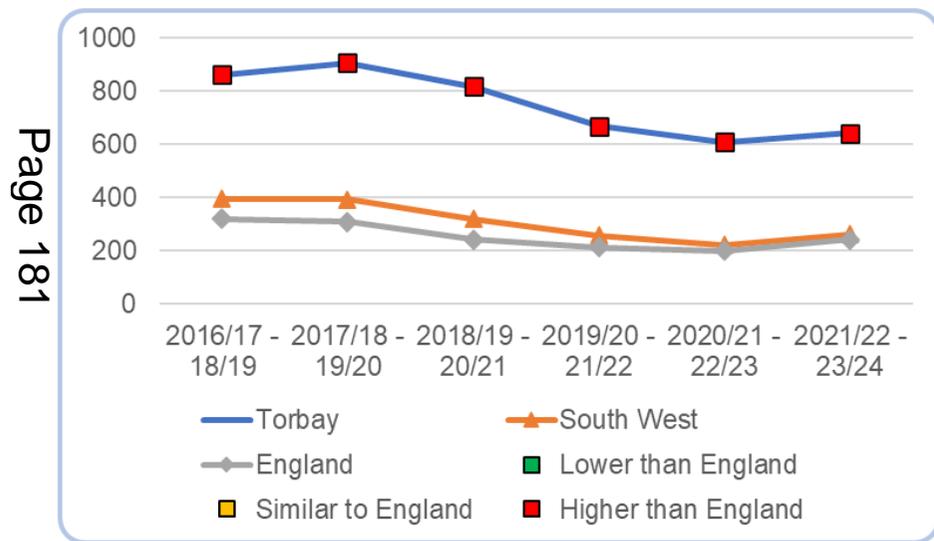
**Fig 61: Percentage of 15 year olds who regularly smoke tobacco or regularly use e-cigarettes – England (2023)**  
 Source: SDD – NHS Digital



Hospital admissions for 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 dental caries in more deprived areas [Note on Hospital admissions and SDEC – page 9.](#)

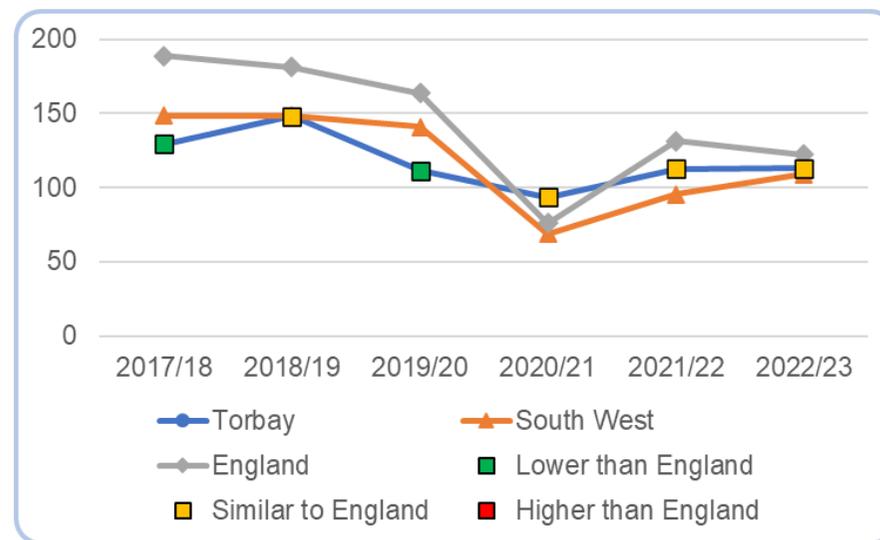
**Fig 62: Hospital admissions for dental caries, aged 17 and under, per 100,000**  
Source: Hospital Episode Statistics



The number of emergency admissions for asthma among those aged 18 and under numbers approximately 30 a year for Torbay with rates being broadly in line with England over the last 3 years (Fig 63). At a Torbay level, numbers are too small to draw a definitive relationship between the 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.](#)

**Fig 63: Emergency Hospital admissions for asthma, aged 18 and under, per 100,000**  
Source: OHID – Public Health Profiles (Fingertips)



The number of emergency hospital admissions for Torbay children during the period 2021/22 to 2023/24 has been significantly higher than England (Fig 64). 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 2023/24, 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 64: Emergency Hospital admissions, aged 17 and under, per 100,000 – Torbay (2021/22 to 2023/24)**  
Source: Hospital Episode Statistics

Age Group	Compared to England
<b>Under 1</b>	28% higher (Significant)
<b>1 to 4</b>	28% higher (Significant)
<b>5 to 9</b>	3% higher (Not significant)
<b>10 to 17</b>	12% higher (Significant)
<b>17 and under</b>	13% higher (Significant)

Age  
of  
children

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 \(Part 2\)](#)

[2023 Torbay Special Educational Needs JSNA](#)

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 (2023/24)	%	60.3%	59.2%	58.3%	61.1%	●	↑
16 and 17 year olds not known to be in education, employment or training (2024)	%	5.9%	5.1%	5.5%	5.4%	●	↓
Children with SEN - State primary & secondary schools (2023/24)	%	16.3%	17.5%	17.5%	16.4%	●	↑
Persistent absence - Primary & Secondary schools (2022/23)	%	24.5%	21.3%	20.9%	20.9%	●	↓
MMR vaccination coverage for 5 year olds (2 doses) (2023/24) *	%	89.2%	88.6%	89.0%	83.9%	●	↓
Overweight (inc obese) children - Reception and Year 6 (2021/22 - 23/24)	%	30.5%	30.1%	27.4%	29.6%	●	↑
2 doses HPV coverage - Females aged 13 to 14 (2022/23) *	%	48.2%	62.4%	62.7%	62.9%	●	↓
Under 18s conception rate (2021)	Rate per 1,000	20.2	17.1	11.1	13.1	●	↑
Hospital admissions as a result of self-harm, aged 10 to 24 (2023/24)	DSR per 100,000	602.3	287.8	447.3	266.6	●	↓

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

## Children’s Social Care

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### 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

- 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

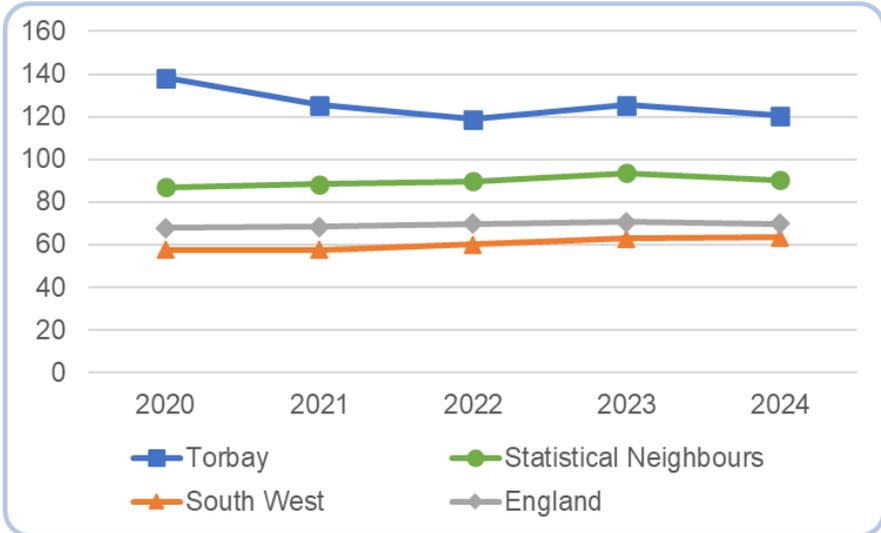
- 2 most common factors recorded in a Child in Need assessment were Mental Health and Domestic Abuse.

Source: Department for Education – Characteristics of children in need

### 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 significantly higher than those of Torbay’s statistical neighbours (those local authorities who are used as comparators for Torbay), the South West and England (Fig 65). Over the last 5 years, an average of 317 children were ‘cared for’ annually, of these approximately 100 started to be ‘cared for’ during each year. Over the last 5 years, almost 2 out of 3 children who were ‘cared for’ by Torbay were aged 10 and over.

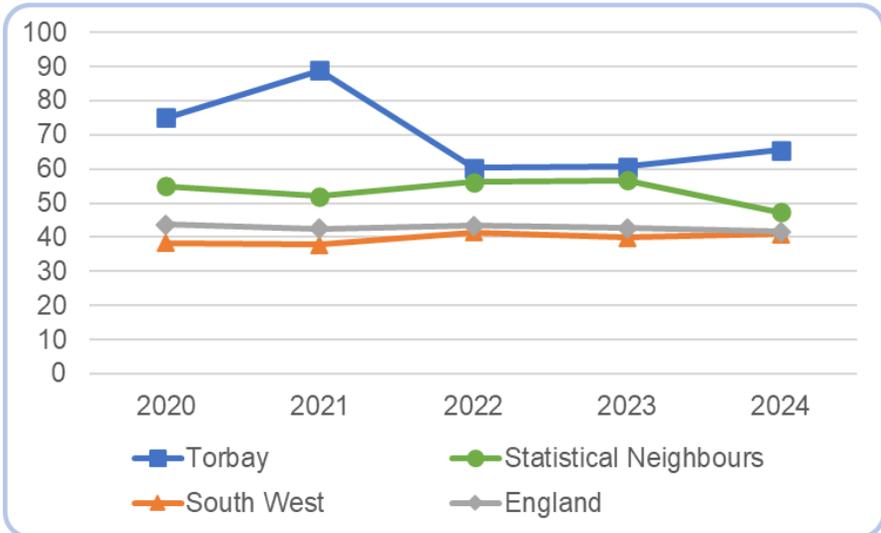
**Fig 65: Rate of Cared for Children per 10,000 at 31 March**  
Source: Department for Education – Children looked after in England



### Children who are the subject of a Child Protection Plan

The level of cases below that of ‘Cared for Children’ relates to children who are the subject of a child protection plan. The plan is drawn up by the local authority and sets out how a child can be kept safe, how things can be made better for the family and what support they will need. Numbers have consistently been significantly higher than the South West and England over the last 5 years. For 2024, rates were significantly higher than Torbay’s statistical neighbours after 2 years of being similar (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).

Fig 67: Rate of Children in Need per 10,000 at 31 March

Source: Department for Education – Characteristics of children in need

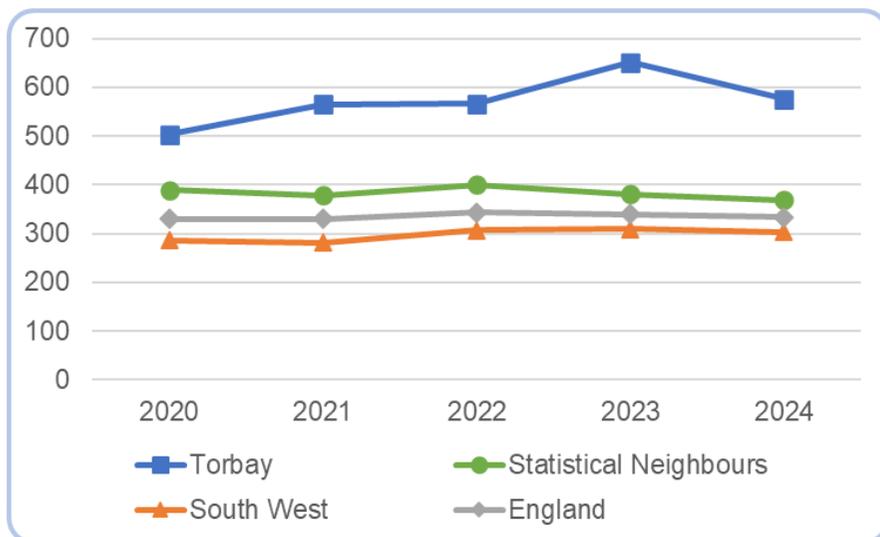


Fig 68: Rate of Section 47 referrals per 10,000 which started during the year

Source: Department for Education – Characteristics of children in need

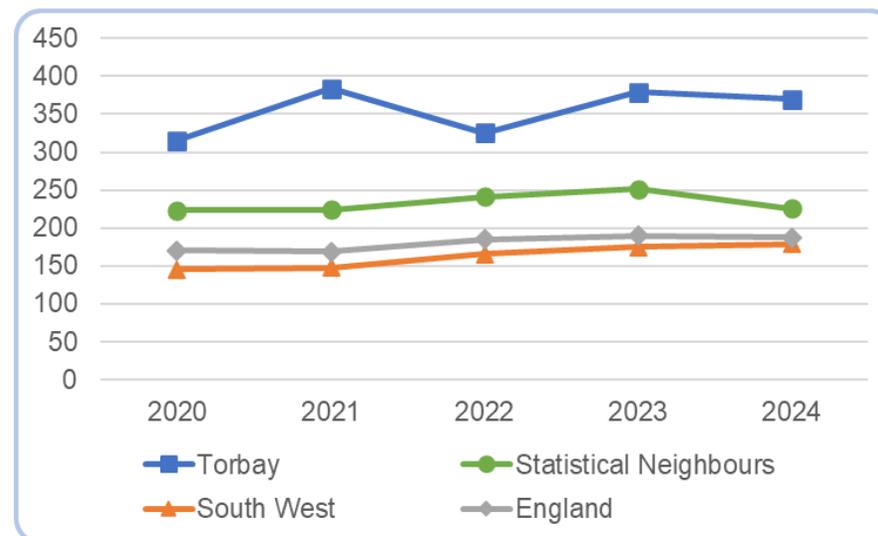
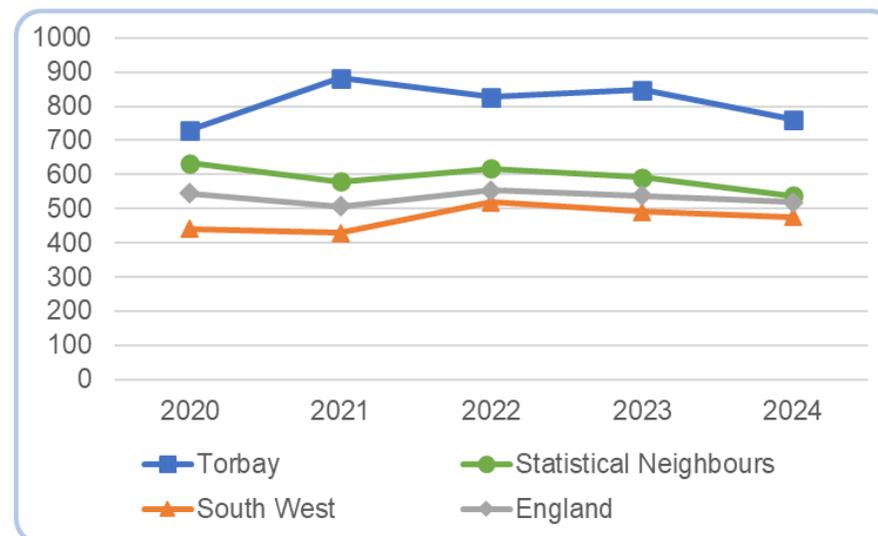


Fig 69: Rate of referrals per 10,000

Source: Department for Education – Characteristics of children in need



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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).

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).

### Cared for Children with Special Educational Needs

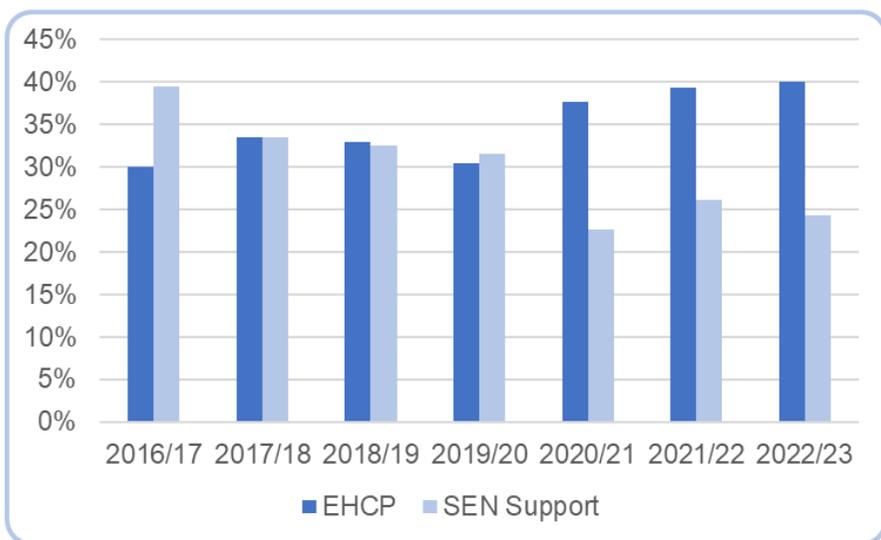
Over the period 2016/17 to 2022/23, almost 2 in 3 cared for children in Torbay had recognised special educational needs, until the last 3 years these were evenly spread between those who required an ‘Education, Health & Care Plan (EHCP)’ and those who required ‘SEN Support’. An EHCP is a legal document 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 overall rate of cared for children with special educational needs has remained broadly steady but the proportion of cared for children with an EHCP has risen significantly whilst the proportion of SEN Support has fallen (Fig 70). The proportion of cared for children with an EHCP is significantly higher in Torbay than England.

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**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 equivalent of an A to C pass. For the latest year available (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. For the last 3 years, rates for Torbay have fallen and were below statistical neighbours, South West and England, they had been higher in 3 of the previous 4 years (Fig 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 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.

**Fig 71: Percentage of Children in Need achieving a 9-4 pass in English & Maths**

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

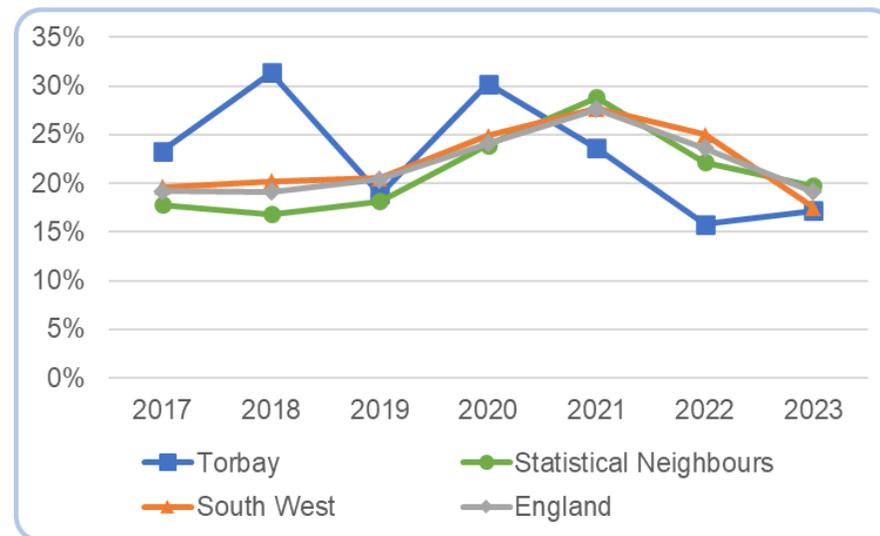


Fig 72: Percentage of Torbay children achieving a 9-4 pass in English and Maths (Children in Need and All pupils)

Source: LAIT

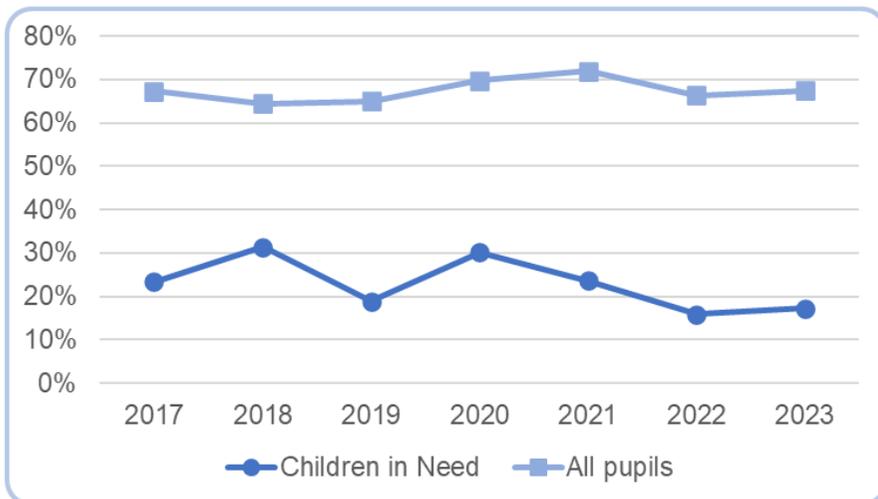
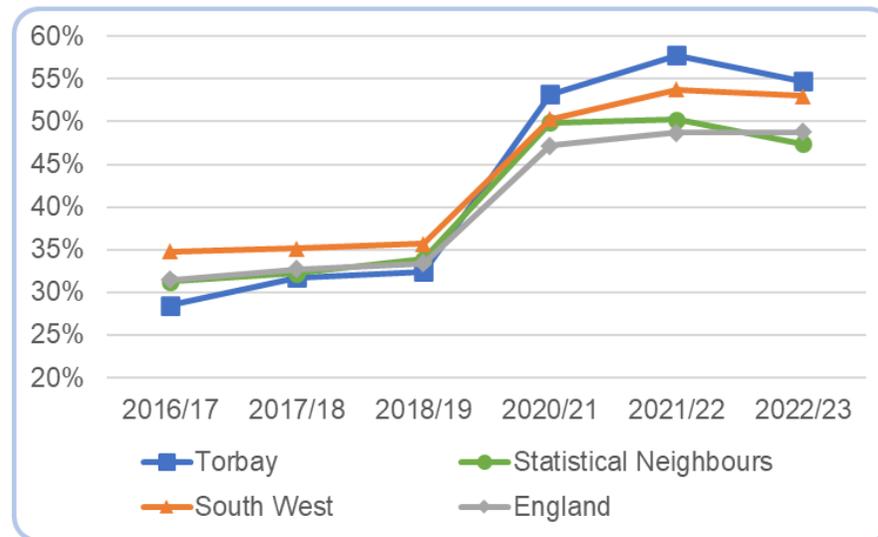


Fig 73: Percentage of Children in Need who were persistently absent (No data for 2019/20)

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



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**Persistent Absentees – Children in Need & Child Protection Plans**

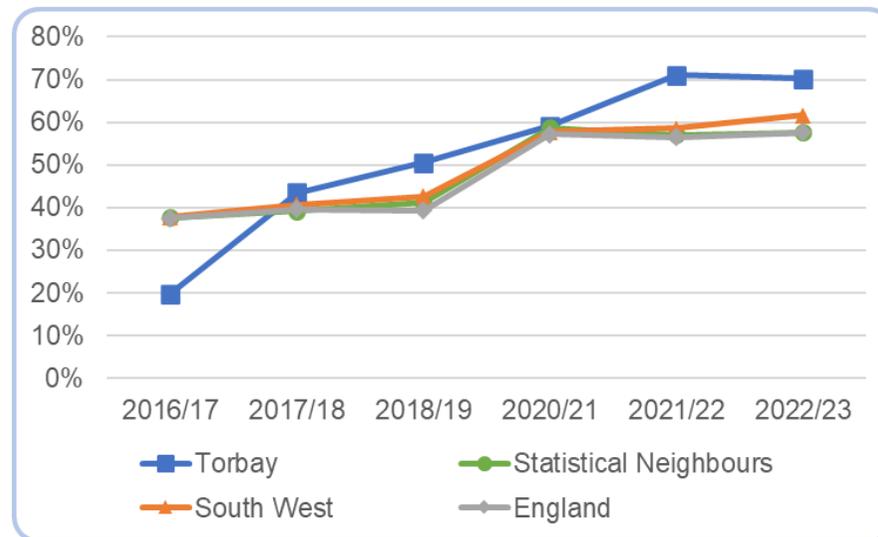
A child is defined as being a persistent absentee if they miss 10% or more of their possible sessions. Rates of persistent absenteeism are much higher among Children in Need & Children with Child Protection Plans than the general school population.

Rates of persistent absence among Children in Need have risen significantly since 2018/19. In Torbay, persistent absence has almost doubled from 28.5% in 2016/17 to 54.8% in 2022/23. There have also been substantial rises across England (Fig 73). During 2022/23, the percentage of those with a Child Protection Plan who were persistently absent was 70.2% which maintains the high rates of the previous year (Fig 74).

Among the general state school population, persistent absence in Torbay was 24.4% for 2022/23 which is a very substantial increase on years before 2021/22.

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



### 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 to 2024 there were 8,533 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 to 2024)**  
 Source: Department for Education – Characteristics of children in need

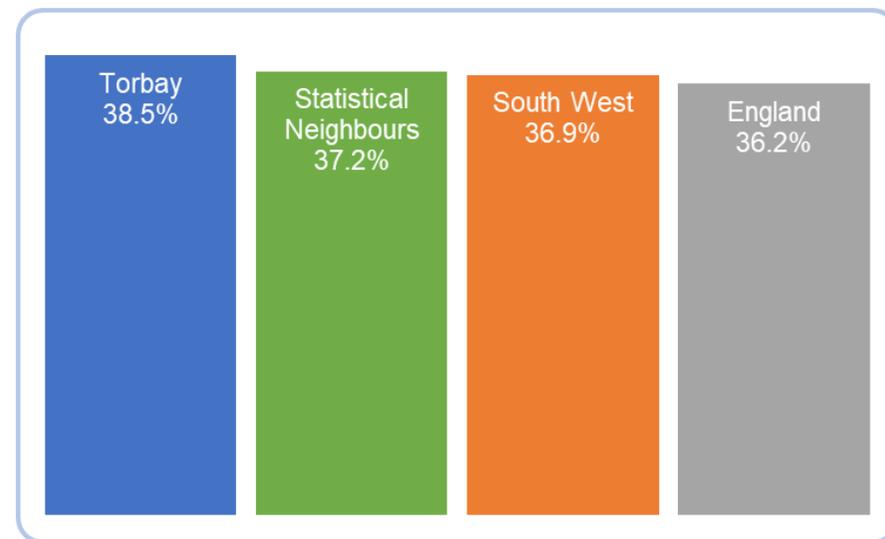
Factor	How often recorded
<b>Mental Health</b>	6,342
<b>Domestic Abuse</b>	5,342
<b>Alcohol Misuse</b>	2,576
<b>Drug Misuse</b>	2,516
<b>Emotional Abuse</b>	2,223
<b>Neglect</b>	1,903
<b>Learning Disability</b>	1,687
<b>Physical Disability</b>	1,382
<b>Physical Abuse</b>	969
<b>Socially unacceptable behaviour</b>	880

### Care Leavers

The care leavers mentioned below were ‘cared for children’ for at least 13 weeks after their 14<sup>th</sup> birthday, including some time after their 16<sup>th</sup> 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 to 2024, 38.5% 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 to 2024)**  
 Source: Department for Education – Children looked after in England



Approximately 6 in 7 (84.5%) of Torbay care leavers aged 17 to 21 were deemed to have ‘suitable’ accommodation, this is significantly lower than the England rate of 88.2%. 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).

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
<b>Cared for Children (2024)</b>	Rate per 10,000	121	90	63	70	●	↓
<b>Children who are subject to a Child Protection Plan (2024)</b>	Rate per 10,000	65	47	41	42	●	↑
<b>Children in Need (2024)</b>	Rate per 10,000	576	369	303	333	●	↓
<b>Section 47 referrals started during year (2024)</b>	Rate per 10,000	370	226	179	187	●	↓
<b>Referrals (2024)</b>	Rate per 10,000	761	538	476	518	●	↓
<b>Cared for Children with an EHCP (2022/23)</b>	%	40%	32%	38%	31%	●	↑
<b>Children in Need achieving a 9-4 pass in English &amp; Maths (2017 to 2023)</b>	%	22%	20%	22%	22%	●	↑
<b>Children in Need persistently absent (2022/23)</b>	%	55%	47%	53%	49%	●	↓
<b>Child Protection Plan persistently absent (2022/23)</b>	%	70%	58%	62%	58%	●	↓

## Adult Social Care

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### 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 & Finance Report

- Rate of support requests for new clients remained significantly higher than England during 2023/24.

Source: Adult Social Care Activity & Finance Report

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- The rate of long-term support being met by permanent admission to residential and nursing homes remained significantly higher than England during 2023/24.

Source: Adult Social Care Activity & Finance Report

- During 2023/24, 1,180 safeguarding concerns raised and those instigated 390 Section 42 safeguarding enquiries, highest levels in the last 7 years.

Source: Safeguarding Adults Return

- 86% 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 48% of users felt that they had as much social contact as they would like according to the latest survey.

Source: Adult Social Care Activity & Finance Report

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

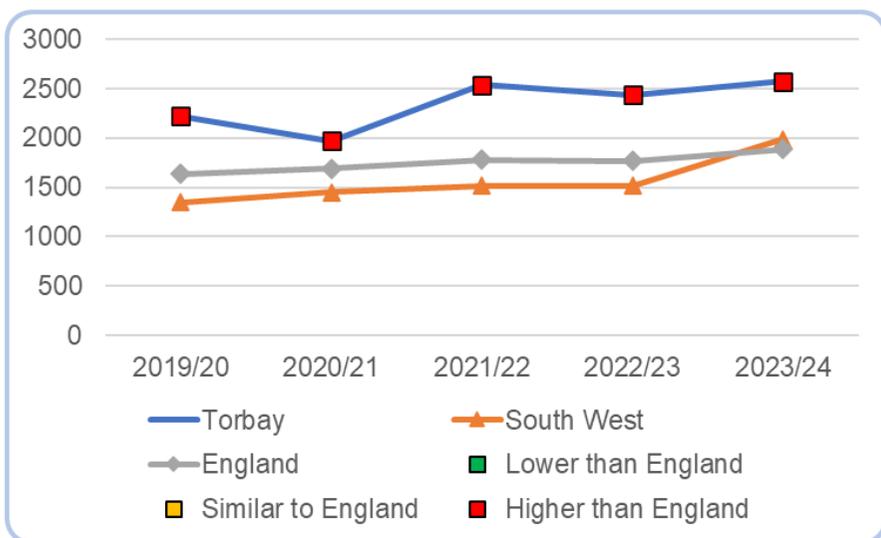
There are a number of documents related to Adult Social Care in Torbay at [Adult Social Care in Torbay - Torbay and South Devon NHS Foundation Trust](#)

### Requests for support for new clients

Torbay has a rate of requests for adult social care support for new clients aged 18 to 64 over the last 5 years that was consistently significantly higher than England, 34% 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 9,010 of these requests for Torbay residents aged 18 to 64.

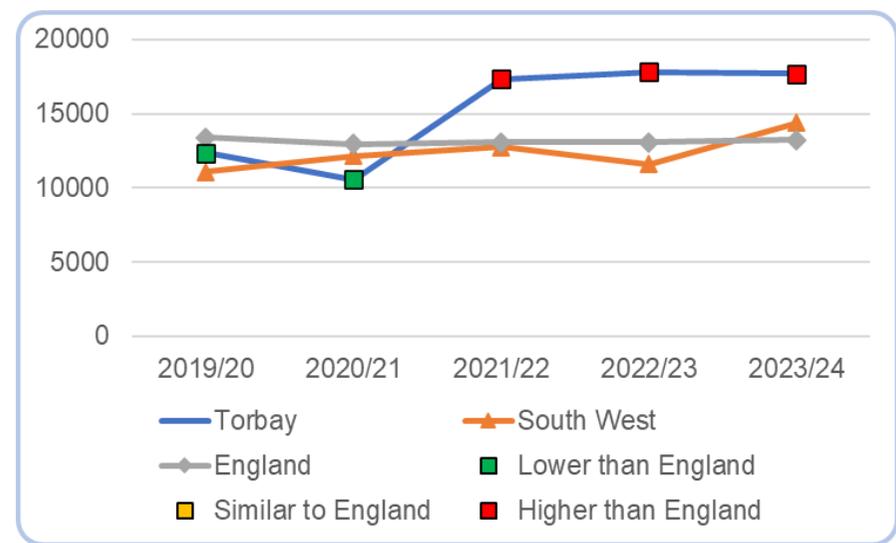
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Fig 77: Rate of requests for adult social care support for new clients aged 18 to 64 per 100,000  
Source: Adult Social Care Activity & Finance Report



For those aged 65 and over, rates were lower than England for the 2 years 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 3 years whereas for the 2 years previously rates had been significantly lower. In the last 5 years, there were approximately 28,290 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 & Finance Report



### Long-term support – 18 to 64

Rates of long-term support for those funded by Torbay Adult Social Care are significantly higher for those aged 18 to 64 than the England average over the last 5 years (Fig 79). Over the last 5 years the rate has been 85% higher for Torbay than England, it is also significantly higher than the South West and our statistical comparators.

Among those aged 18 to 64, the largest primary support reason over the last 5 years is Learning Disability (70% higher than England), followed by Physical Personal Care (149% higher than England) and Mental Health (99% higher than England). They 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 & Finance Report

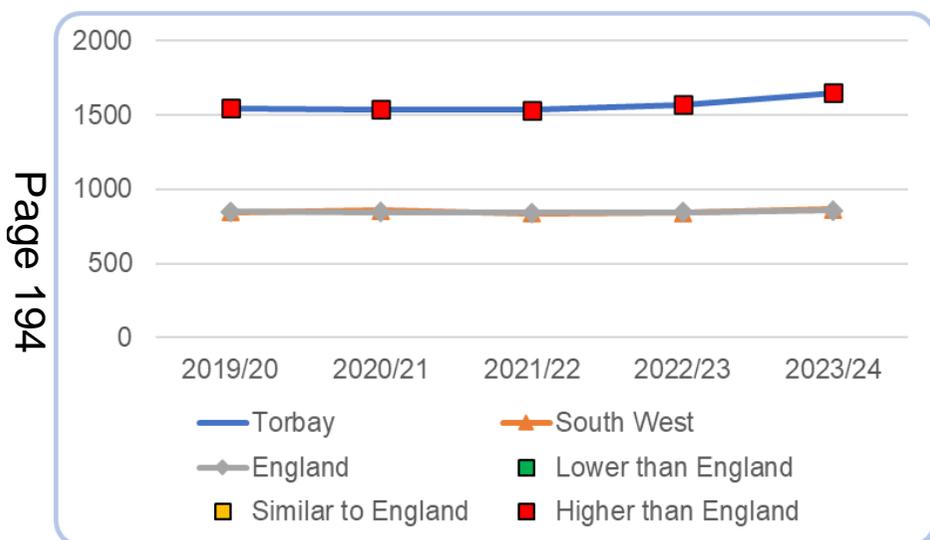
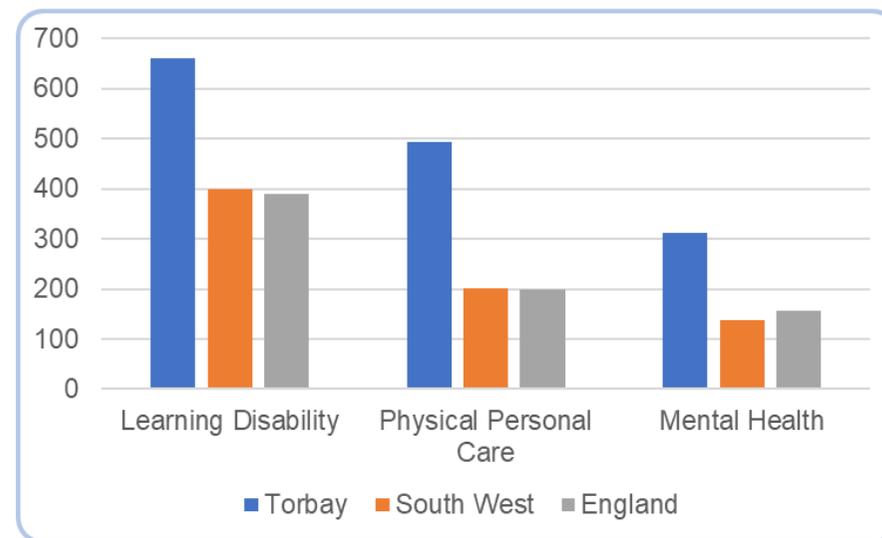


Fig 80: Rate of long-term support by 3 most prevalent primary support reasons for those aged 18 to 64 per 100,000 (2019/20 to 2023/24)

Source: Adult Social Care Activity & Finance Report

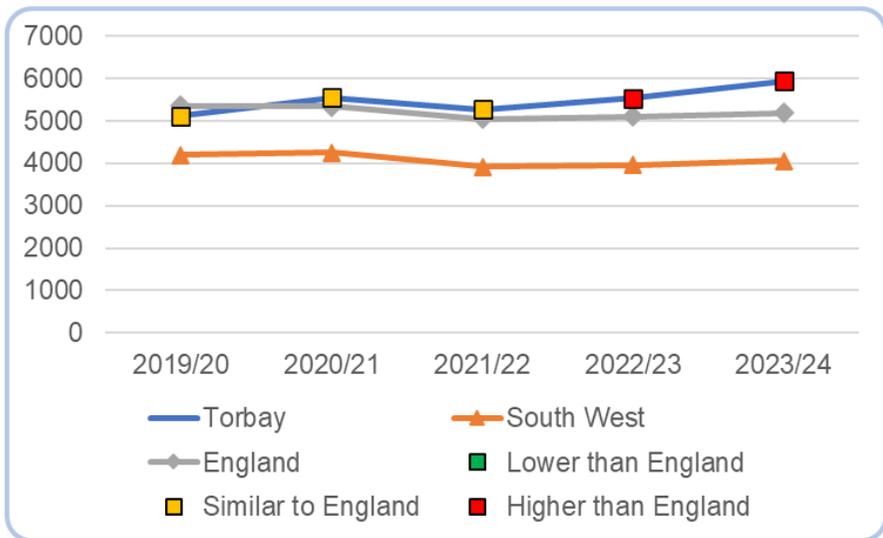


Long-term support – 65+

Rates of long-term support for those funded by Torbay Adult Social Care have been 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 2 years (Fig 81). Rates are much higher than the South West and slightly but significantly higher than our statistical comparators.

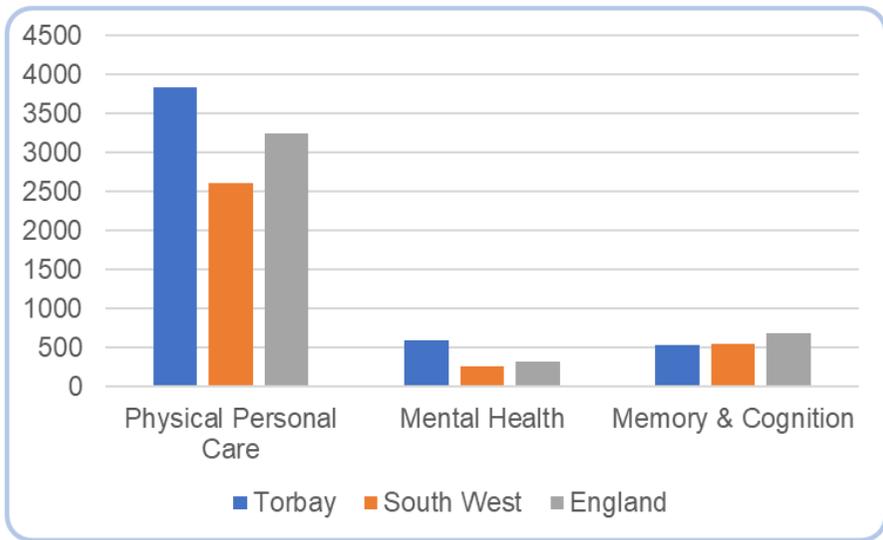
Among those aged 65+, the largest primary support reason by far over the last 5 years is Personal Physical Care (18% higher than England and also significantly higher than the South West) (Fig 82). Over the last 5 years, Mental Health rates have broadly increased whilst Learning Disability rates have broadly fallen.

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



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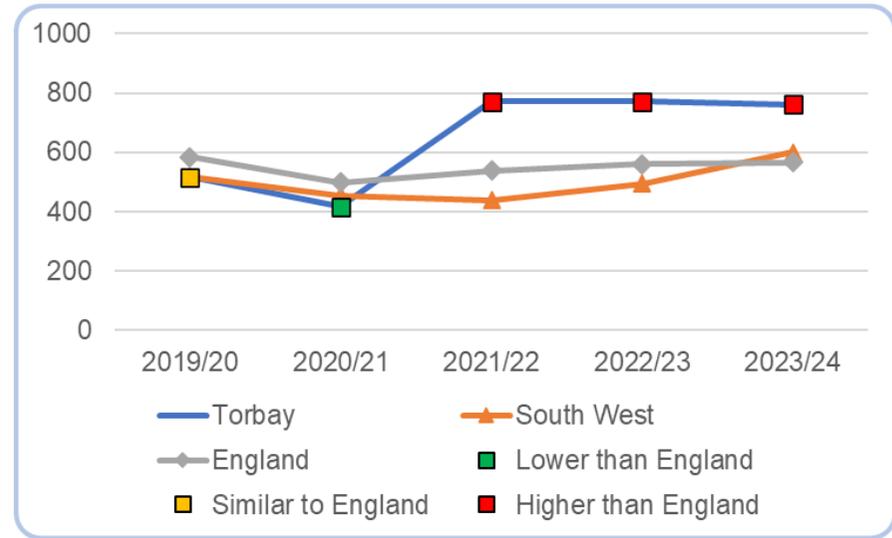
**Fig 82: Rate of long-term support by 3 most prevalent primary support reasons for those aged 65+ per 100,000 (2019/20 to 2023/24)**  
Source: Adult Social Care Activity & Finance Report



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 2023/24, an average of 288 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 2019/20 to 2023/24 are significantly higher than England, the South West and statistical comparators.

**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 Activity & Finance Report



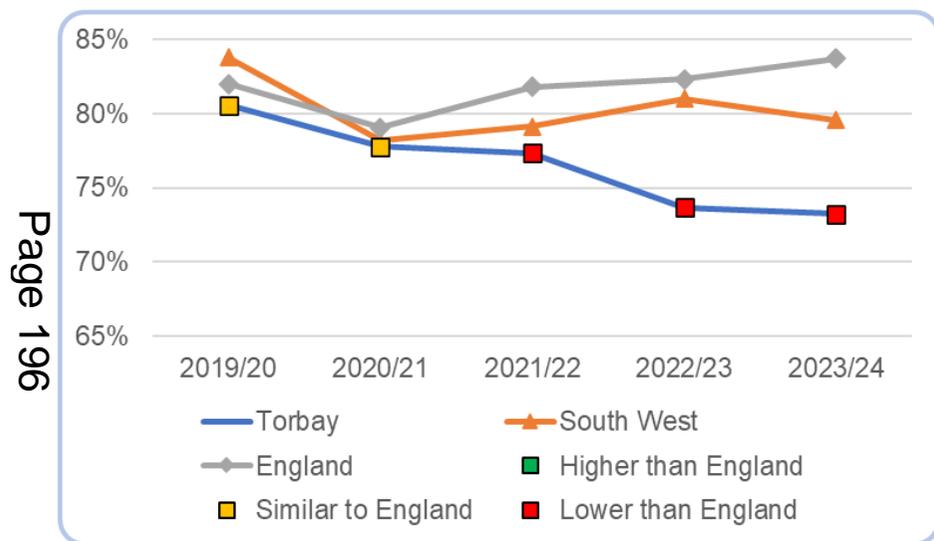
**Still at home 91 days after discharge – 65+**

Over the last 5 years, Torbay has broadly had a lower rate of older people (65+) still at home 91 days after discharge from hospital into reablement and rehabilitation, although the trend until 2021/22 had

been closing (Fig 84). Rates are also significantly lower than the South West and our statistical comparators. For 2023/24, of the 430 older people offered rehabilitation following discharge from a hospital, 315 remained at home 91 days later (73.3%). Numbers during 2020/21 were approximately half of the other 4 years due to COVID-19.

Fig 84: Percentage still at home 91 days after discharge from hospital into reablement/rehabilitation services, aged 65+

Source: Adult Social Care Activity & Finance Report



**Carers and users feedback**

For 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.

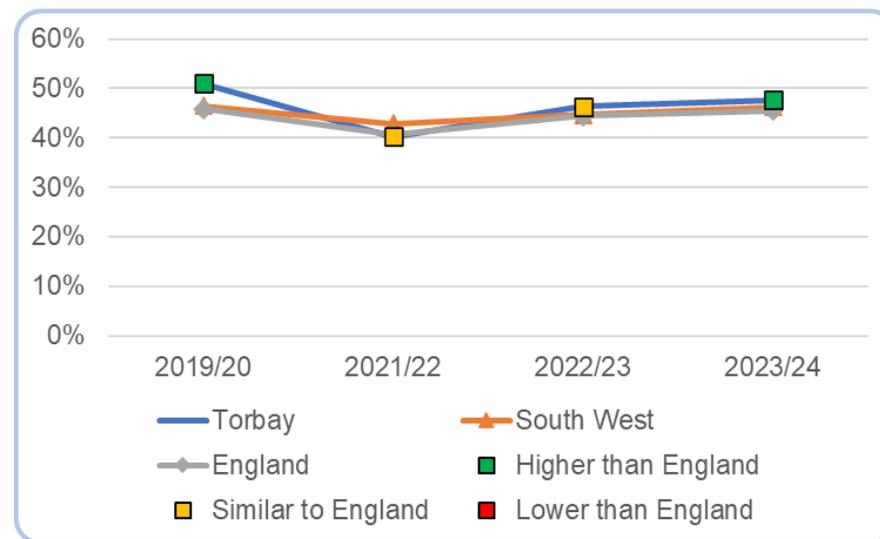
2023/24 was the first time since 2021/22 that carers reported whether they had as much social contact as they would like in the

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, 48% said Yes, this was higher than the previous 2 years but significantly down on figures in 2018/19 and 2019/20 when rates were just over 50%. Rates were significantly higher than England and broadly in line with the South West (Fig 85). Very few authorities collected figures for the 2020/21 return so that year has been removed from the graph.

Fig 85: Percentage of adult social care users who have as much social contact as they would like (No data for 2020/21)

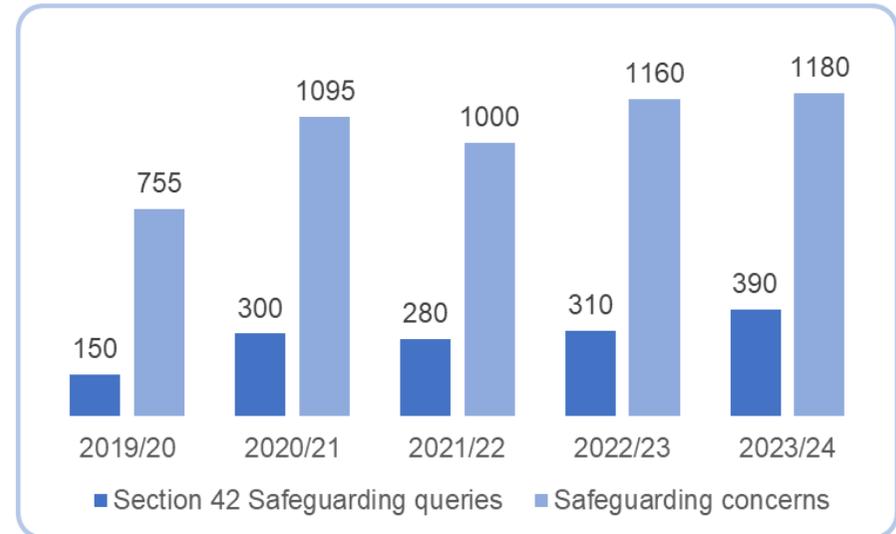
Source: Adult Social Care Activity & Finance Report



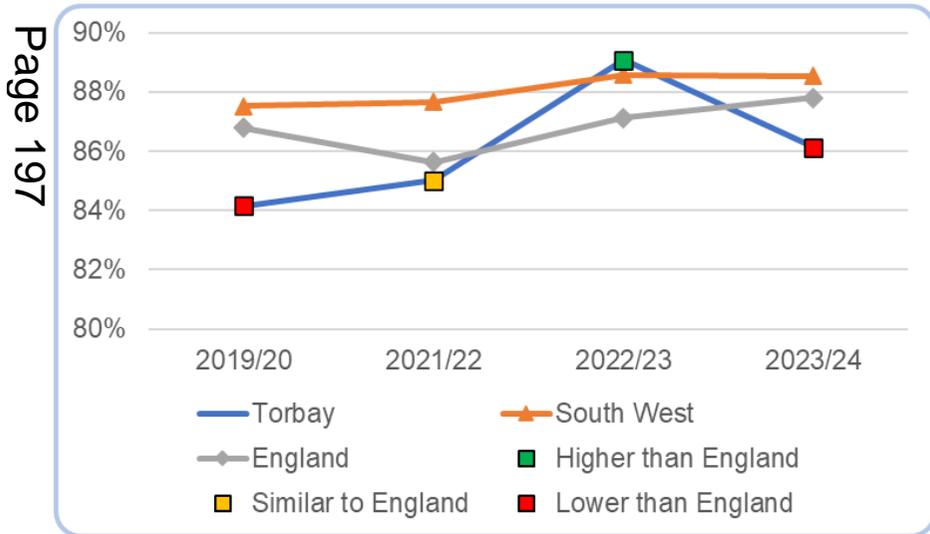
The proportion of people who used services who said that those services made them feel safe was 86% in Torbay during 2023/24. This is a fall from the previous year but higher than the 2 years prior to 2022/23. For 2023/24, rates were significantly lower than England and the South West, broadly in line with our statistical comparators (Fig 86).

During 2023/24, 1,180 safeguarding concerns were raised and those instigated 390 Section 42 safeguarding enquiries which is a rate of 1 in 3 raised safeguarding concerns instigating a Section 42 safeguarding enquiry (Fig 87).

**Fig 87: Number of safeguarding concerns and Section 42 enquiries – Torbay**  
Source: Safeguarding Adults Return



**Fig 86: Percentage of people who use services who say those services have made them feel safe (No data for 2020/21)**  
Source: Personal Social Services Adult Social Care Survey



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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 (2023/24)	Rate per 100,000	2,575	2,443	1,991	1,886	●	↑
Requests for support for new clients - 65+ (2023/24)	Rate per 100,000	17,712	14,796	14,369	13,237	●	↓
Long term support - 18 to 64 (2023/24)	Rate per 100,000	1,650	988	866	858	●	↑
Long term support - 65+ (2023/24)	Rate per 100,000	5,948	5,520	4,064	5,186	●	↑
Long term support met by permanent admission to nursing & residential homes - 65+ (23/24)	Rate per 100,000	762	555	601	566	●	↓
At home 91 days after discharge into reablement/rehabilitation services - 65+ (2023/24)	%	73%	82%	80%	84%	●	↓
Adult social care users who have as much social contact as they would like (2023/24)	%	48%	48%	46%	46%	●	↑
Carers who have as much social contact as they would like (2023/24)	%	30%	30%	28%	30%	●	↓
Services have made them feel safe (2023/24)	%	86%	87%	89%	88%	●	↓

## Women's Health

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### 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 decade.

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

- Torbay's chlamydia detection rate in females aged 15 to 24 more than doubled in 2022 and slightly reduced in 2023. These years are far higher than England after a previously decreasing trend. 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 for all the years shown but on a generally decreasing trend.

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

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.

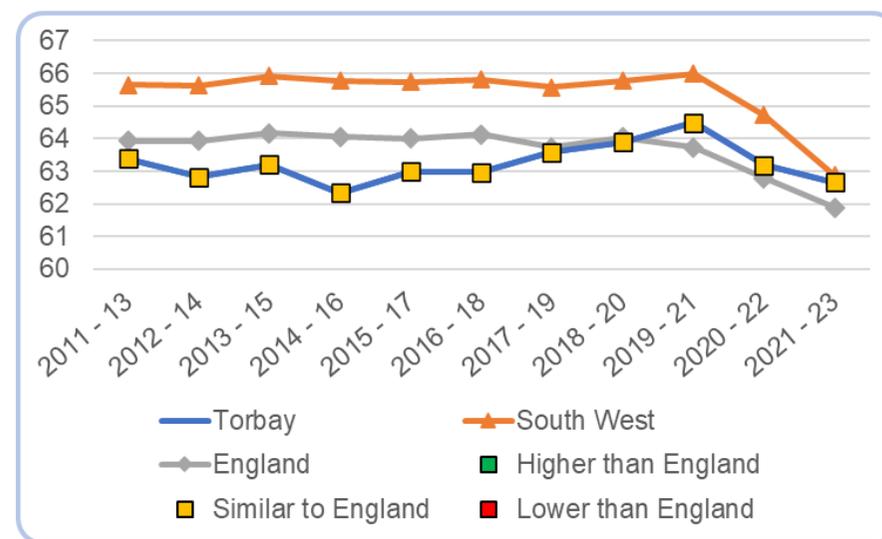
**Fig 88: Sex by age group - Torbay**  
Source: ONS mid-year population estimates 2023

Age Band	Female population	Female %	Male %
0 to 9	6,206	49.0%	51.0%
10 to 19	7,191	48.3%	51.7%
20 to 29	6,224	49.7%	50.3%
30 to 39	7,973	51.8%	48.2%
40 to 49	7,891	52.0%	48.0%
50 to 59	10,485	50.9%	49.1%
60 to 69	10,031	50.9%	49.1%
70 to 79	9,173	51.7%	48.3%
80 to 89	4,946	56.5%	43.5%
90+	1,384	67.1%	32.9%
<b>ALL AGES</b>	<b>71,504</b>	<b>51.3%</b>	<b>48.7%</b>

Over the last decade 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 are not necessarily in good health. In 2021-23 Torbay females could expect to live for 20 years not in good health whilst for males it is approximately 16. 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



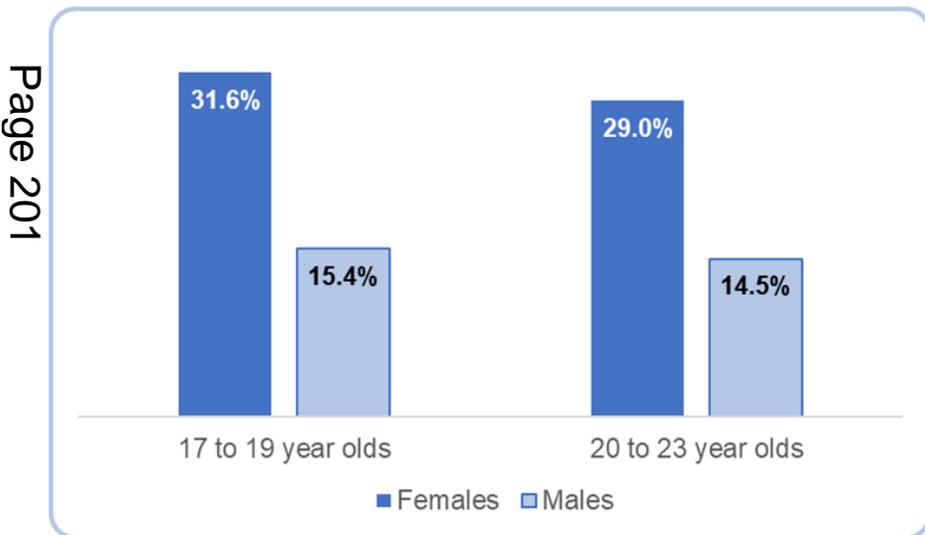
Looking at deprivation shows that females born in the most deprived quintile in Torbay in the years 2019 to 2023 combined have a life expectancy at birth of 81.1 years, 5 years less than those born in the least deprived quintile, whilst males have a 10 year gap in life expectancy between the most and 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 particularly

dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and 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 much higher than the percentage of young men (Fig 90). This is the 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



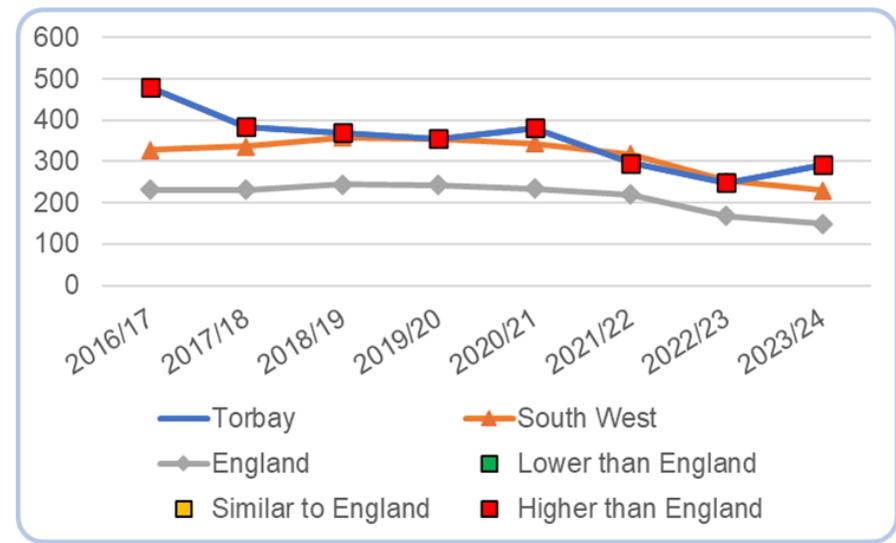
Hospital admissions for self-harm are used as a proxy for the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place.

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 several or many 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 2019/20 to 2023/24 combined, the number of Torbay’s female admissions was just over double the number for males. This follows the pattern for England where female admissions were around double the number of male admissions in this time period.

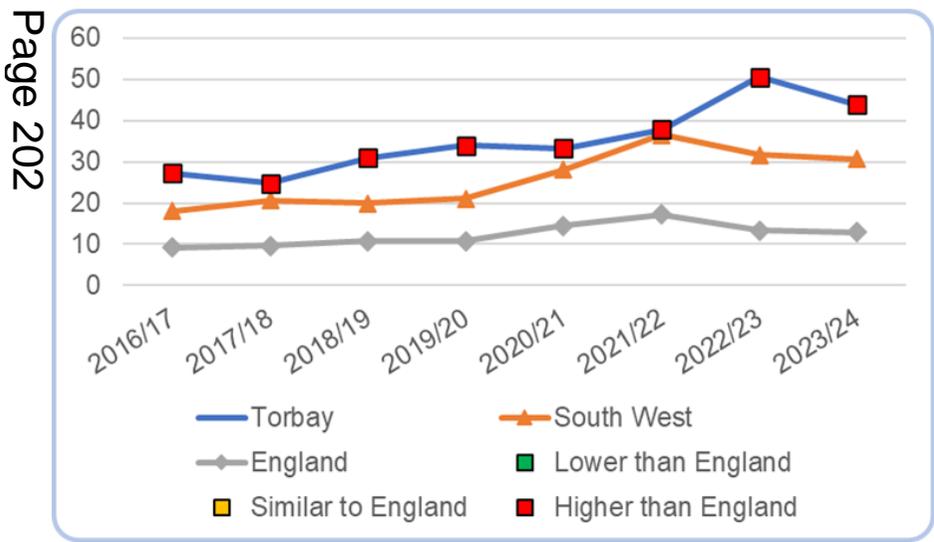
Self-harm admissions are more prevalent in younger people- in 2019/20 to 2023/24 combined, 7 out of 10 female admissions in Torbay were aged from 10 to 29, in England this was 6 out of 10. This age group, however, only makes up 24% of England’s female population [Note on Hospital admissions and SDEC – page 9.](#)

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



Eating disorders are more much more common in females than males but only the most severe cases will end up in hospital. The number of female hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders in Torbay is small (under 30 a year) but is a consistently significantly higher rate per 100,000 than England (Fig 92). It is showing an upward trend. In Torbay 9 out of 10 admissions are female in the 5 years of 2019/20 to 2023/24 combined and 3 out of 4 of these female admissions are aged 19 or under. This is the same pattern as the England average [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



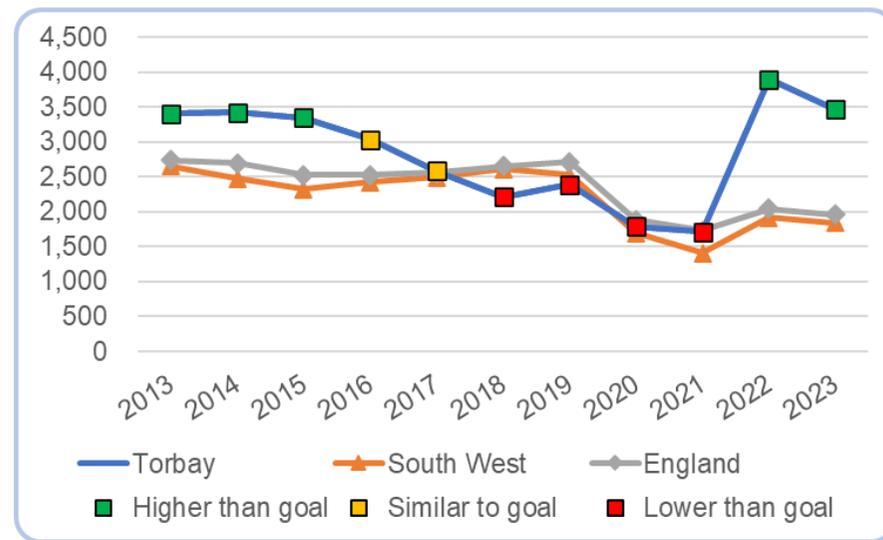
### Chlamydia

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 more than doubled in 2022 from the year before and then slightly reduced in 2023, these 2 years are far above the England rate. Torbay was previously on a reducing trend. 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 at 3,466 per 100,000 15 to 24 year old females in 2023, the target was not reached nationally.

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



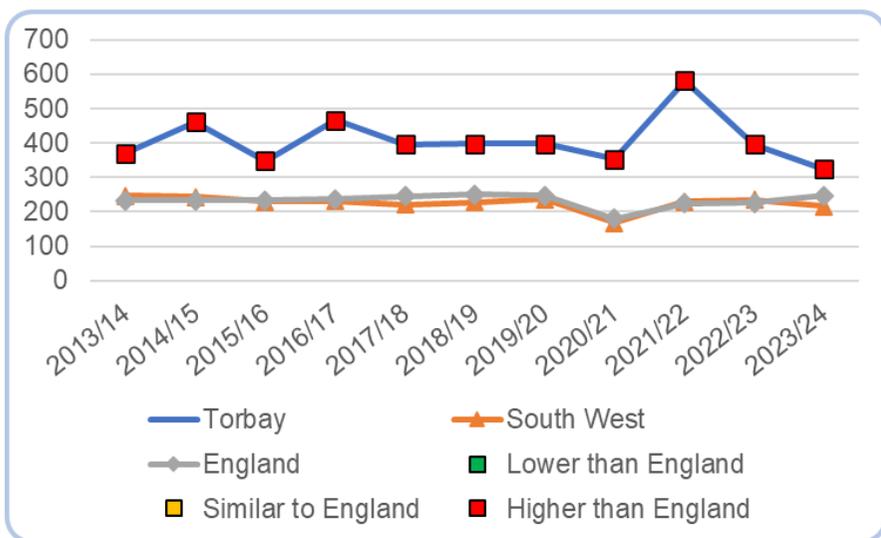
### Pelvic inflammatory disease

Chlamydial infection and other sexually transmitted infections are considered major causes of pelvic inflammatory disease which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. Pelvic inflammatory disease may need a hospital admission but can be treated through primary care and outpatient settings so 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 average over the years (Fig 94). It is a fluctuating rate which equates to 70 admissions in 2023/24. The peak in 2021/22 was 125 admissions- these numbers are rounded to the nearest 5 [Note on Hospital admissions and SDEC – page 9.](#)

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**Fig 94: Rate of hospital admissions for pelvic inflammatory disease, aged 15 to 44, per 100,000 females**  
Source: OHID – Public Health Profiles (Fingertips)

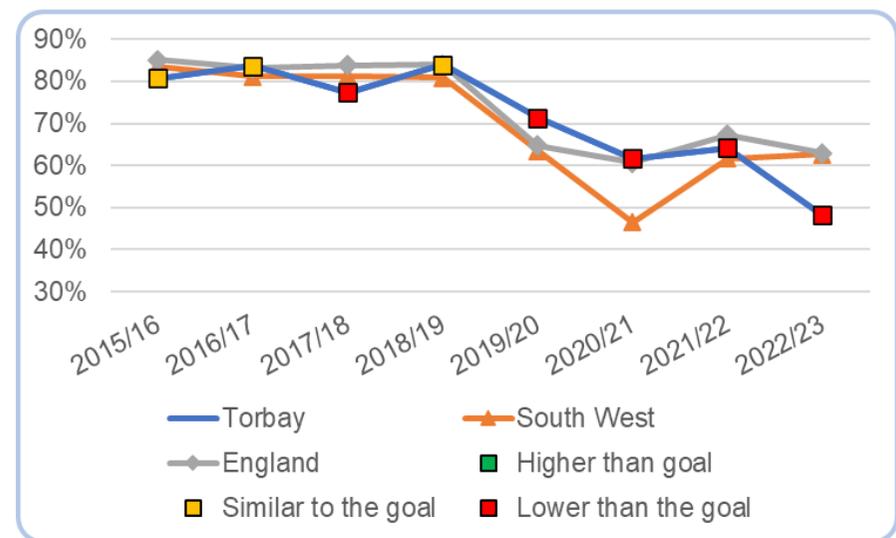


### Human Papillomavirus (HPV)

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

A two-dose immunisation programme is offered from the ages of 12 to 14 years, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. In females Torbay’s percentage has decreased further since then with a decrease of 16 percentage points in 2022/23 from the year before and a decrease of 35 percentage points from 2018/19 (Fig 95). Torbay, the South West and England are all below the target of 90% coverage for all the years shown. Torbay is significantly lower than England in coverage in 2022/23 at 48.2% (England- 62.9%).

**Fig 95: HPV vaccine, females, percentage receiving 2 doses, aged 13 to 14 years**  
Source: OHID – Public Health Profiles (Fingertips)



### Contraception

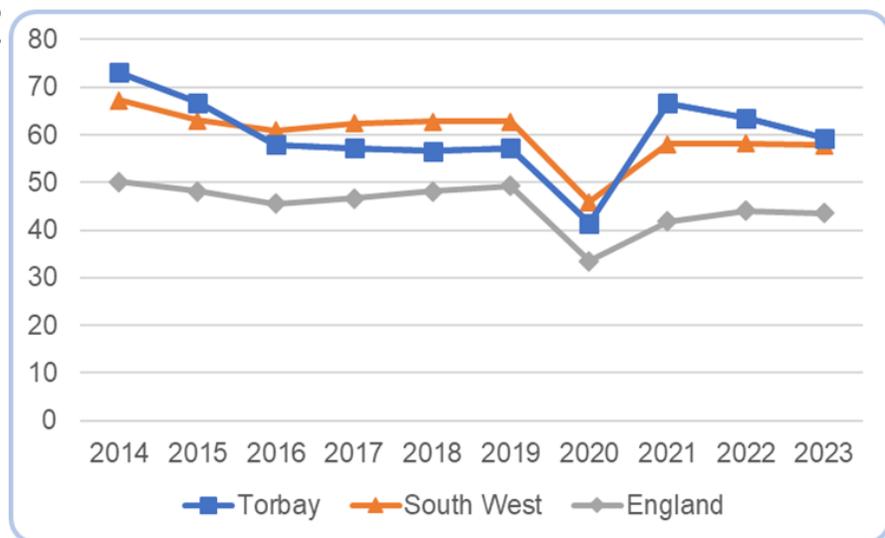
Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device and the intrauterine system. A higher level of LARC provision is used as a proxy measure for wider access to the range of contraceptive methods available.

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 in all the years shown (Fig 96). The rate was quite level for several years until the drop in 2020- from April 2020 during the COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 the rate increased sharply in Torbay but since then has been decreasing.

In Torbay the rate of GP prescribed LARC (excluding injections) is steadily decreasing and has been significantly below the England average for the last 7 years. The rate of Sexual and Reproductive Health (SRH) services prescribed LARC (excluding injections) however shows a very different picture in Torbay- it has been on an increasing trend, except for the expected drop in 2020, and has been significantly above the England average for 9 years. The most recent 3 years of 2021 to 2023 for Torbay SRH services prescribed LARC are far higher than the previous years but have shown little movement. The differences in GP and SRH prescribed rates shows the location of LARC provision moving away from local GP settings and more into specialist settings in Torbay. England rates for both GP prescribed LARC and SRH services prescribed LARC have remained broadly level throughout.

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Fig 96: Rate of prescribed LARC (excluding injections), all ages, per 100,000 females aged 15 to 44  
Source: OHID – Public Health Profiles (Fingertips)



### Fertility and conceptions

Torbay’s general fertility rate (Fig 97) is on a downward trend in the years from 2013 to 2023, generally following the England and South West trends. This is the number of live births per 1,000 females aged 15 to 44.

Fig 97: General fertility rate

Source: NOMIS (ONS)

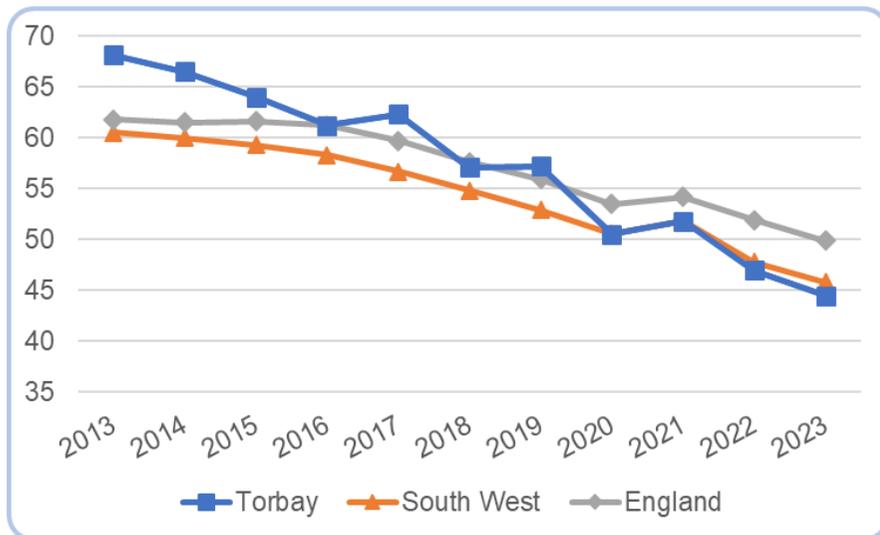
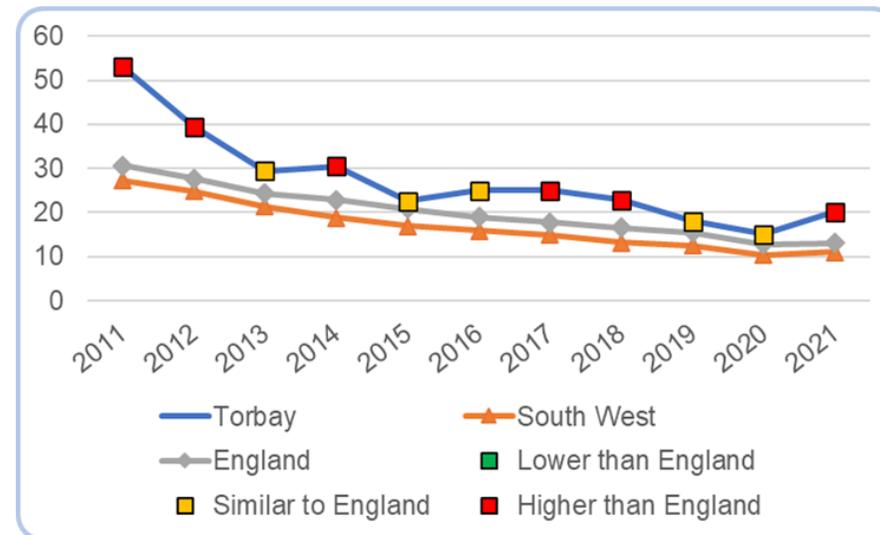


Fig 98: Under 18s conception rate per 1,000 females aged 15 to 17

Source: OHID – Public Health Profiles (Fingertips)



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

The under 18s conception rate (Fig 98) include pregnancies that result in 1 or more live or still births or a legal abortion. The national trend is of a falling under 18s conception rate and Torbay follows this trend. Although in 2021 Torbay has slightly increased and is significantly higher than the England average the general trend is downwards. The majority of under 18s conceptions are in 16 and 17 year olds, for example under 16s represented 5 of the 43 under 18s conceptions in 2021.

### Abortions

Torbay has consistently had a significantly higher rate of abortion than the England average over the years (Fig 99). Torbay, the South West and England all see a marked increase in 2022 compared to the year before.

The conception rate in under 18s is decreasing nationally and Torbay follows this trend. The under 18s abortion rate has fallen in Torbay but from 2017 to 2021 the rate and numbers remained broadly constant. In the following year of 2022 there was a slight increase in the under 18s abortion rate with England also seeing an increase. Torbay was significantly higher than England in 2022.

In women aged 25+ Torbay’s abortion rate has increased over the last decade with England also increasing.

Fig 99: Abortion rate, all ages, per 1,000 females aged 15 to 44  
 Source: Department of Health and Social Care (2012 to 2020, OHID (2021,2022), ONS mid-year population estimates

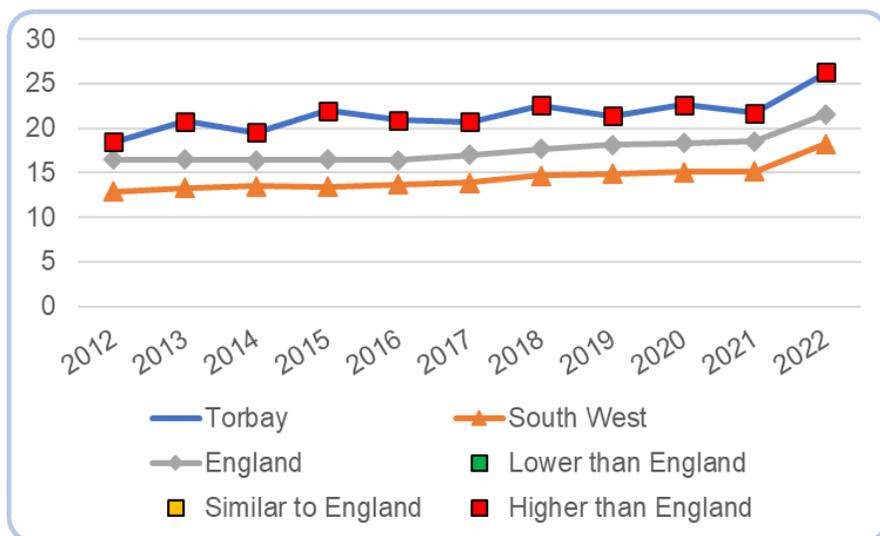
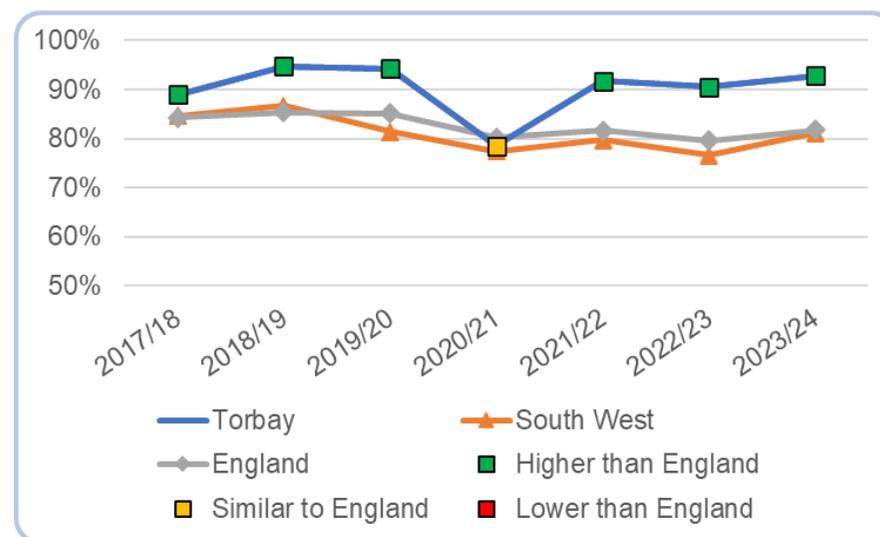


Fig 100: Percentage of infants who received a 6 to 8 week review by 8 weeks  
 Source: OHID – Public Health Profiles (Fingertips)



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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).

Sexual assault and domestic abuse

The health impacts of violence against women and girls is a priority in the [Women’s Health Strategy for England](#) (Department of Health and Social Care, 2022). Responses to the call for evidence for the Strategy highlighted that the health impacts of violence and abuse, including domestic abuse, are extensive and wide ranging and can have long term impacts on mental and physical health.

The Crime Survey for England and Wales for the year ending March 2024 shows 26.9% of women and 5.7% of men saying that they had experienced at least 1 sexual assault (including attempts) since the age of 16 (Fig 101). This is over 4 times the percentage of women than men. Within the last year (2023/24), 3.4% of women said they had experienced this which is almost 4 times the percentage of men. It is also reported that a fifth of women said they had experienced stalking at least once since aged 16, and 4% in the last year.

**Fig 101: Prevalence of sexual assault (including attempts) among adults aged 16+ – England and Wales (Year to March 2024)**  
 Source: ONS Crime Survey for England and Wales

	Since the age of 16		In April 23 to March 24	
	Female	Male	Female	Male
<b>Any sexual assault (including attempts)</b>	26.9%	5.7%	3.4%	0.8%
<b>Rape or assault by penetration (including attempts)</b>	8.9%	0.5%	0.6%	0.1%
<b>Indecent exposure</b>	12.6%	1.7%	1.1%	0.3%
<b>Unwanted sexual touching</b>	20.8%	4.6%	2.5%	0.5%

The Crime Survey for England and Wales in 2024 defines domestic abuse as partner or family non-physical abuse, threats, force, sexual assault or stalking. In the survey 27.4% of females and 13.7% of males aged 16+ said they had experienced domestic abuse at least once since the age of 16 (Fig 102). This is twice as high for women as it is for men. If these figures were applied directly to Torbay’s 2023 population, approximately 16,650 women aged 16+ will have been subjected to domestic abuse at some point since the age of 16. Fig 102 shows that partners rather than family were more likely to be the perpetrators and women were more likely to experience it.

**Fig 102: Prevalence of domestic abuse among adults aged 16+ since the age of 16 – England and Wales (Year to March 2024)**  
 Source: ONS Crime Survey for England and Wales

	Female	Male
<b>Any domestic abuse</b>	27.4%	13.7%
<b>Non-sexual abuse by a partner</b>	19.3%	8.7%
<b>Non-sexual abuse by a family member</b>	8.1%	5.4%
<b>Any sexual assault (Including attempts) by a partner</b>	8.4%	0.8%
<b>Any sexual assault (including attempts) by a family member</b>	2.4%	0.4%
<b>Stalking by a partner</b>	8.2%	2.2%
<b>Stalking by a family member</b>	3.2%	1.2%

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. Not all crimes have a victim identified and some crimes have more than 1 victim so the percentages are out of the total recorded male and female victims rather than the total number of crimes. Fig 103 shows that the majority of those recorded who experienced these crimes are female- almost 9 out of 10 for sexual offences and 3 out of 4 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.

Fig 103: Sexual offences and domestic abuse crimes – percentage of female and male victims where known, Torbay

Source: Torbay Council Community Services (Police data)

	2022/23	2023/24
<b>Number of sexual offences</b>	461	507
Female	89%	86%
Male	11%	14%
<b>Number of domestic abuse crimes</b>	2,362	2,339
Female	74%	74%
Male	26%	26%

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](#).

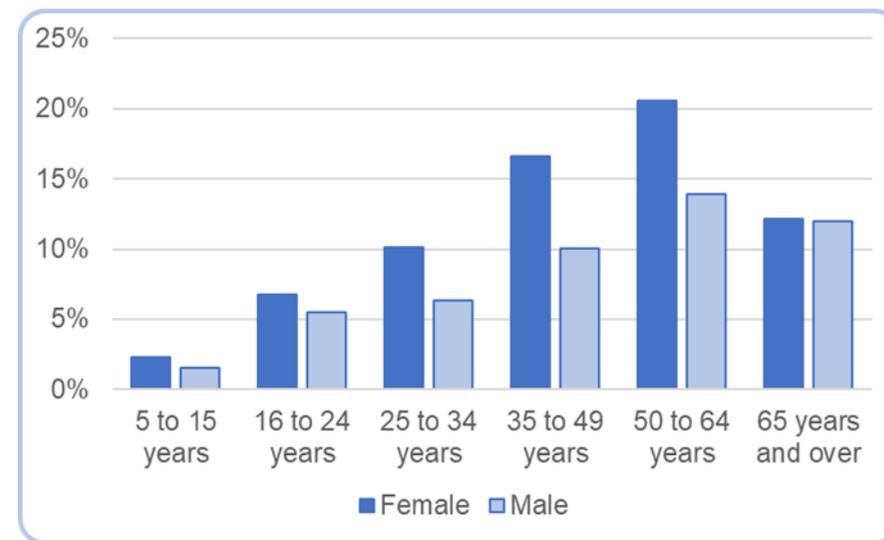
### Unpaid care

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 been on a reducing trend since 2020 in Torbay. It reduced steeply in 2022 and 2023 before becoming more level in 2024 but is significantly lower than England (Fig 105). England decreased sharply between 2020 and 2021 by 10 percentage points and has been increasing since. It must be noted that COVID-19 restrictions will have affected figures. In 2024 Torbay’s percentage is 67.1% compared to the 69.9% England average.

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)

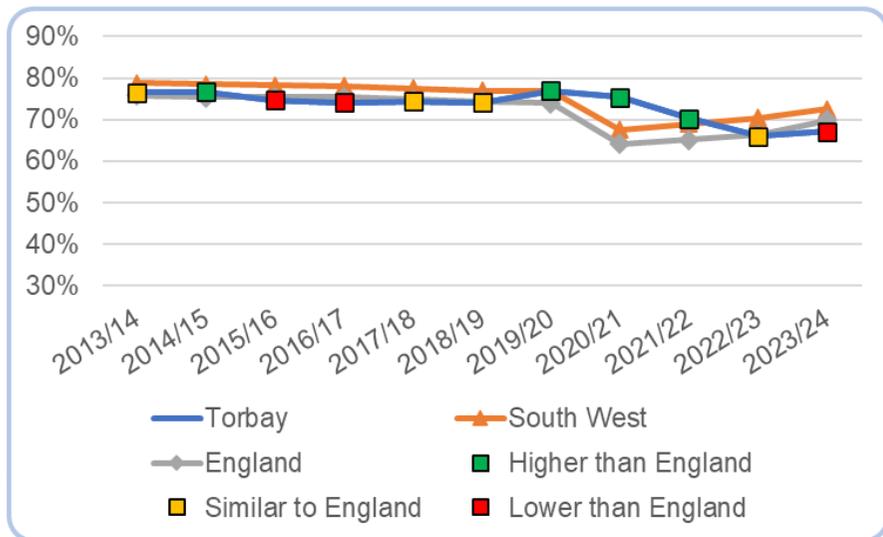
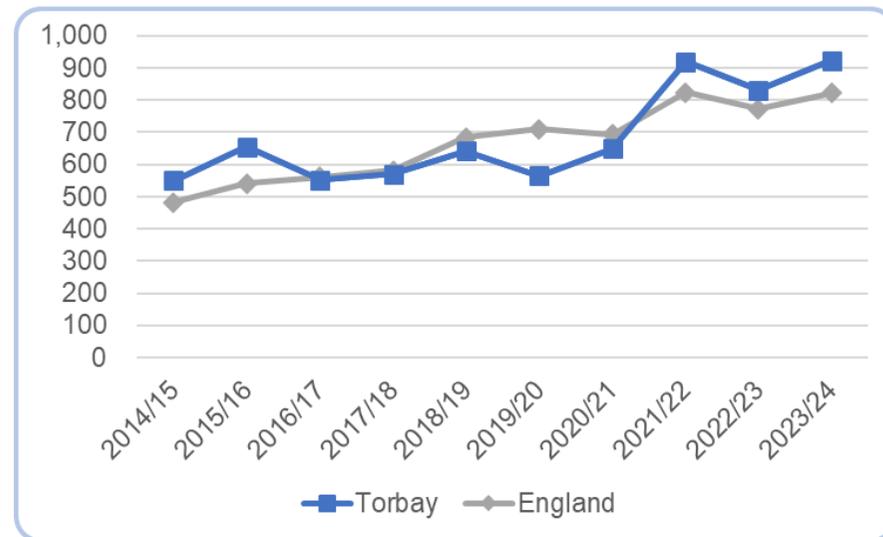


Fig 106: Breast cancer – rate of urgent suspected cancer referrals, per 100,000 GP practice population

Source: OHID – Public Health Profiles (Fingertips)



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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 as is the case in England. This measures the rate per 100,000 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 2 decades as is the case in England. Torbay is broadly in line with England during this time. In 2021-23 (3 years combined) the rate is 14.4 per 100,000 in Torbay which equates to 34 women.

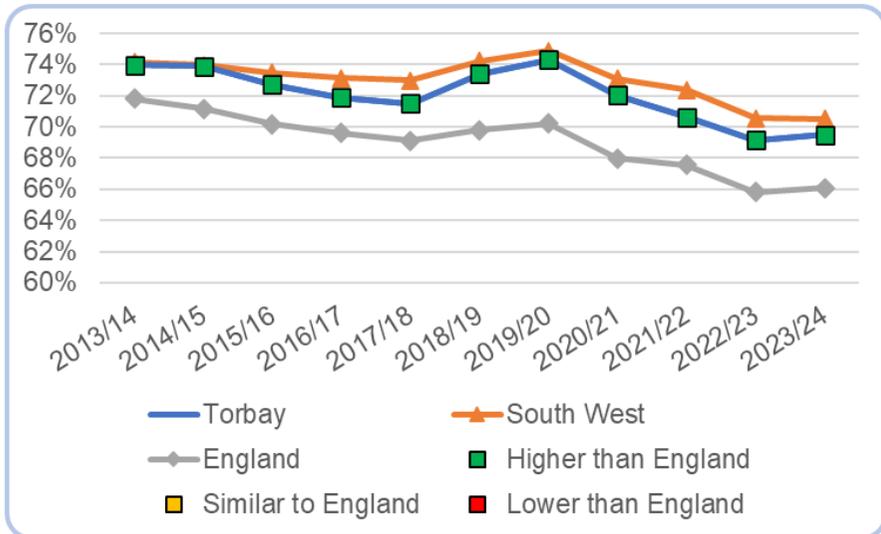
In the 5 years combined of 2017 to 2021 the cancer that most women under the age of 75 died from was bronchus/lung cancer, followed by breast, pancreas and brain. Further information can be found in a profile: [Premature Death in Torbay](#).

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

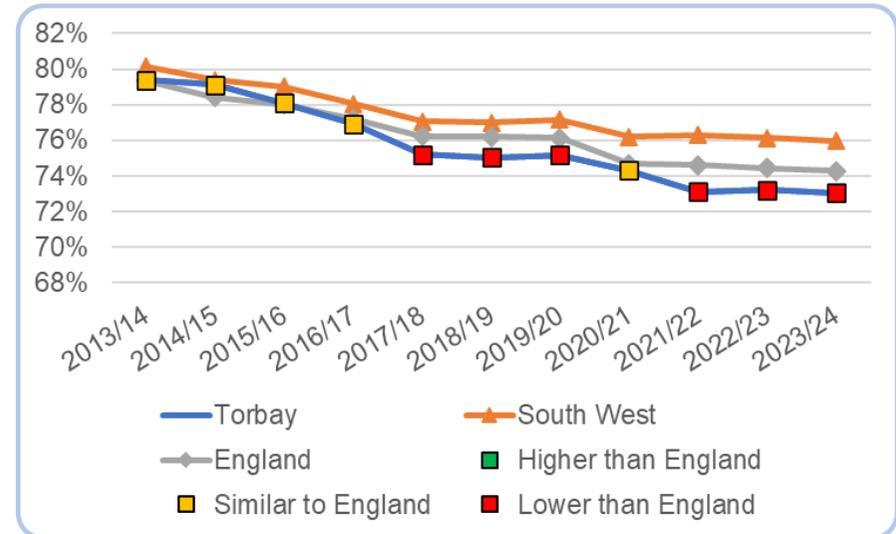
Fig 107 shows the percentage of eligible women aged 25 to 49 screened for cervical cancer in the previous 3 ½ years. For Torbay this is significantly higher than the England average throughout. As with England, the last few years show a decreasing trend with the last 2 years (2023 and 2024) levelling out to 69.5% in Torbay in 2024 (66.1% in England)

Fig 108 shows those aged 50 to 64 screened within the previous 5 ½ years. In this case Torbay is significantly lower than the England percentage for 6 of the last 7 years and is on a stepped decline. It has been level for the last 3 years at 73.0% in 2024 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**

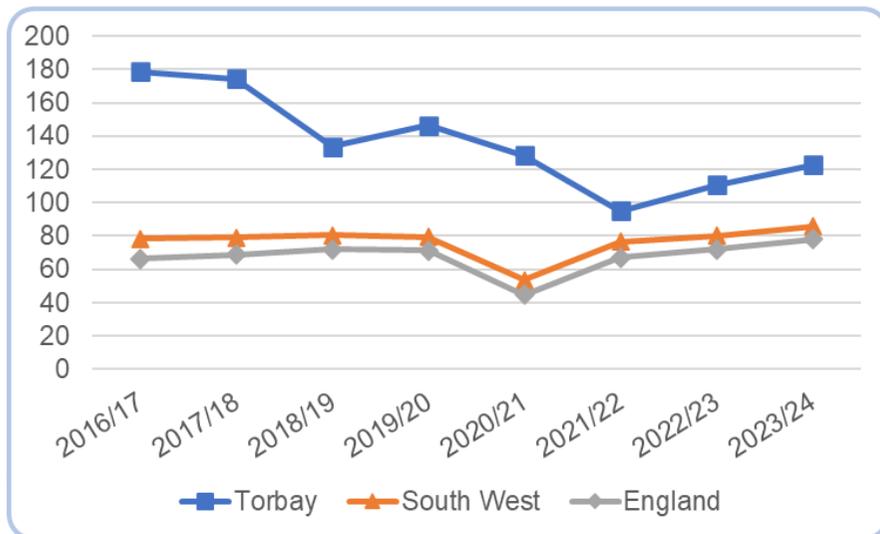
This condition is where tissue similar to the lining of the womb grows in other places such as the fallopian tubes, ovaries and pelvis. It can affect women of all ages. The [Women’s Health Strategy for England \(2022\)](#) reports that not enough is known about this condition and others that affect only 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 some women require admission to hospital for treatment. Torbay has had significantly higher rates of admissions than the England average for at least the last 8 years (Fig 109). Torbay is showing a generally reducing trend over the 8 years. Numbers of admissions range from around 55 to just over 100 a year [Note on Hospital admissions and SDEC – page 9.](#)

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

Source: Hospital Episode Statistics



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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.

### 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](#), has menopause as a priority topic. The Strategy 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.

### Preventable mortality

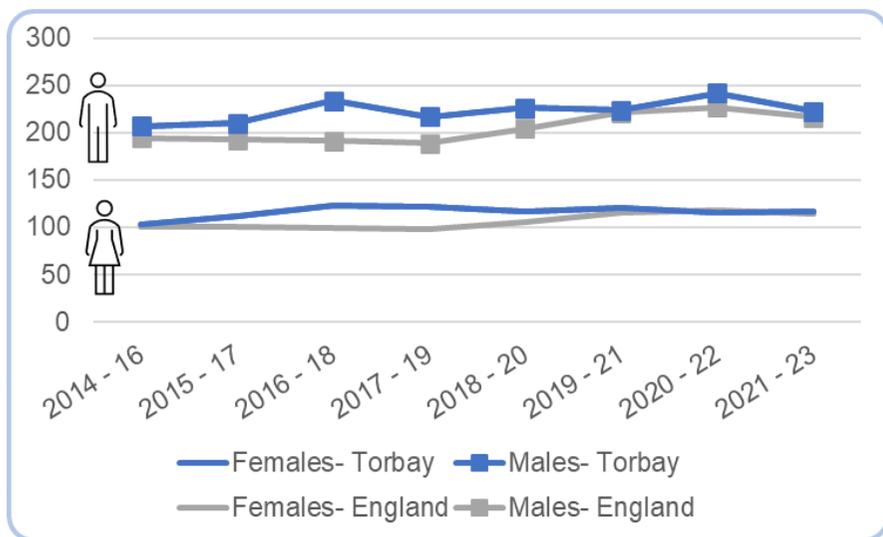
OHID defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention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

Torbay females have had significantly lower rates of preventable mortality than males in each period, as in England (Fig 110) with the male rate almost double the female rate. Torbay’s female rate is

similar to the England rate in the last 4 periods. Torbay’s female rate is much higher than the South West in the 8 periods shown.

**Fig 110: Under 75 mortality rate from causes considered preventable, by sex, per 100,000 (Age standardised)**

Source: OHID – Public Health Profiles (Fingertips)



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In 2021-23, 43% of deaths of Torbay females 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 were from cancers in 2021-23. The rate per 100,000 has shown no particular trend over the last decade and remains similar to England’s rate. Torbay’s female rate is lower than for males throughout the decade (2021-23- females- 43.2 per 100,000, males 68.1)
- Respiratory disease- 18% of Torbay’s preventable female deaths in 2021-23. Torbay females are broadly in line with England over the last decade. Torbay’s female rate is lower than for males

throughout although statistically similar. In 2021-23 however the rates converge with females slightly higher (2021-23- females- 19.2 per 100,000, males- 18.4)

- Liver disease- 14% of Torbay’s preventable female deaths in 2021-23. Since the middle of the last decade the rate has been higher with 3 periods significantly higher than England. England is gradually increasing. Torbay’s male rate is higher than the female rate throughout the last decade (2021-23- females- 18.4 per 100,000, males- 28.7)
- Cardiovascular disease- 13% of Torbay’s preventable female deaths in 2021-23. Torbay’s rate is broadly in line with England over the last decade. As in England, the male rate is more than double the female rate in Torbay over the last decade, and in 2020-22 and 2021-23 Torbay’s male rate is more than triple the female rate (2021-23- females- 13.9 per 100,000, males- 51.8)

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

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 (2021 - 23)	Years	62.7	61.4	62.9	61.9	●	↓
Hospital admissions as a result of self-harm - Female (2023/24)	DSR per 100,000	292	219	230	150	●	↑
Hospital admissions for eating disorders - Female (2023/24)	DSR per 100,000	44	23	31	13	●	↓
Chlamydia detection rate, aged 15 to 24 - Female (2023)	Rate per 100,000	3,466	2,103	1,839	1,962	●	↓
Abortion rate (2022)	Rate per 1,000	26	22	18	22	●	↑
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 (2023/24)	%	67%	72%	73%	70%	●	↑
Cervical screening coverage, aged 50 to 64 (2023/24)	%	73%	75%	76%	74%	●	↓
Hospital admissions due to endometriosis (2023/24)	DSR per 100,000	123	90	86	78	Not relevant	↑

## Economy and Employment

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### Overview

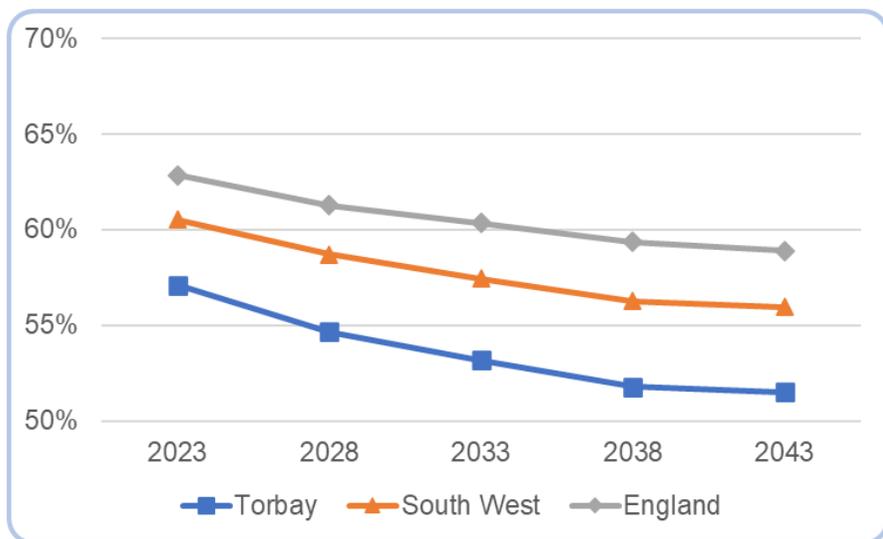
- Torbay has a lower proportion of working age people compared to England and this is forecast to fall over the next 20 years to approximately 50% of the population.  
Source: NOMIS (ONS population estimates and projections)
- Lower level of economically active 16 to 64 years olds than England and South West.  
Source: NOMIS (Annual Population Survey)
- Lower level of unemployment claimants than England average.  
Source: NOMIS (Claimant Count)
- Average earnings significantly lower than regional and national average.  
Source: NOMIS (Annual Survey of Hours and Earnings)
- More of the workforce is in a part-time job compared to England and South West.  
Source: NOMIS (Business Register and Employment Survey)
- Fewer residents hold a degree level qualification than England and South West.  
Source: Census 2021
- Better Full Fibre and Ultrafast coverage than England average.  
Source: Ofcom Connected Nations

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

### Demographics

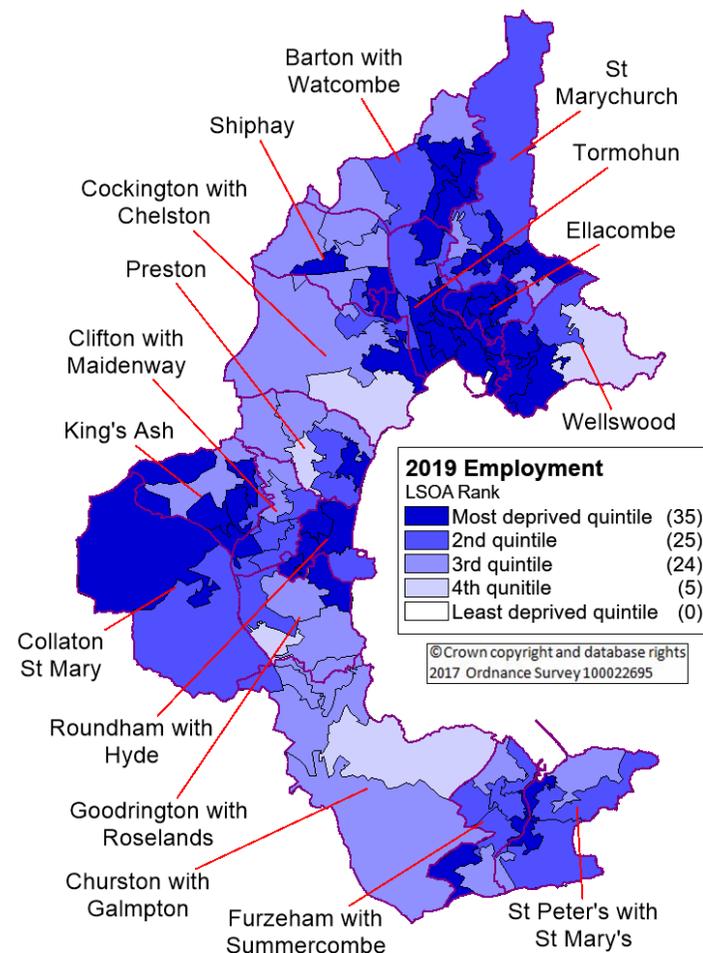
The 2023 ONS mid-year population estimates show approximately 57% (a slight rise from 2020 due to significant one-off migration of working age people during the COVID-19 pandemic in the ‘race for space’) of Torbay’s population is aged between 16 and 64, this is significantly lower than the England average of 63%. Current projections indicate that Torbay’s 16 to 64 year old population is set to fall to approximately 52% by 2043 (Fig 111). This wider fall in the working age population could potentially exacerbate worker shortages and have an adverse effect on tax receipts.

**Fig 111: 16 to 64 population as a share of total population**  
 Source: NOMIS (ONS Population estimates & projections)



Employment Deprivation from the 2019 Index of Multiple Deprivation measures the proportion of the working age population involuntarily excluded from the labour market (sickness, unemployment, disability or caring responsibilities). At 11<sup>th</sup> worst in England this was Torbay’s worst performing sub-domain (Fig 112).

**Fig 112: Rank of Employment Deprivation**  
 Source: English Indices of Deprivation 2019



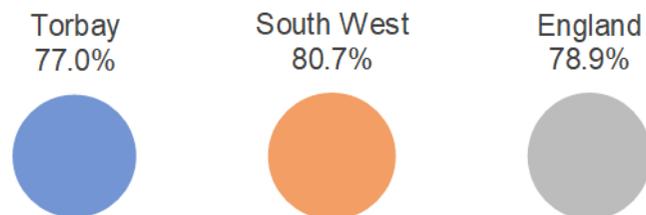
### Economic activity

Over the last 5 years, the proportion of those aged 16 to 64 classified as being economically active (in employment or actively seeking employment) has been lower than the South West, England and our statistical comparators by a statistically significant margin (Fig 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 percentage of those aged 16 to 64 who are economically active has fallen by approximately 1 percentage point across Torbay and England from 2019/20 to 2023/24. 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 consistent from year to year.

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Fig 113: Percentage of 16 to 64 economically active (July 2019 to June 2024)

Source: NOMIS (Annual Population Survey)

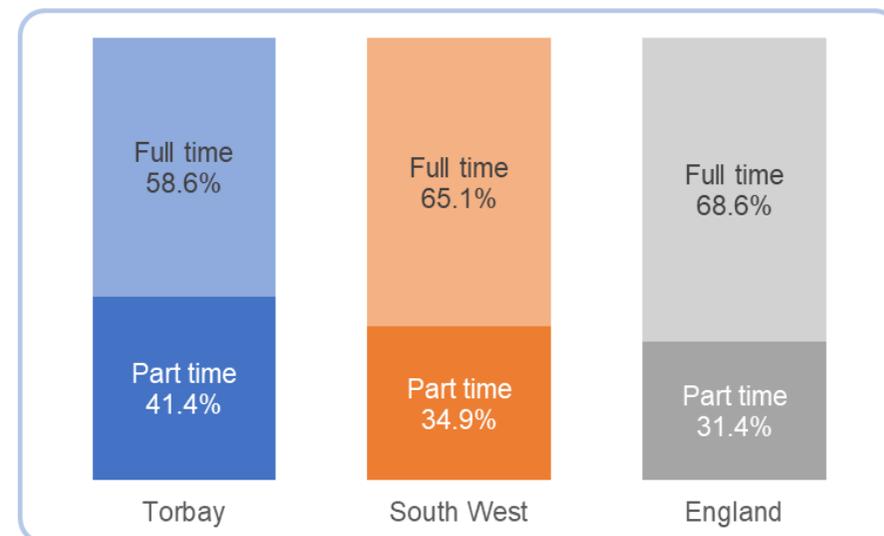


The Office for National Statistics conducts a Business Register & Employment Survey. This shows significantly lower proportions of workers engaged in full-time (30 hours or more) as opposed to part-time employment for Torbay over the last 5 years when compared to England (Fig 114). The 2021 Census showed higher rates of full-time employment, however the difference is due to the Census

asking workers how many hours they work, the Business survey asks businesses about employee hours. Also, the Census asks all employees including the self-employed rather than a sample of businesses.

Fig 114: Percentage of full-time and part-time workers (2019 to 2023)

Source: NOMIS (Business Register and Employment Survey)

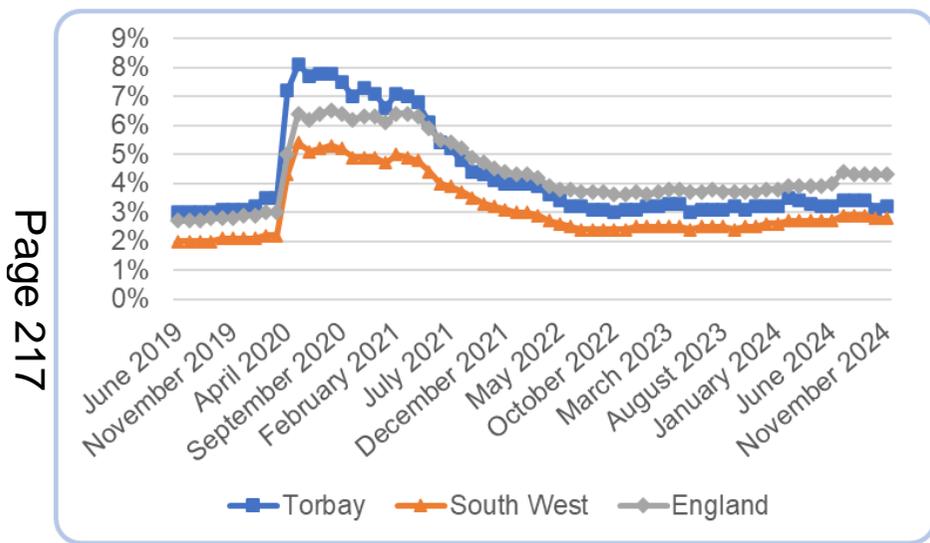


The unemployment claimant rate in Torbay rose significantly along with the rest of the country during 2020. For Torbay, rates have more than halved from their 2020 peak to current periods (late 2024). Rates for Torbay are lower than England but above the South West average (Fig 115). The unemployment count does not show the broader picture of those who would like to find paid employment but are unable to because of caring responsibilities, sickness or disability. As of November 2024, 2,545 people in Torbay were claiming unemployment benefit.

By August 2024, 13,460 Torbay households were claiming Universal Credit which equates to just over 1 in 5 households (Source: Stat

Xplore). This includes a number of ‘nil’ awards where earnings in the particular month led to no payment being made. Universal Credit is still in the process of being fully ‘rolled out’ to the population, within the next couple of years it is hoped that Universal Credit will be fully rolled out and will replace the individual legacy benefits. This will allow for full comparison across geographies and from year to year.

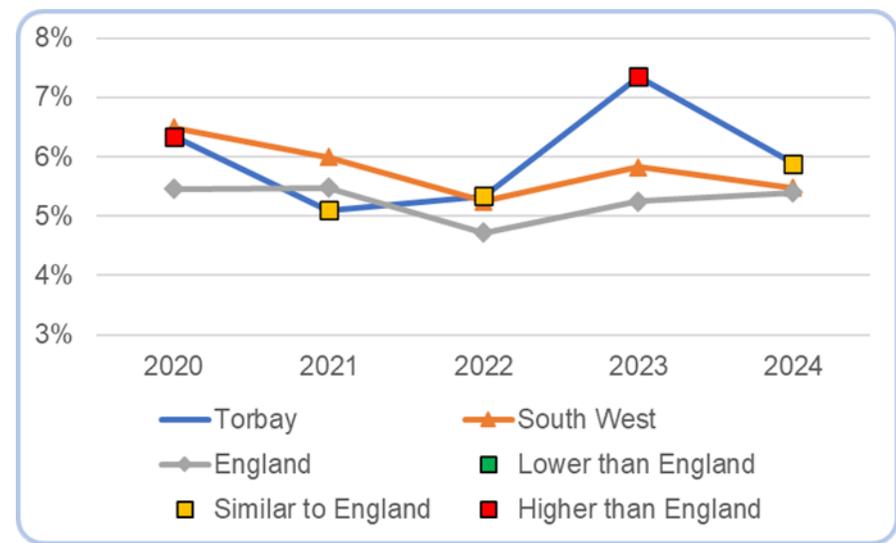
**Fig 115: Percentage of those claiming unemployment benefit as a proportion of residents aged 16 to 64**  
 Source: NOMIS (Claimant Count)



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 2024, 178 (5.9%) 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 last year and broadly in line with regional and national averages (Fig 116).

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 to 2024, 38.5% of Torbay care leavers were not known to be 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 116: Percentage of 16 and 17 year olds not known to be in education, employment or training**  
 Source: Department for Education – explore education statistics



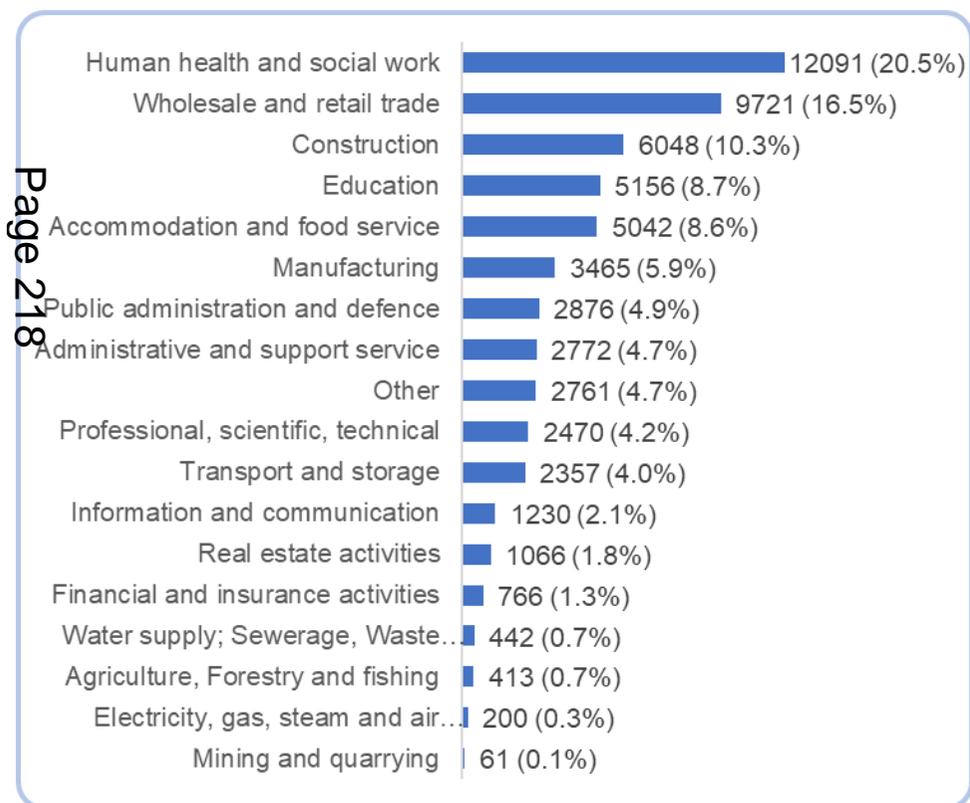
**Workforce**

The 2021 Census asked about a person’s employment and information is derived about the economic sector in which someone works. Numbers may differ from the Annual Population Survey, however given the that it is a survey it does not give numbers for all sectors as the sample size is too small, so for this document we will use the 2021 Census figures (Fig 117). The largest employment sector is Human health and social work (20.5%) followed by the

Wholesale and retail trade (16.5%), Construction (10.3%), Education (8.7%) and Accommodation and food service (8.6%). Compared to the 2011 Census, the most significant rises in employment were in Human health & social work from 9,874 to 12,091 and Construction from 5,116 to 6,048. The most significant fall was in Accommodation and food service which fell from 5,837 to 5,042. It should be noted that accommodation and food service businesses were very significantly affected by the COVID-19 pandemic.

Fig 117: Workforce within each employment sector (2021)

Source: Census 2021

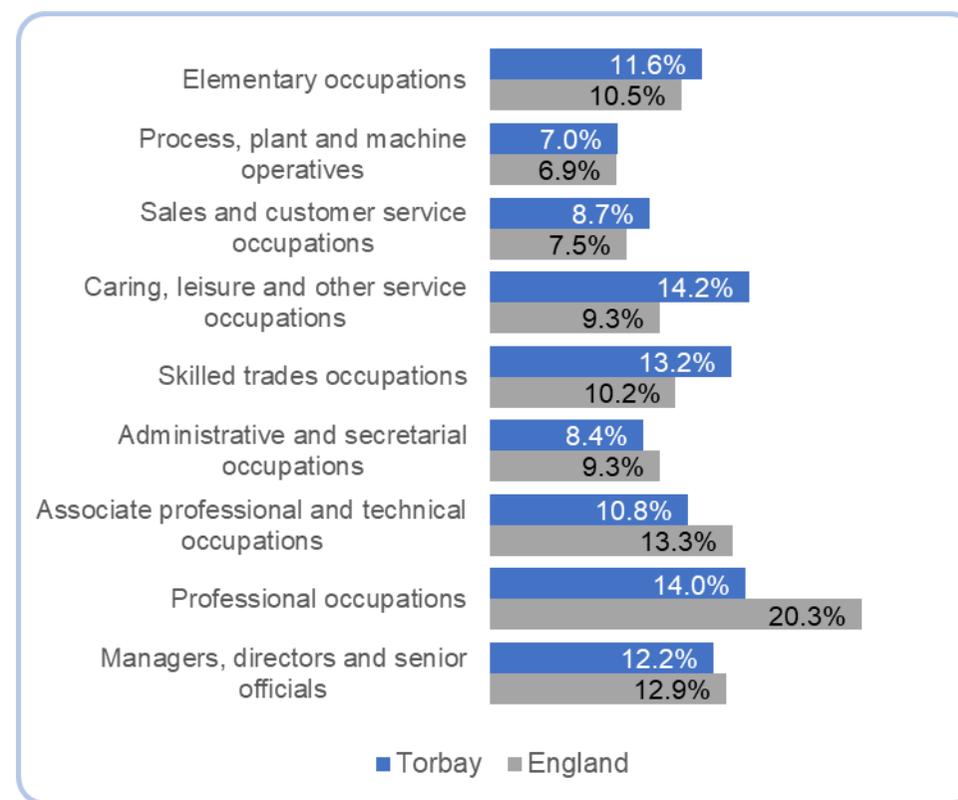


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proportion belonged to 'Caring, leisure and other service occupations' at 14.2%, this was significantly higher than the England average of 9.3%. The second highest proportion related to 'Professional occupations' at 14.0%, this was significantly lower than the England average of 20.3%. All these groups were further divided into sub-groups, the largest of these were those in 'Caring Personal Services' with 5,261 which equates to 8.9% of Torbay's workforce, followed by 'Sales Assistants and Retail Cashiers' (5.8%) and 'Construction and Building Trades' (4.4%)

Fig 118: Workforce within each occupation group (2021)

Source: Census 2021



The 2021 Census was also used to derive data relating to the occupational groups that people belonged to (Fig 118). The largest

Torbay has consistently had lower average salaries than the national and regional average. The results of the 2024 annual survey of hours and earnings showed that median full-time annual salaries in England were 22.9% higher than those for **Torbay residents** (Fig 119) and 25.9% higher in England than those for people who **worked in Torbay** (Fig 121). The South West average was 18.0% higher than those for Torbay residents and 19.2% 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 120 and 122).

Fig 119: Average (Median) Full-time salary (2024) - Residents

Source: NOMIS (Annual Survey of Hours and Earnings)

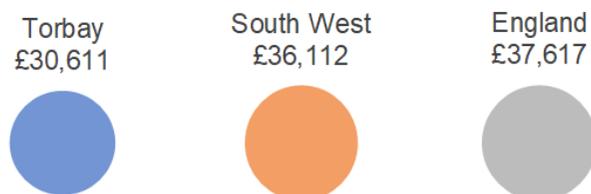


Fig 120: Average (Median) Hourly Rate (2024) - Residents

Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£14.68	£15.79	£12.91
South West	£16.43	£17.89	£13.54
England	£17.20	£18.83	£13.25

Fig 121: Average (Median) Full-time salary (2024) - Workplace

Source: NOMIS (Annual Survey of Hours and Earnings)

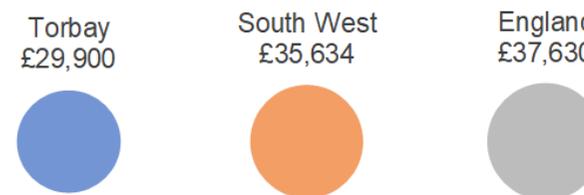


Fig 122: Average (Median) Hourly Rate (2024) - Workplace

Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£14.42	£15.28	£13.41
South West	£16.24	£17.67	£13.48
England	£17.20	£18.83	£13.24

The Labour Force Survey asks questions around the number of working days lost due to absence in the previous week. Since the middle of the last decade, Torbay has seen reported falls in the percentage of working days lost to sickness (Fig 123). Data for 2019 to 2021 was particularly low but may be considered an outlier in the general trend.

Fig 123: Percentage of working days lost due to sickness absence  
Source: OHID – Public Health Profiles (Fingertips)

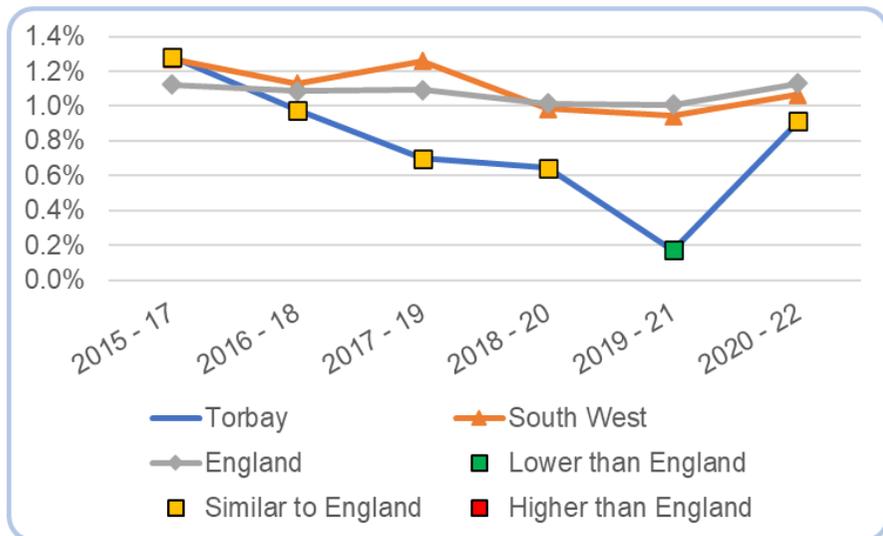
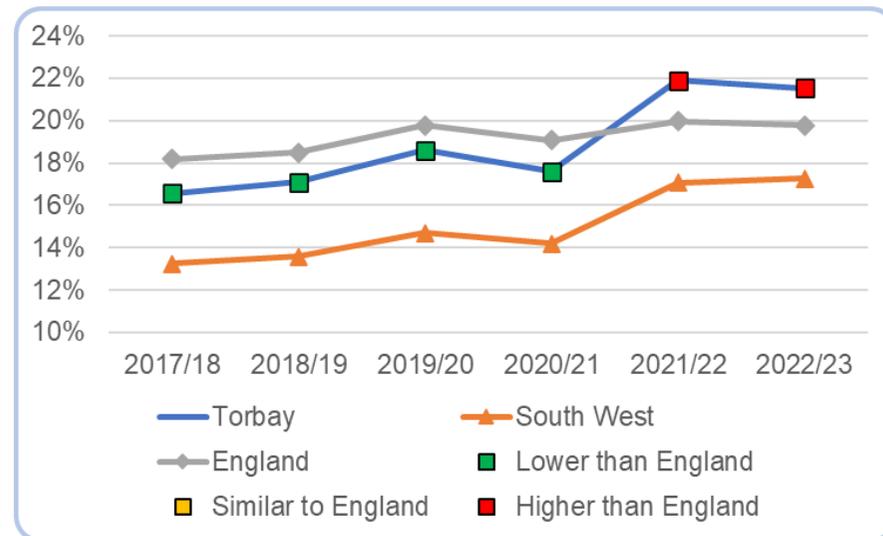


Fig 124: Children in relative low income families  
Source: OHID – Public Health Profiles (Fingertips)



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Rates of Torbay children under 16 living in low-income families rose significantly in 2021/22 and continued to broadly maintain that level during 2022/23 when compared to previous periods. Over 1 in 5 Torbay children under 16 lived in a low income family during 2022/23, the rate was significantly higher than England and the South West (Fig 124). 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.

The 2021 Census asked for the highest qualification level of those aged 16 and over. 20% of Torbay residents had no qualifications which was higher than South West and England averages. Torbay also had a significantly lower proportion of residents with a Level 4 qualification (degree level) or above (Fig 125).

There continue to be significant gaps amongst those aged 16 to 64 in the overall employment rate and those with a physical or mental long term health condition which was 7.4 percentage points in 2022/23 (Fig 126), and Learning Disabilities which was 69.2 percentage points in 2022/23 (Fig 127). The physical or mental long term health condition gap is broadly similar to England, the Learning Disability gap has been broadly in line or better than the England average over the last 5 years but remains large.

Fig 125: Highest level of qualification (2021)

Source: Census 2021

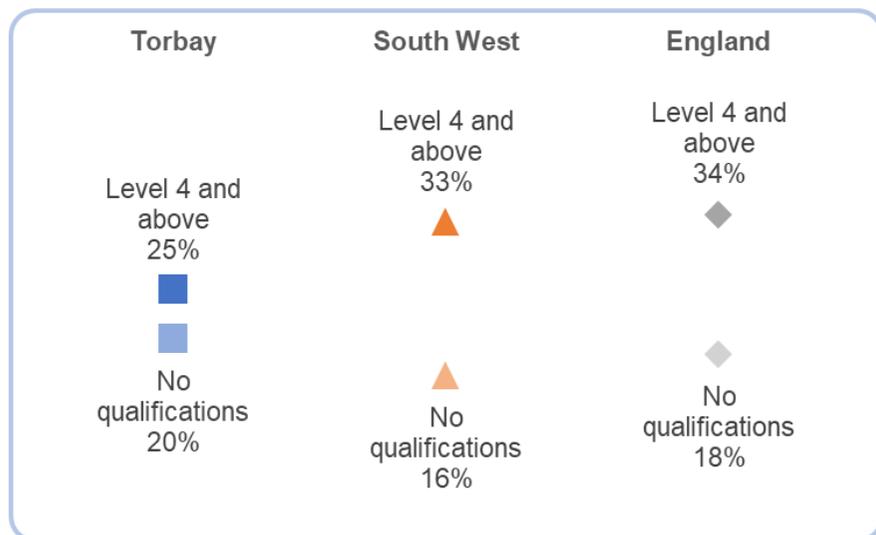
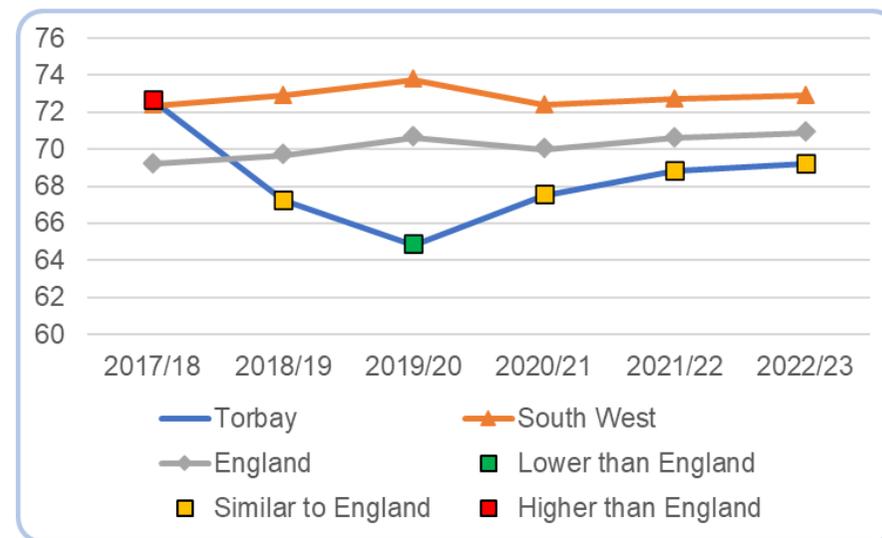


Fig 127: Gap in employment rate between those in receipt of long term support for a learning disability and the overall employment rate – Percentage points

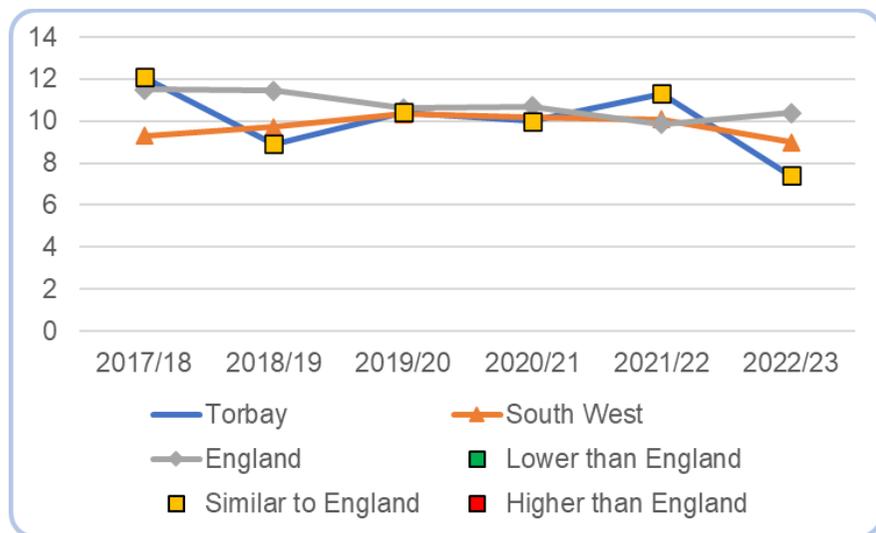
Source: OHID – Public Health Profiles (Fingertips)



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Fig 126: Gap in employment rate between those with a physical or mental long term health condition and the overall employment rate – Percentage points

Source: OHID – Public Health Profiles (Fingertips)



### Business, Broadband Connectivity and Insolvencies

The number of active business enterprises in Torbay stood at 4,460 for 2023. There were 475 births and 475 deaths of enterprises within 2023 (Fig 128). For the 450 new Torbay enterprises born in 2018, 200 (44.4%) survived for 5 years, this is a better rate of survival than England (39.4%) and broadly in line with the South West (45.2%).

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 2 local authorities

having a lower GVA per filled job in England for 2022 (West Devon, Wyre Forest).

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 128: Torbay enterprises (2023)

Source: Business Demography (ONS)



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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 2024 data from Ofcom shows that 98% of Torbay residences have Superfast broadband availability, 88% Ultrafast broadband availability and 81% full-fibre availability. Torbay has a significantly higher proportion of residential premises able to connect to Ultrafast (UK 84%) and Full Fibre (UK 69%). It is a similar story with Commercial premises with Torbay having significantly higher levels of availability of Ultrafast (70% to 62%) and Full fibre (54% to 48%) compared to UK. However, slightly more commercial premises are unable to receive decent broadband compared to UK (7% to 5%) (Fig 129).

Fig 129: Broadband connectivity availability (July 2024)

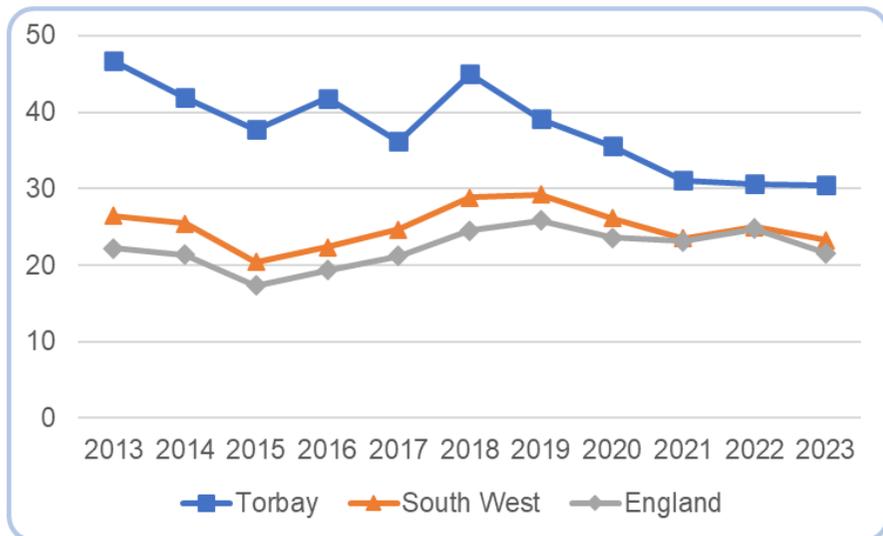
Source: Ofcom Connected Nations

Residential	Torbay	UK
<b>Full Fibre</b>	81%	69%
<b>Ultrafast</b>	88%	84%
<b>Superfast</b>	98%	98%
<b>Unable to receive decent broadband</b>	<1%	1%
Commercial	Torbay	UK
<b>Full Fibre</b>	54%	48%
<b>Ultrafast</b>	70%	62%
<b>Superfast</b>	87%	89%
<b>Unable to receive decent broadband</b>	7%	5%

The rate of Individual Insolvencies per 10,000 adults in Torbay reached its lowest level in the last decade during 2023, this is the continuation of a trend over the decade with a drop from 504 Individual Insolvencies in 2013 to 348 in 2023. However, rates are still significantly higher than the South West and England (Fig 130). The make-up of Individual Insolvencies has changed significantly since 2013 with a significant increase in Individual Voluntary Arrangements but falls in Debt relief orders and bankruptcies.

Fig 130: Individual Insolvency Rates per 10,000 adults

Source: Insolvency Service



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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](#)

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
16 to 64 year old population (2023)	%	57%	60%	61%	63%	●	↓
16 to 64 year olds who are economically active (July 2019 to June 2024)	%	77%	79%	81%	79%	●	↓
Of those employed, in full-time employment (2019 to 2023)	%	59%	65%	65%	69%	●	↑
Unemployment (Nov 2024)	%	3.2%	3.5%	2.8%	4.2%	●	↔
16 and 17 year olds not in education, employment or training (2023)	%	7.4%	4.7%	5.8%	5.2%	●	↑
Median full-time salary - Residents (2024)	£	£30,611	£36,255	£36,112	£37,617	●	Not relevant
Level 4+ Qualification (2021)	%	25%	31%	33%	34%	●	↑
Children in relative low income families (2022/23)	%	22%	18%	17%	20%	●	↓
Individual Insolvency Rate (2023)	Rate per 10,000 adults	30	25	23	22	●	↓

## Housing

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### 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

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- Since the start of 2020, 45% of Torbay dwellings had an Energy Performance Certificate (EPC) rating of C or better.

Source: Ministry of Housing, Communities & Local Government

- Notable rise in the number of households experiencing fuel poverty in Torbay.

Source: OHID – Public Health Profiles (Fingertips)

- Rate of homelessness has been consistently higher in Torbay when compared to England.

Source: OHID – Public Health Profiles (Fingertips)

- On average, 127 households were in temporary accommodation each quarter between October 2023 and September 2024.

Source: Ministry of Housing, Communities & Local Government

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.

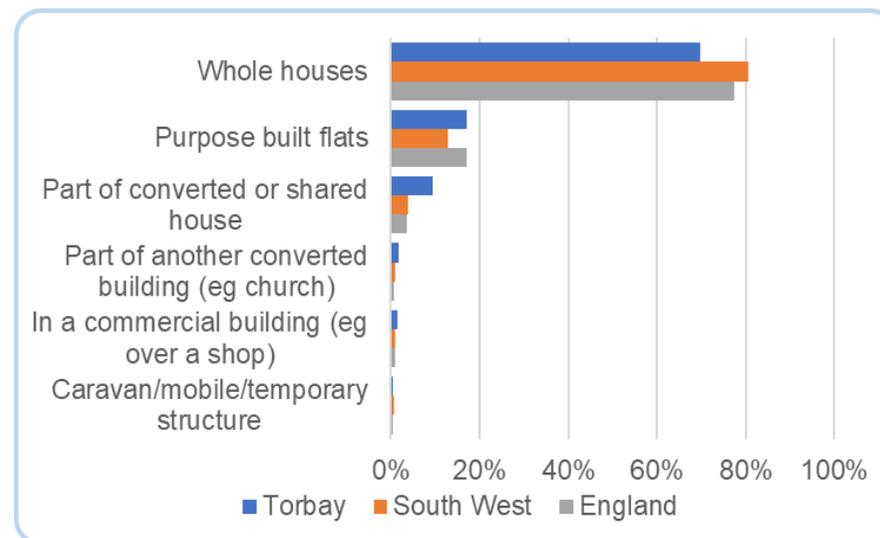
### Households and housing mix

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 131). 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 131: 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

South West and England but the rate of decline is shallower (Fig 132).

Torbay has high rates of privately rented accommodation, 27% of Torbay households live in the privately rented sector (Fig 133) 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 132: Percentage of households who own their own home

Source: Census

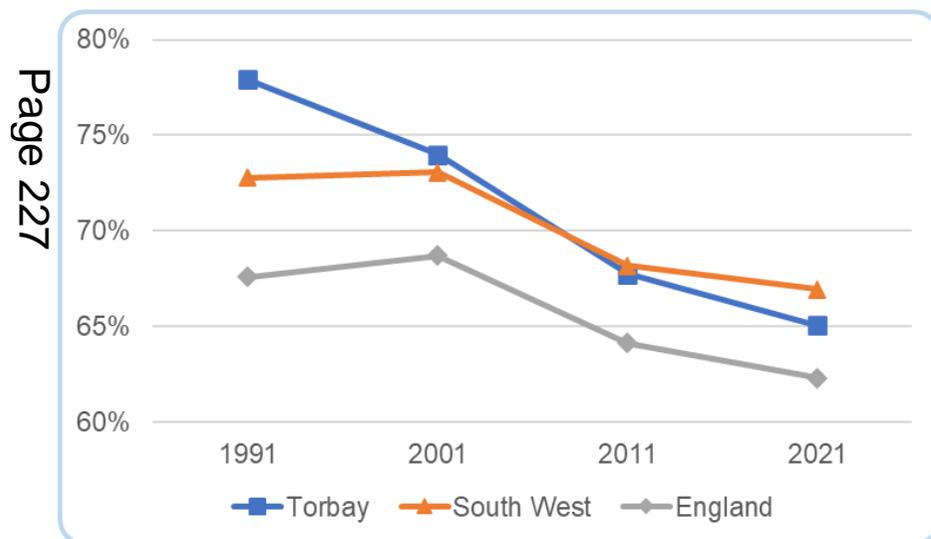
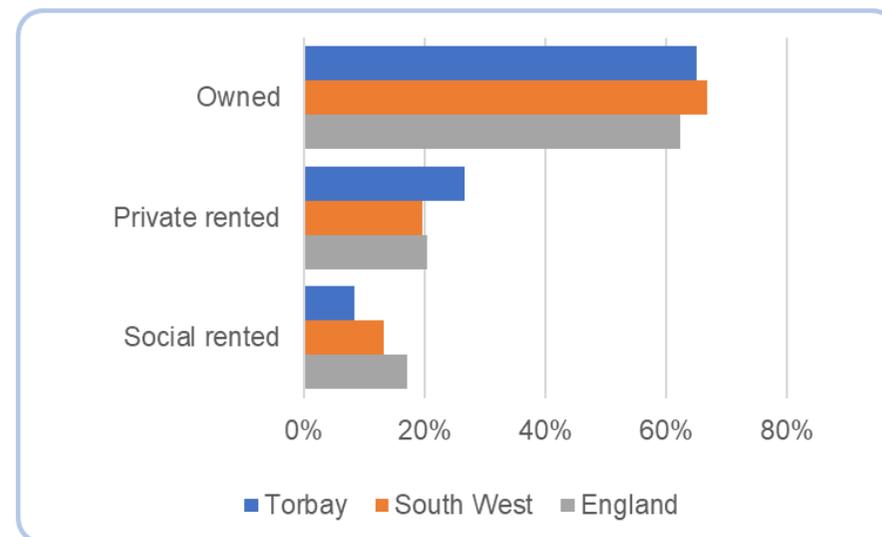


Fig 133: Housing Tenure (2021)

Source: Census 2021



### House prices and rents

Over the last 2 decades, the median house price (including flats) in Torbay has risen at a slightly lower rate than the South West and England although rates post-COVID rose at a slightly higher rate than the South West and England. For the year ended September 2024, the median house price paid in Torbay was £246,000 which was a 21% rise when compared to 4 years before as prices rose after the 2020 COVID-19 lockdowns. The lower quartile house price paid for the year ended September 2024 was £178,488 in Torbay, lower quartile refers to median of the lower half of house prices. These prices have risen 15% over the previous 4 years. Within Torbay, the lower quartile prices have risen slightly slower than median prices over the last 20 years (Fig 134).

Fig 134: Median and lower quartile house prices (£, year ending September)

Source: Office for National Statistics

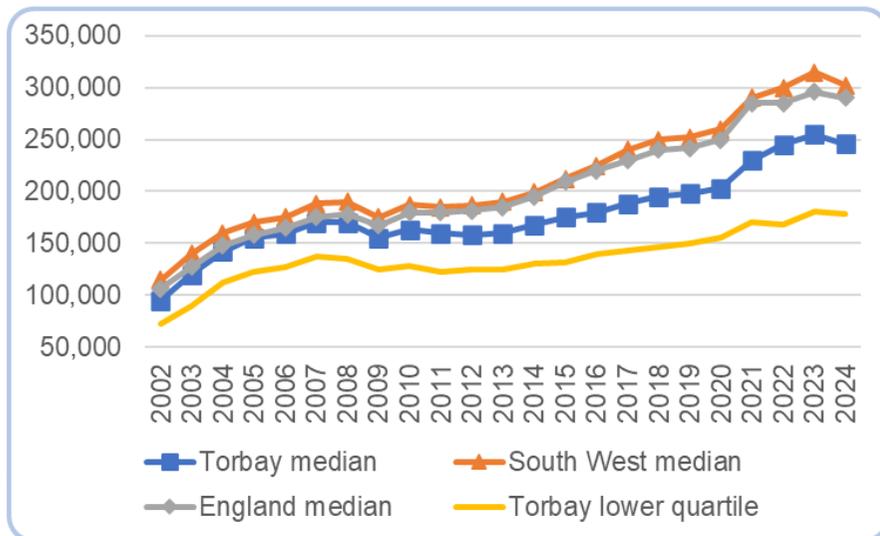
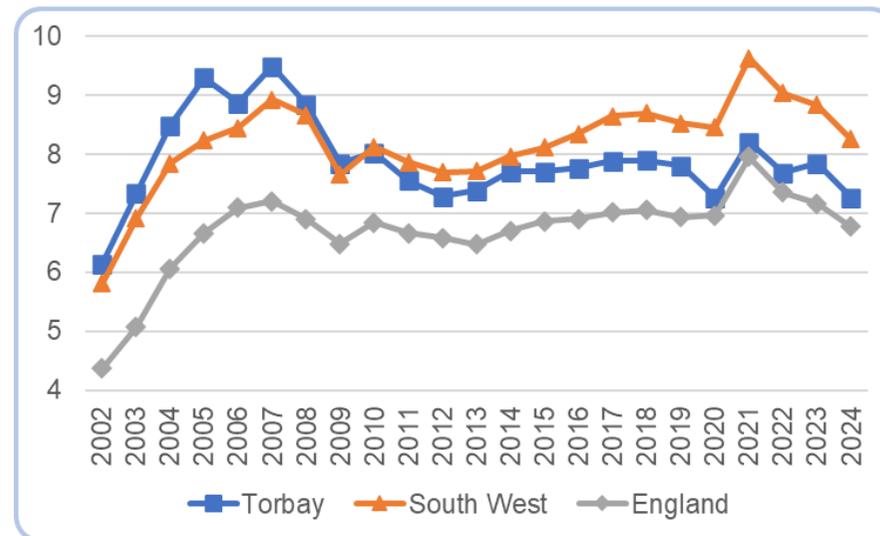


Fig 135: Ratio of lower quartile house price to lower quartile gross annual residence-based full-time earnings

Source: Office for National Statistics



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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 135). For the year ended September 2024, the ratio of lower quartile house price to lower quartile residence-based full-time earnings was 7.27 (South West – 8.26, England – 6.77). It should be noted that these ratios are calculated against those in full-time employment, for a large amount of those who are employed part-time these ratios will be significantly worse.

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 than averages for the South West and England (Fig 136). Overall, Torbay average monthly rents increased by 5.5% from the previous year. It should also be noted that levels of social housing are comparatively low in Torbay.

**Fig 136: Average monthly rents (January 2025)**

Source: Office for National Statistics Price Index of Private Rents

Area	Torbay	South West	England
1 bed	£573	£772	£1,125
2 bed	£758	£994	£1,254
3 bed	£927	£1,213	£1,396
4+ bed	£1,222	£1,773	£2,060

### 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

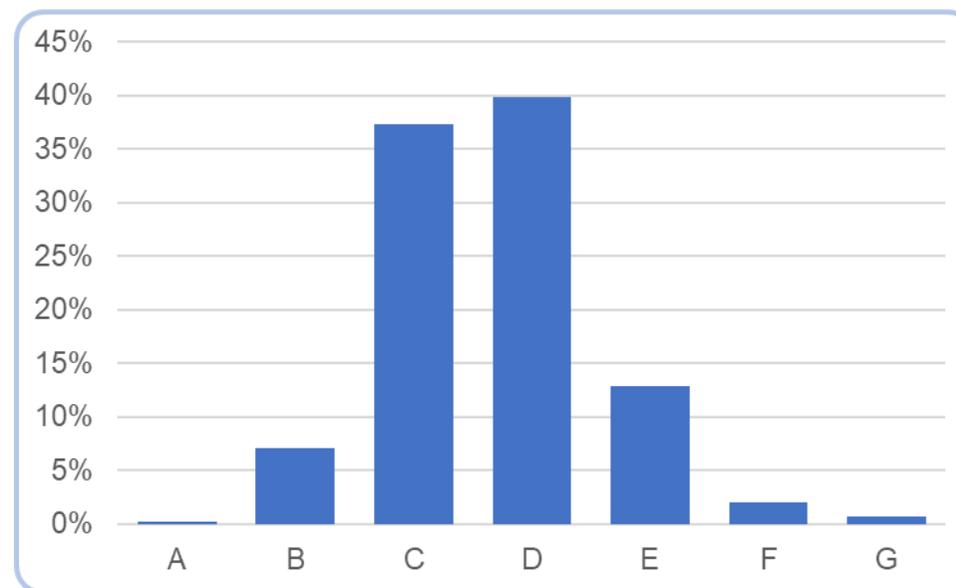
[Health inequalities: Cold or damp homes - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/subject/health-inequalities/cold-or-damp-homes).

An Energy Performance Certificate (EPC) measures how energy efficient a property is, these are needed for new-build properties and if you wish to sell your property. An EPC is graded from A for the most energy efficient properties to G for the least energy efficient. As well as the environmental need for more energy efficient houses, there is a financial imperative in the face of higher energy bills. Grades A to C are seen as the target to reach, although this can be particularly difficult in older properties. For the period January 2020 to December 2024 (data collection started in late 2008), 45% of Torbay dwellings were rated as EPC Band C or better (Fig 137). Rates were significantly better in flats than houses, and almost all new properties were rated A to C. By comparison, 41% of existing

dwellings since January 2020 were Band C or better. Energy efficiency for existing dwellings has improved when compared to the 30% achieving Band C or better since 2008 but it is still the case that only the minority of existing dwellings meet this target. Socially rented properties were more than twice as likely to be Band C or higher than privately rented or owner occupied. Latest data for the number of EPC lodgements during the period January 2020 to December 2024 is shown in Fig 137, 40% of Torbay lodgements returned a Band D.

**Fig 137: Percentage of grades for EPC lodgements - Torbay (January 2020 to December 2024)**

Source: Ministry of Housing, Communities & Local Government

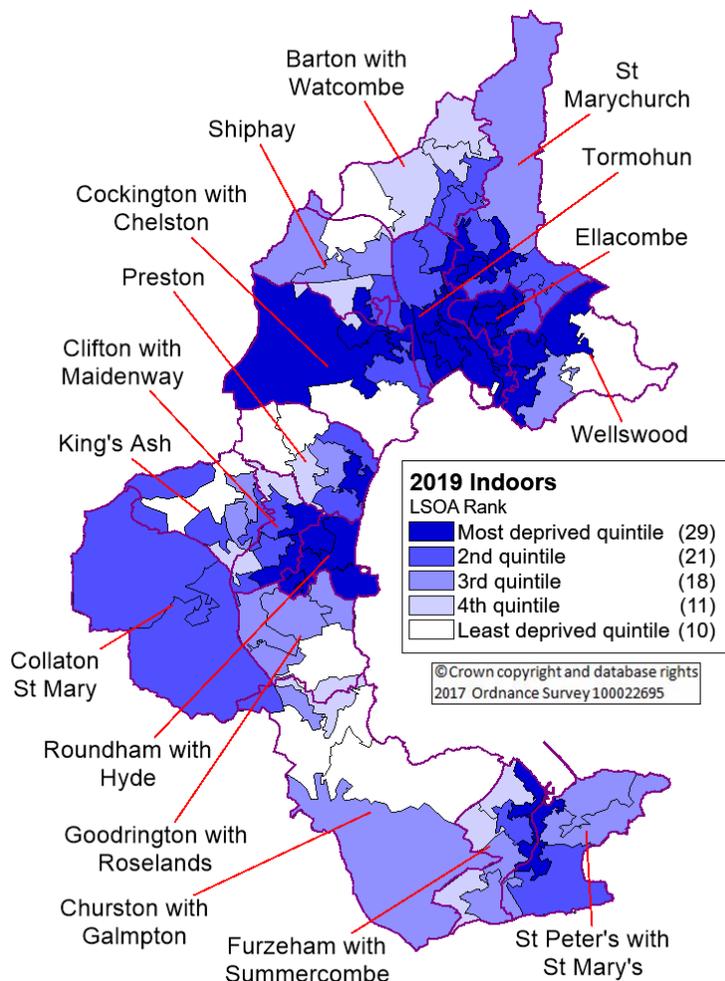


Indoor deprivation is a sub-section of the Index of Multiple Deprivation 2019. Indoor deprivation measures the quality of housing, specifically the proportion of houses that do not have central heating or fail to meet the Decent Homes standard. There

are significant concentrations of indoor deprivation in the central areas of Torquay, Paignton and Brixham (Fig 138)

**Fig 138: Rank of Indoor Deprivation**

Source: English Indices of Deprivation 2019

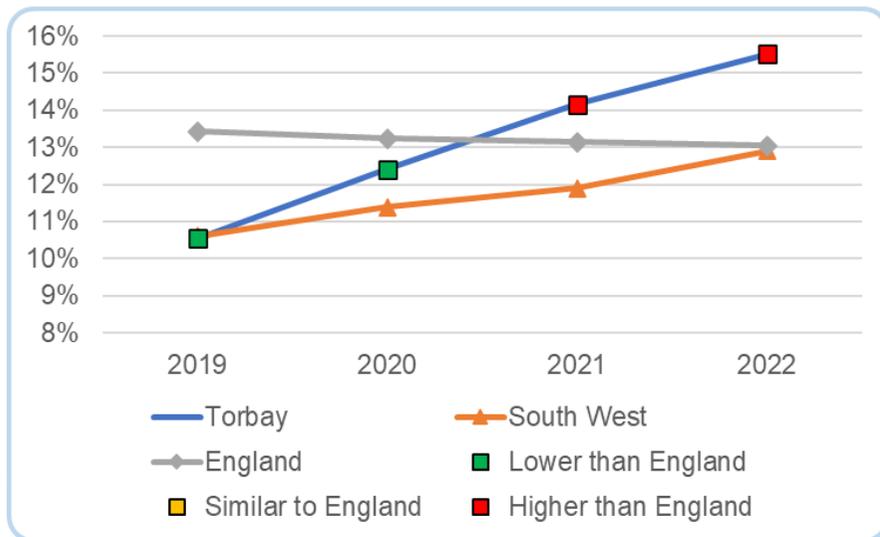


1,420 households in Torbay had no central heating according to the 2021 Census. This equates to 2.3% of households (England 1.5%) and has fallen from 2,925 households in 2011. Rates were highest in Tormohun (4.4%) and Roundham with Hyde (3.8%).

The Department for 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.

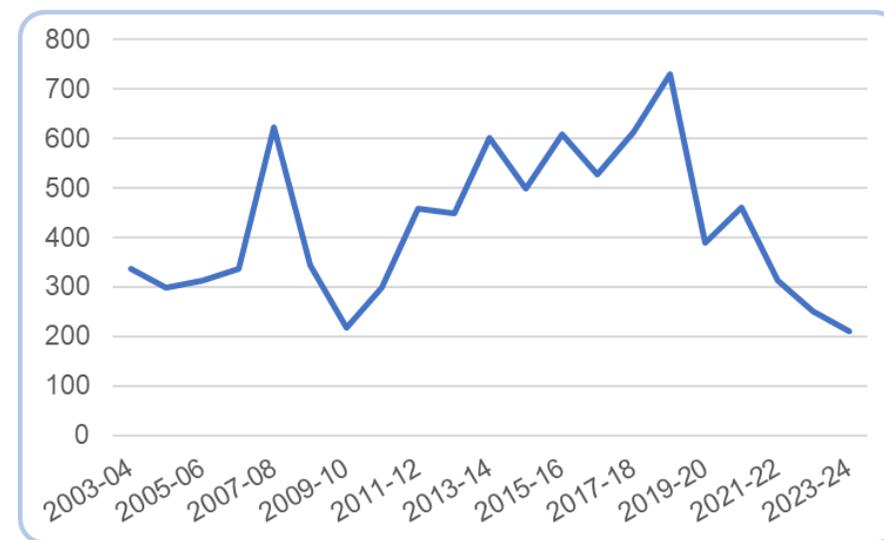
As of early April 2025, there were no available records at local authority level beyond 2022. As of 2022, 15.5% of Torbay households were in fuel poverty which was higher than the South West and England (Fig 139). This is a significant rise from the figure of 10.5% of Torbay households from 2019. Across 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 \(www.gov.uk\)](https://www.gov.uk/government/statistics/fuel-poverty-statistics).

**Fig 139: Percentage of households in fuel poverty (Low income, low energy efficiency methodology)**  
Source: OHID – Public Health Profiles (Fingertips)



(Fig 140), this is significantly below the 5 year and 10 year averages of 325 and 460 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 there have been further revisions around national planning policy signalled, updates to policy and plans can be found at [Local Plan Update - Torbay Council](#).

**Fig 140: 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 2016/17 to 2023/24, 396 additional affordable units were completed in Torbay, most of these relating to affordable rent or shared ownership (Fig 141). 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.

**Housing needs and homelessness**

On 31<sup>st</sup> March 2024, Torbay Council had 1,639 households on its housing waiting lists which was a little lower than the previous year of 1,674, this is a significant increase compared to 31<sup>st</sup> 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 1,639 households, 863 required 1 bedroom, 383 required 2 bedrooms, 267 required 3 bedrooms and 126 required more than 3 bedrooms. The housing waiting list equates to an estimated 2.5% of Torbay households compared to the England rate of 5.5%.

Statistics around net additional dwellings for the period 2011-12 to 2020-21 have been significantly revised after the release of the 2021 Census, leading to a significant uplift in the number of net additional dwellings in Torbay during this period. The number of net additional dwellings added to Torbay housing stock during 2023/24 was 211

Fig 141: Affordable housing completions – Torbay (2016/17 to 2023/24)

Source: Ministry of Housing, Communities & Local Government

Affordable housing completions type	Number
Affordable Home Ownership	5
Affordable Rent	172
Shared Ownership	172
Social Rent	47
<b>TOTAL</b>	<b>396</b>

As of October 2024, Torbay had 3,135 vacant dwellings, 1,467 of these have been vacant for at least 6 months which is classified as long-term. Torbay Council Tax base for October 2024 showed 68,736 dwellings on the valuation list, this indicates that 2.1% of Torbay dwellings were long-term vacants, this compares to 1.0% for England. Until 2022, vacancy rates in Torbay had been on a general downward trend for a number of years (Fig 142).

Approximately 6 in 7 (84.5%) of Torbay care leavers aged 17 to 21 were deemed to have ‘suitable’ accommodation, this is significantly lower than the England rate of 88.2%. 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).

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 143)

Fig 142: Vacant dwellings – Torbay

Source: Council Tax base statistics Table 615

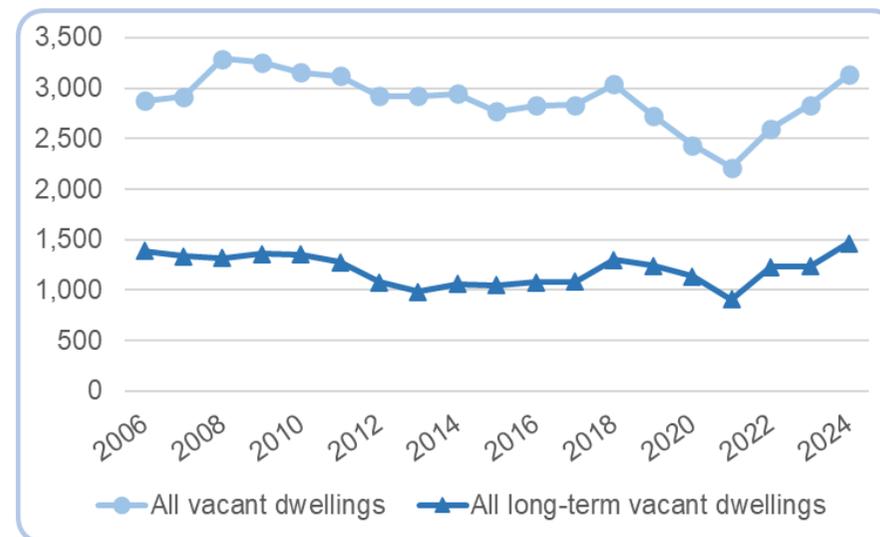
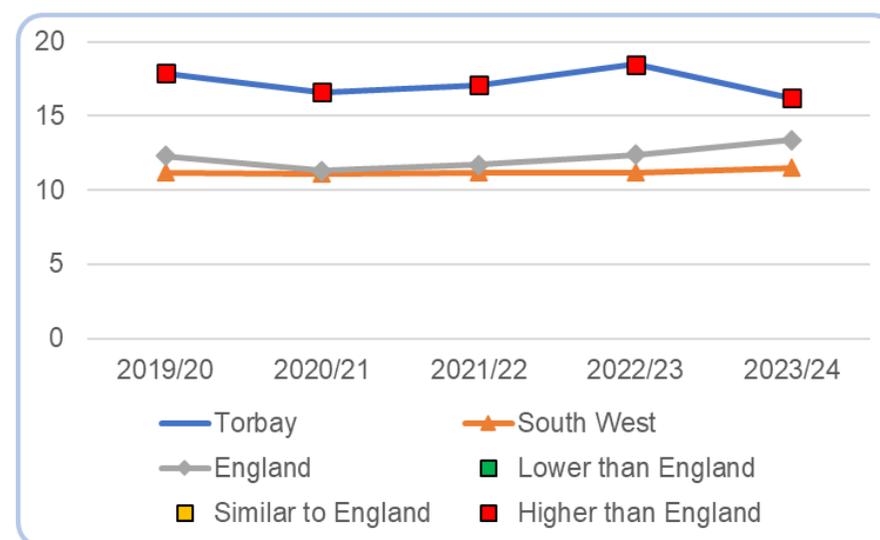


Fig 143: Homelessness: Rate of households owed a duty under the Homelessness Reduction Act, per 1,000

Source: OHID – Public Health Profiles (Fingertips)



For 2023/24, 1,051 out of the 1,058 Torbay households assessed were owed a homelessness duty, including 612 households owed a relief duty (because they were already homeless), and 439 threatened with homelessness who were owed a prevention duty. Figures were taken from the homelessness tables held at [Tables on homelessness - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

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

- End of private rented tenancy (assured shorthold) – 22%
- Friends or family no longer willing or able to accommodate – 21%
- Domestic Abuse – 18%
- Non-violent relationship breakdown with partner – 12%

For those owed a *prevention duty* the main reason for the threat of loss of last settled home was the end of a private rented assured shorthold tenancy (60%). This is much higher than the England average which is around 39%.

For 2023/24, 71% of Torbay households owed a duty had support needs, in many cases multiple support needs, this was significantly higher than the rate of 54% 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 – 45%
- Physical ill health and disability – 34%
- At risk of or had experienced domestic abuse – 20%
- Offending history – 18%
- History of rough sleeping – 17%

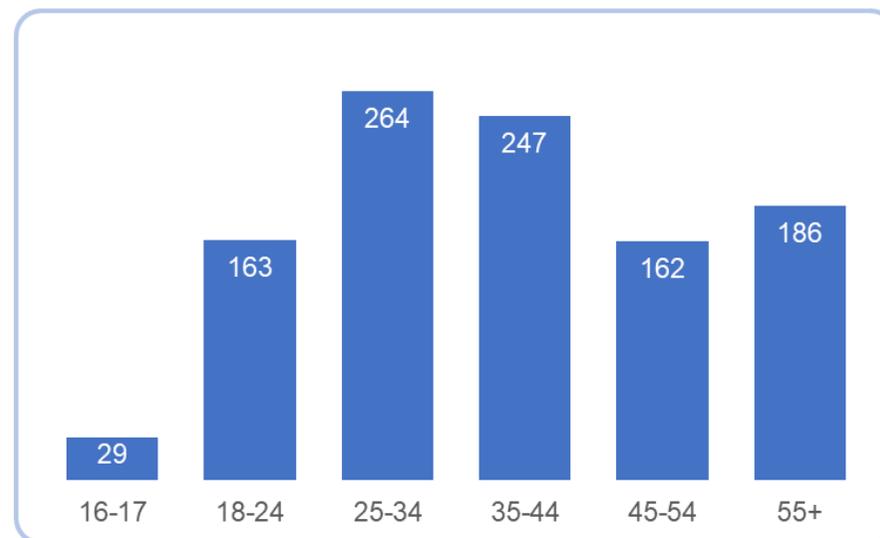
All of these support needs were more common in Torbay than across England over the same period, for instance 26% had a history of

mental health problems across England, 19% experienced physical ill health and disability.

Just under half (49%) of the main applicants during 2023/24 owed a prevention or relief duty were between 25 and 44 years old (Fig 144).

Fig 144: Age breakdown of those owed a homelessness duty – Torbay (2023/24)

Source: Ministry of Housing, Communities & Local Government



3 out of 4 people owed a *relief duty* during 2023/24 (already homeless) were either single males (48%) or single females (27%). 20% of people owed a relief duty had dependent children (16% were single mothers, 2% single fathers, 2% couples or 3 or more adults).

For those owed a *prevention duty* the main groups consisted of 50% who were single adults (30% male, 20% female), 23% single female parents with dependent children, 12% couples with dependent children and 7% 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 2023/24, 189 out of 466 (41%) main duty decisions resulted in acceptance of the local authority having a 'main' duty. The remaining 59% were 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 (38%) and physical disability/ill health (22%).

The average number of households in temporary accommodation in Torbay (averaged over 3 quarters from 3 months to 31<sup>st</sup> December 2023 – 3 months to 30<sup>th</sup> September 2024, the 3 months to 30<sup>th</sup> June 2024 were unavailable) was 127, of these, on average, 50 were households with children. The most common form of temporary accommodation was self-contained privately managed accommodation which accounted for 29% of temporary accommodation, followed by local authority/housing association stock (22%) and private sector accommodation leased by LA or leased/managed by a registered provider (18%). For those households with children, they were most likely to be placed in local authority/housing association stock (54%), followed by self-contained privately managed accommodation (29%) and hostels (11%). None of the households with children were accommodated in bed and breakfast hotels.

Every year, there is a snapshot taken in the Autumn of the number of rough sleepers throughout England on 1 particular night. Over the

period 2018 to 2022 the number of rough sleepers counted in Torbay had varied between 16 and 20. For 2023, that number rose to 27 and for 2024 it stood at 29.

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 in the last few years. Torbay is back to 2019/20 levels in 2023/24.

Source: Defra, WasteDataFlow

- Torbay's greenhouse gas emissions are on a reducing trend and remain considerably lower than England in 2022, with the domestic sector as the highest emitter followed by transport.

Source: Department for Energy Security and Net Zero

- Percentages of Torbay residents walking or cycling for travel at least 3 times a week increased sharply in 2023 from the year before. Previously Torbay was declining. 2023 brings Torbay in line with the South West and England.

Source: Department for Transport (Sport England – Active Lives Survey)

- Torbay has much energy inefficient housing, less than half (39.6%) of dwellings with Energy Performance Certificates are in the higher bands of A to C in March 2024, 21<sup>st</sup> 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

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

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/>.

### Green space

It is evidenced that being in green environments can help with health and wellbeing, promoting good health and helping with managing health problems and illness recovery. Green spaces are associated with improvements in mental health and quality of life, as well as promoting community cohesion, reducing loneliness and mitigating the impacts of heat, flooding, noise and air pollution. There is less good quality public green space in areas that are the most economically deprived, so people living in deprived areas are less able to gain the health benefits. ([Public Health England](#), 2020)

Access to blue space (coastline, lakes, rivers, canals etc) can also benefit physical and mental health. This is particularly relevant to Torbay as a coastal area.

### Access to green space

The Accessible Greenspace Standards by Natural England focus on access to green and blue spaces within certain distances from home. They also have criteria for quality and capacity (hectares per 1,000 people). Details can be found in the [Green Infrastructure Standards for England Summary](#).

The statistics in Fig 145 align with criteria in the Accessible Greenspace Standards for accessible green space within 15 minutes’ walk from home (although not examining other criteria such as quality). Fig 145 calculates the distance to accessible green space for every household in England measured along a network of walkable streets and paths- where households have accessible green space of at least 0.5 hectares within 200 metres (under 5 minutes’ walk from home) OR at least 2 hectares within 300 metres (5 minutes’ walk from home), AND also have an accessible green space of at least 10 hectares within 1km (15 minutes’ walk from home). Fig 145 shows that 21% of households in Torbay meet this criteria compared to 23% in England as a whole.

Fig 145 shows scenario 7 within the [Access to green space in England](#) datasets. There are 6 other scenarios with different distances to and varying types and definitions of green space included. It is acknowledged in the statistics that the data is not exhaustive and that for some green spaces they have not acquired or created data.

**Fig 145: Percentage of households with accessible green space (at least 0.5ha within 200 metres or at least 2ha within 300 metres, and at least 10ha within 1km), 2024**  
 Source: Department for Environment, Food and Rural Affairs, ONS, Ordnance Survey, Natural England



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.

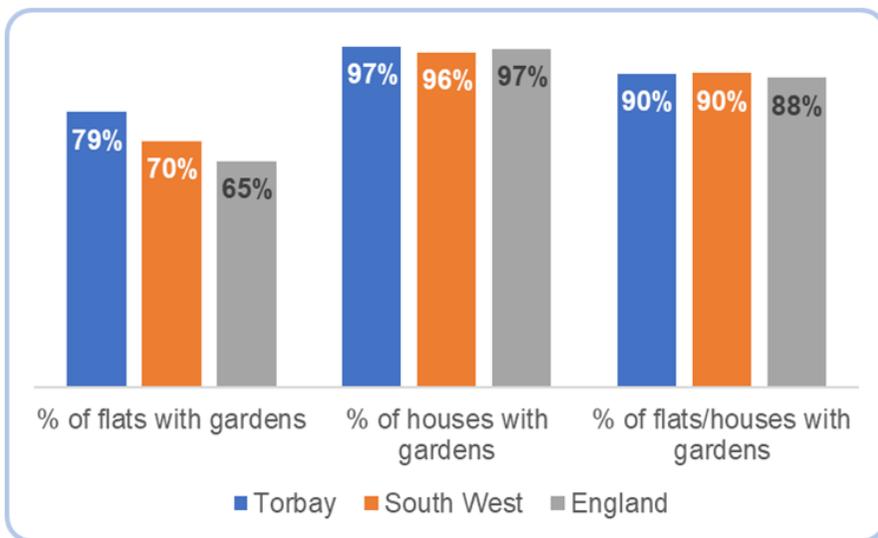
### Homes with gardens

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% have 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)

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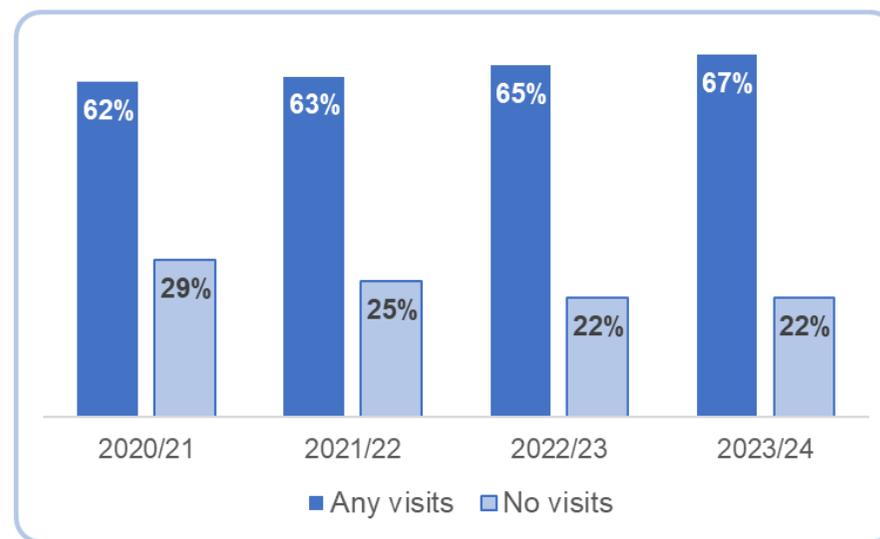
### Visits to green and natural spaces

The Adults’ People and Nature Survey for England collects information on people’s experiences of and views about the natural environment. Fig 147 shows that 67% of people said they visited

green and natural spaces in the last 14 days in 2023/24 compared to 65% the year before. The percentages don’t sum to 100% as some respondents stated they didn’t know or preferred not to say. Of those who visited green and natural spaces in the last 14 days more than 9 in 10 said it was good for their physical health (92%) and almost 9 in 10 (89%) 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+

Source: Adults’ People and Nature Survey for England, Natural England



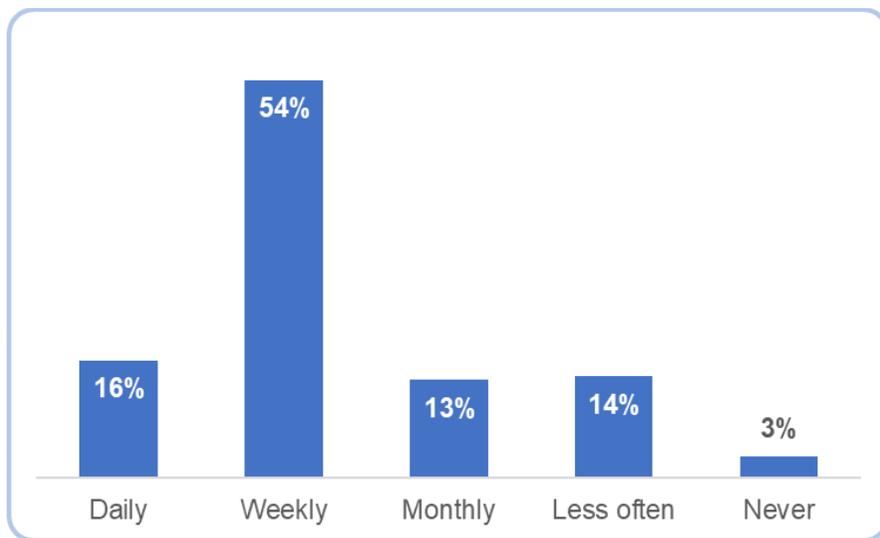
Those who had not visited green and natural spaces in the last 14 days were asked if they were concerned and worried about certain issues. In 2023/24, the highest number had no concerns and issues- 32.7%. The biggest concerns/worries were: lack of facilities (toilets, benches, baby changing etc)- 25.1%, anti social behaviour- 24.3% and visiting after dark- 23.5%. This is the same top 4, almost in the same order, as the previous year.

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 2023/24. The trend in frequency of visits is the same in the last 4 years.

**Fig 148: Frequency of visits to green and natural spaces in the last year, aged 16+, 2023/24**

Source: Adults' People and Nature Survey for England, Natural England



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### Nature and biodiversity

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

Some key findings from the report include:

- The abundance (number of individuals) of the 753 terrestrial and freshwater species measured has on average fallen by 19% across the UK since 1970

- The UK distributions (proportion of sites occupied) of the 4,979 invertebrate species measured have on average decreased by 13% since 1970
- Of 10,008 species assessed in Great Britain (excludes Northern Ireland), 16% are threatened with extinction from Great Britain

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

The UK is party to the Global Biodiversity Framework agreed in 2022. This has targets to halt and reverse the loss of nature by 2030 and achieve recovery by 2050. The State of Nature report notes the UK's ambitious targets to address nature loss set through the Framework saying that 'although our knowledge of how to do this is excellent, the size of the response and investment remains far from what is needed given the scale and pace of the crisis.'

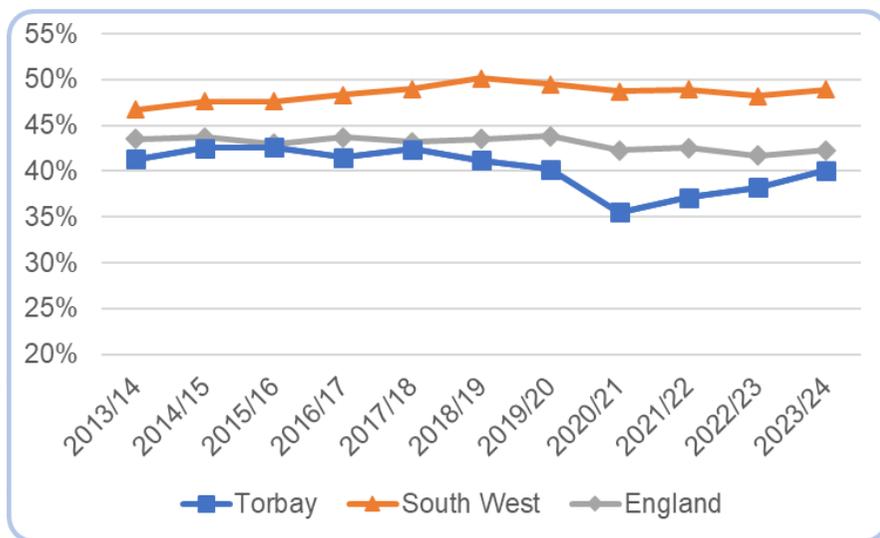
### Waste and recycling

Torbay's percentage of household waste sent for reuse, recycling or composting has been increasing in the last few 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 2020/21. Torbay is back to 2019/20 levels in 2023/24 at 40.1% (England is 42.3%).

Torbay's total household waste collected (ex BVPI 84a measure) rate has increased from 393kg per person in 2022/23 to 413kg in 2023/24. The rate is on a general downward trend and 2022/23 is the lowest in the decade, with 2023/24 the next lowest. Torbay is higher than England in 2023/24 but quite level with the South West.

Please note that 2023/24 figures are provisional for the South West and England.

**Fig 149: Percentage of household waste sent for reuse, recycling or composting (Ex NI192 measure)**  
Source: Defra, WasteDataFlow



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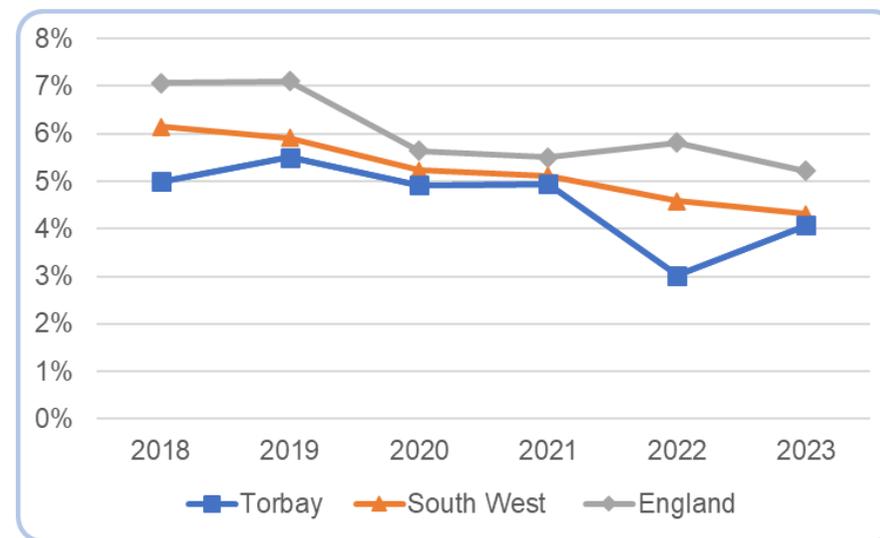
### Air pollution

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 150 is a modelled percentage of mortality associated with long term exposure to particulate air pollution (fine particulate matter). Torbay remained pretty level until a drop in the most recent 2 years, Torbay has been lower than England throughout. It should be noted that mortality data in calculations will have been affected by the

COVID-19 pandemic 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 (new method), 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.

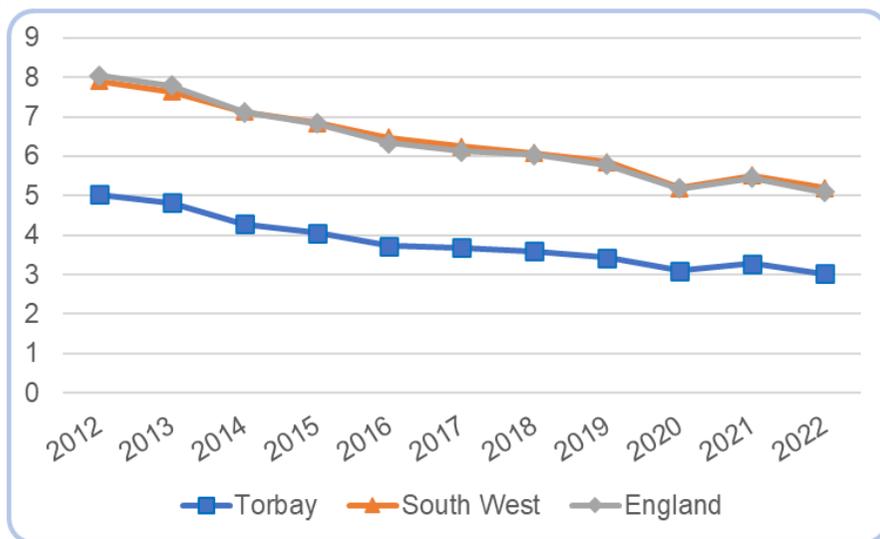
Globally, last year (2024) has been confirmed as the warmest year on record, beating the year before (2023) which previously held this record. This makes 11 years in succession that have equalled or exceeded 1.0°C above the pre-industrial average period (1850-1900)

according to the HadCRUT data series collated by the Met Office, University of East Anglia and the National Centre for Atmospheric Science. 2024 is the first year likely exceeding 1.5°C above pre-industrial levels. For the Paris Agreement, temperatures are measured over a longer period- multiple estimates say the current global warming level is 1.3 °C. ([Met Office](#), Jan 2025)

The UK has a target of net zero emissions by 2050, laid out in the Government’s 2021 [Net Zero Strategy: Build Back Greener](#)

The greenhouse gases in Fig 151 are carbon dioxide, methane and nitrous oxide. This 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 2022 sees a return to around 2020 levels.

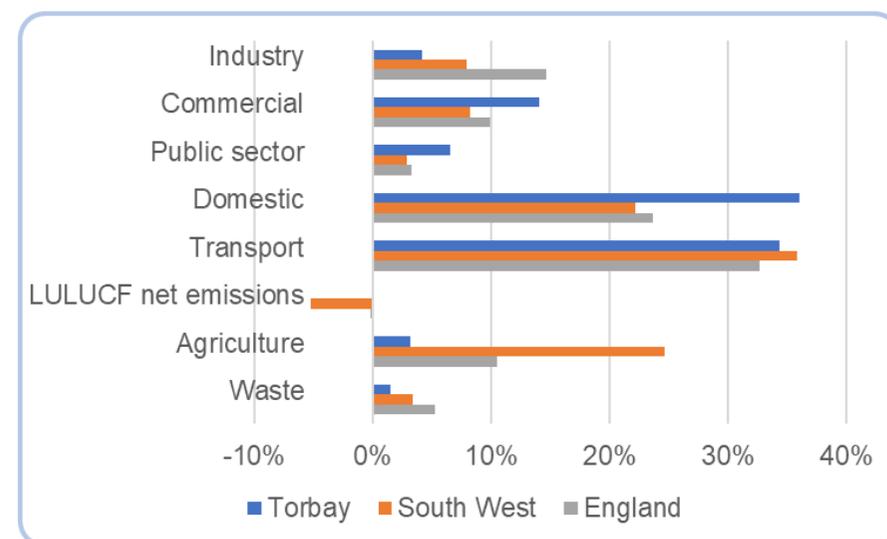
**Fig 151: Greenhouse gas emissions – tonnes of CO<sub>2</sub> equivalent units (tCO<sub>2</sub>e) per capita (per person)**  
Source: Department for Energy Security and Net Zero



Please note: Figures cannot be compared to the UK Greenhouse Gas Inventory due to minor methodological differences and exclusions

Fig 152 splits the 2022 emissions into sectors. The sector emitting the largest proportion of Torbay’s emissions is the domestic sector (energy consumption in and around the home) at 36.1%, followed by transport at 34.4%. Compared to the South West and England, Torbay has a far higher proportion of emissions that are from the public sector (6.5%) which is double the England proportion, and domestic emissions are also considerably proportionally higher. Industry (4.2%), agriculture (3.2%) and waste (1.5%) are considerably 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, 2022**  
Source: Department for Energy Security and Net Zero



Please note: Figures cannot be compared to the UK Greenhouse Gas Inventory due to minor methodological differences and exclusions.

### 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.

### Transport

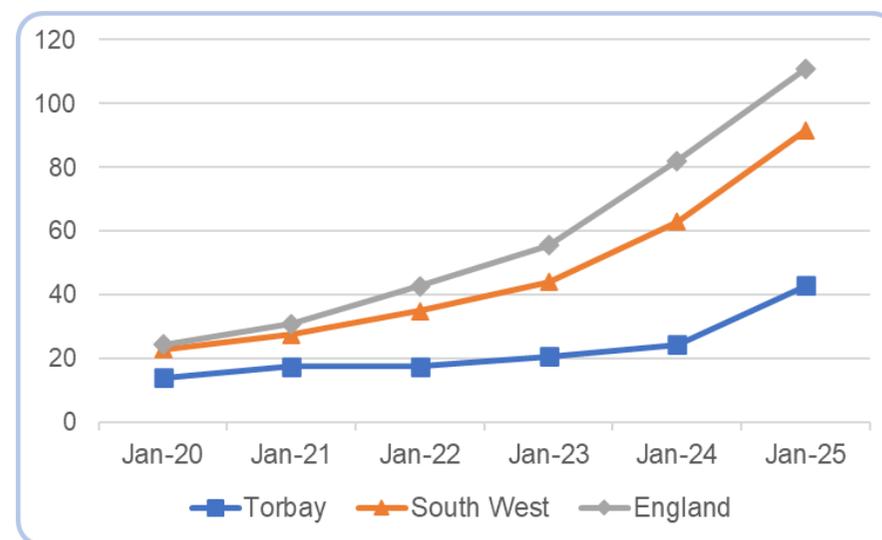
The second largest emitter of greenhouse gases in Torbay (and the highest in England) is transport (Fig 152).

The [Department for Transport](#) publishes the annual average daily flow of motor vehicles- the number estimated to pass a given point. In Torbay, numbers were relatively level for a few years with a steep drop in 2020- COVID-19 will have affected figures. The average daily flow rose steadily in 2021 and 2022 but 2023 is level with the year before. Torbay has lower levels than England over the years. As is the trend in England, Torbay’s 2023 figure (3,523 vehicles) is below but close to pre COVID-19 levels in 2019.

The use of electric vehicles is encouraged as a way of reducing emissions. Fig 153 shows publicly available charging devices per 100,000 people. These are official statistics in development and do not show complete coverage (Zapmap report they have coverage of

over 95% of public charging). Each device is counted once but it is not indicated whether they can charge only a single vehicle or multiple simultaneously. Devices included are those reported as operational at a certain point, so a snapshot. Torbay’s rate is less than half of the South West and England rates but has increased notably in the last year- by not far off double to 43 per 100,000. In Torbay this equates to 60 devices reported for January 2025.

**Fig 153: Publicly available electric vehicle charging devices at all speeds, per 100,000**  
Source: Department for Transport, Zapmap



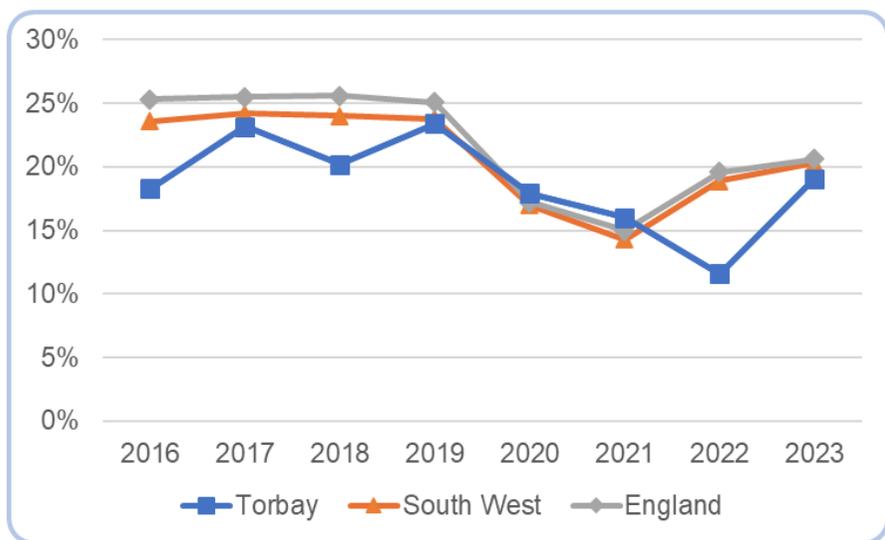
Using public transport rather than a motor vehicle where possible reduces emissions. The number of passenger journeys on local buses per head of population is reported by the [Department for Transport](#). In Torbay the rate dropped steeply in the year ending March 2021 before rising in 2022 but with little movement in 2023 and 2024. The 2024 rate (40.3) is still 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.

### Walking and cycling

Walking and cycling are good for physical and mental health and the climate. Fig 154 shows that the percentage of Torbay residents walking or cycling for travel at least 3 times a week has increased sharply in 2023, by 7.5 percentage points from the year before. Previously Torbay’s percentages were declining. The 2023 figure of 19.1% brings Torbay in line with the South West and England. Figures will have been impacted from 2020 during COVID-19 restrictions. Figures for just walking (cycling figures are suppressed due to low sample size) show a similar pattern with Torbay increasing in 2023 to bring it line with the South West and England. Walking in these statistics refers to a continuous walk of over 10 minutes, for cycling it is any length of journey.

**Fig 154: Percentage of residents walking or cycling for travel at least 3 times a week, age 16+**  
 Source: Department for Transport (Active Lives Survey – Sport England)



### Housing

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

Energy Performance Certificates (EPCs) are required when buildings are constructed, sold or let and measure how energy efficient they are. EPCs are valid for 10 years. Ratings range from A (best) to G (worst). In March 2024, 39.6% of EPCs for dwellings in Torbay were in the higher bands of A to C (Fig 155) which is 21<sup>st</sup> 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- 1 in 5 (21.1%) pre 1930 properties with EPCs were in Band C or above in Torbay compared to nearly all (99.1%) 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 2024 – All dwellings**  
 Source: ONS

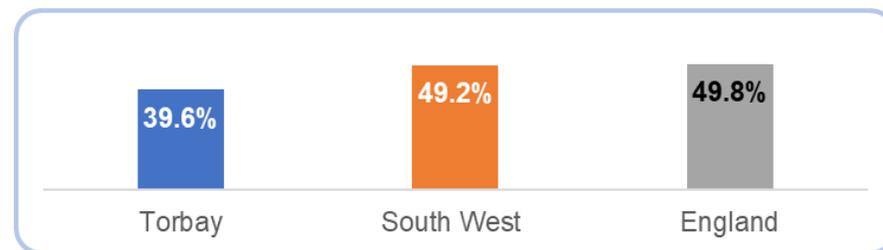
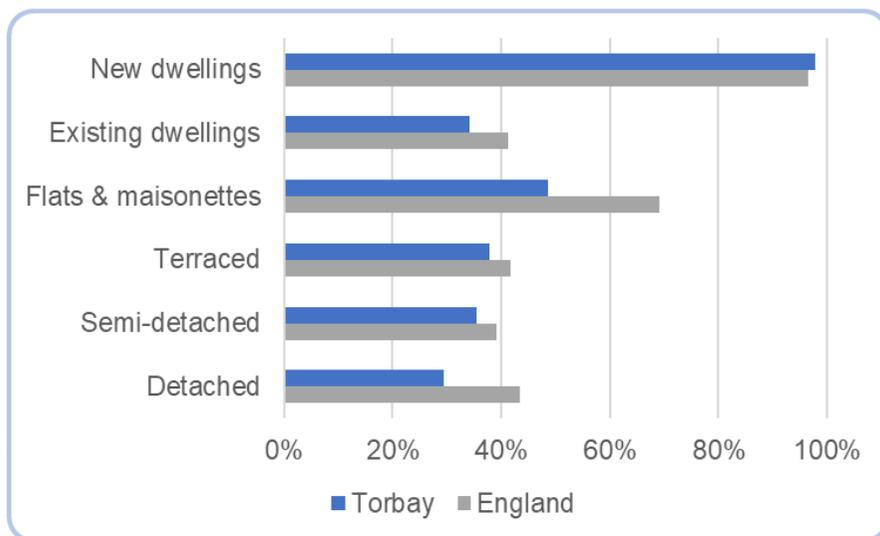


Fig 156: Percentage of housing with Energy Performance Certificates at Band C or above, 10 years to March 2024 – New, existing and different types of dwellings

Source: ONS



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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<sub>2</sub> emissions, the higher the rating the less impact. In the 4 years of 2021 to 2024 combined, where an EPC was completed in this period, 34.3% of Torbay’s buildings had an EIR in Band C or above, lower than England where it was 46.8%. Torbay had 38.8% in Band D and 11.8% 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. 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 2023, Torbay’s main renewable electricity installation type was photovoltaics (solar) which was the case for the UK as a whole. Torbay had 2,826 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 2023. In terms of generation, offshore wind followed by onshore wind and then plant biomass generated the most renewable electricity in the UK during 2023. ([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 benefits 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, mood and quality of life.

Woodland covered an estimated 9.13% of Torbay in 2019 ([Forest Research, ONS, Department of Agriculture, Environment and Rural Affairs](#))- using the National Forest Inventory woodland map which covers woodland of at least 0.5 hectares. Forestry Statistics released

in 2024 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 157). This encompasses trees of over 7.5cm trunk diameter at breast height and over 3 metres tall. It is estimated that the ecosystem services provided by the trees of carbon storage, pollution removal and avoided run-off has increased while carbon sequestration has decreased.

**Fig 157: Figures from Torbay’s urban forest surveys, 2010 and 2022**  
 Source: Torbay’s urban forest: Assessing urban forest effects and values, survey 2, Treeconomics, using the i-Tree Eco model

Measure	2010	2022
Number of trees (estimate)	692,000	459,000
Tree canopy cover	11.8%	18.2%
Shrub cover	6.4%	10.8%
Carbon storage	154,000 tonnes	172,000 tonnes
Annual carbon sequestration	5,680 tonnes	4,910 tonnes
Annual pollution removal	57 tonnes	67 tonnes
Annual avoided runoff	158,000m <sup>3</sup>	195,000m <sup>3</sup>

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

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

[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 and the testing positivity rate sharply increased in Torbay in 2022 and remained almost level in 2023, they are higher than previous years.

Source: OHID – Public Health Profiles (Fingertips)

- Torbay's chlamydia detection rate in 15 to 24 year olds more than doubled in 2022 and slightly reduced in 2023. These years are far higher than England after a previously decreasing trend. The 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 11 years shown but both are on an increasing trend.

Source: OHID – Public Health Profiles (Fingertips)

- The rate of provision of long acting reversible contraception (LARC) in Torbay has been higher than England throughout the last decade.

Source: OHID – Public Health Profiles (Fingertips)

- Torbay has a significantly higher rate of abortion than the England average for at least the last 11 years.

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

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

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

### Sexually transmitted infections (STIs)

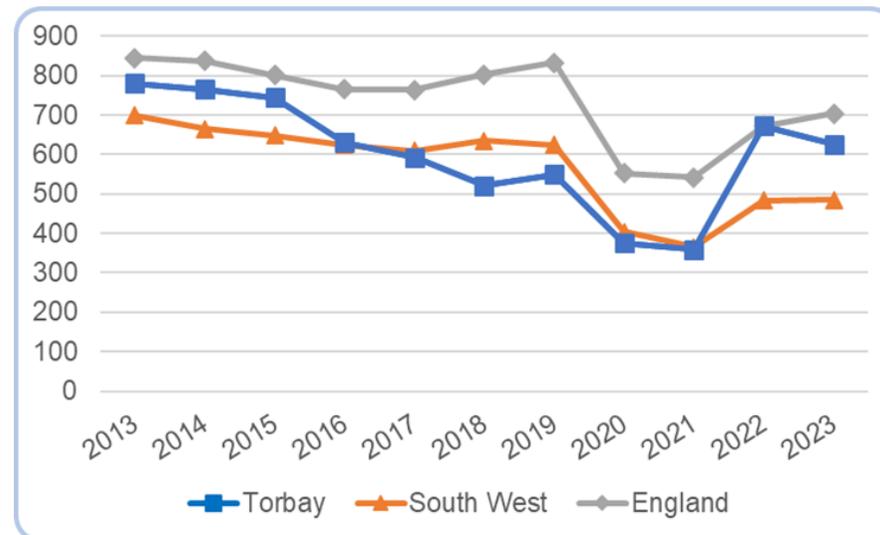
STIs can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important.

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

Torbay’s diagnosis rate of STIs among people accessing sexual health services was on a decreasing trend until a sharp increase of not far off double in 2022 (Fig 158). In 2023 the rate has stayed pretty level and is 625 per 100,000. This figure is significantly lower than the England average.

Fig 158: All new STI diagnosis rate, all ages, per 100,000

Source: OHID – Public Health Profiles (Fingertips)



The diagnosis rate of new STIs but 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 following and most recent year, 2023, has remained level in Torbay but risen again in England. Torbay is back to around pre COVID-19 levels. Torbay remains significantly lower than England throughout the decade.

Fig 159 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 but is on an increasing trend.

Fig 159: STI testing rate (excluding chlamydia aged under 25), all ages, per 100,000

Source: OHID – Public Health Profiles (Fingertips)

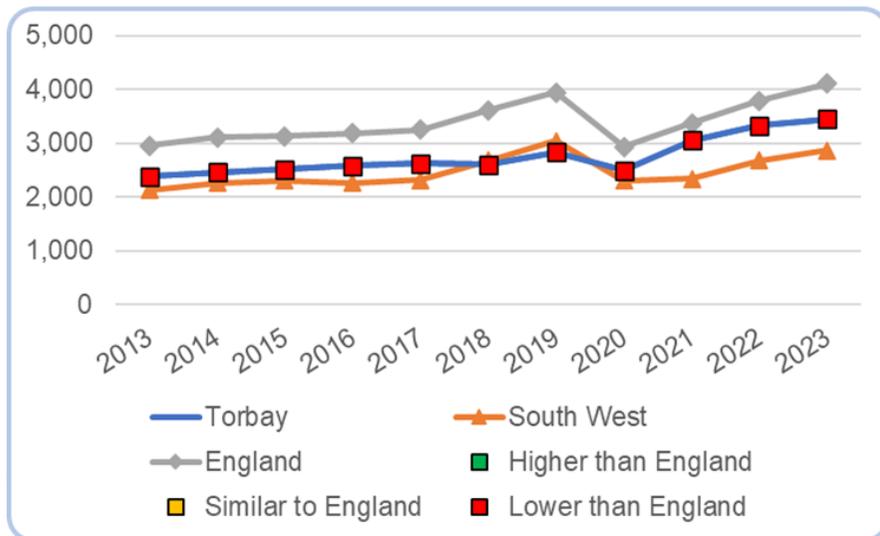
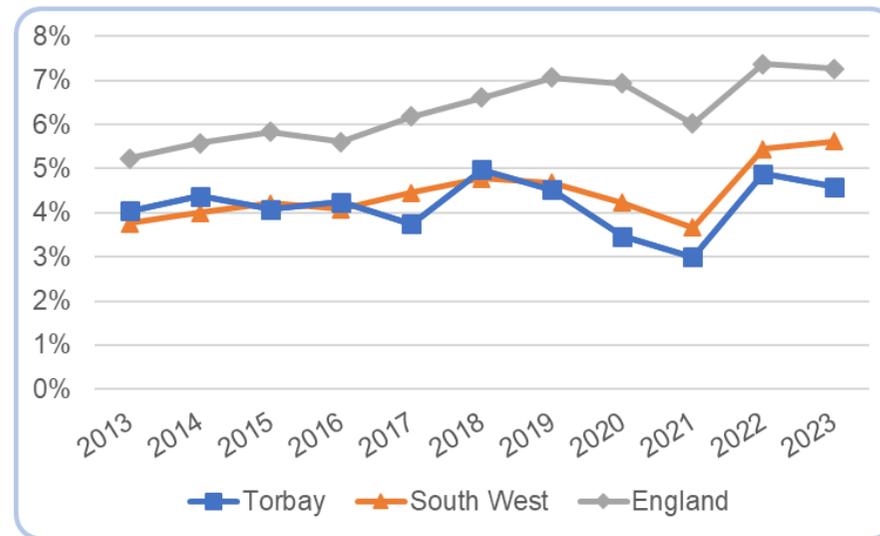


Fig 160: Percentage of STI testing positivity (excluding chlamydia aged under 25)

Source: OHID – Public Health Profiles (Fingertips)



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Fig 160, as in Fig 159, 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 for the last 11 years but in 2022 increased significantly from the 2021 figure after 3 years of decreasing. The most recent year 2023 (4.6%) was almost level with 2022. A higher positivity rate can indicate higher levels of STIs or could suggest that more of those most likely to have infections- the most at risk groups- are being tested.

Specific STIs (amongst people accessing sexual health services):

- Gonorrhoea- Torbay’s number of diagnoses- 86 in 2023 is almost the same as the year before (89). Numbers in 2022 and 2023 are higher than pre COVID-19 levels. The rate per 100,000 has been far lower than England for at least 12 years. England also increased in 2022 and 2023.
- Genital herpes (first episode)- Torbay’s rate per 100,000 equates to 70 diagnoses in 2023. The years 2022 and 2023 are level. Torbay’s rate is similar to England from 2018 with both areas experiencing a steep drop in 2020, figures have only slightly risen since then.
- Genital warts (first episode)- Torbay’s rate per 100,000 equates to 58 diagnoses in 2023 and is on a generally decreasing trend. It is similar to the England rate in this year. Torbay’s rate is broadly similar for the last 4 years.

- Mycoplasma genitalium- Torbay numbers are low with 13 diagnoses in 2023- and the rate per 100,000 has fluctuated over the 5 years of data. 2023 is similar to England after being significantly lower than England for the previous 2 years.
- Syphilis (all infectious syphilis- primary, secondary and early latent)- Torbay numbers are low- 10 diagnoses in 2023- and the rate per 100,000 has fluctuated over the years. Torbay’s rate has been significantly below England for the last 6 years. England is on an increasing trend.
- Trichomoniasis- Torbay’s numbers are low with 10 diagnoses in 2023. The rate per 100,000 fluctuates but is significantly lower than England in all but 1 of the last 12 years. England is on an increasing trend after a steep drop in 2020.

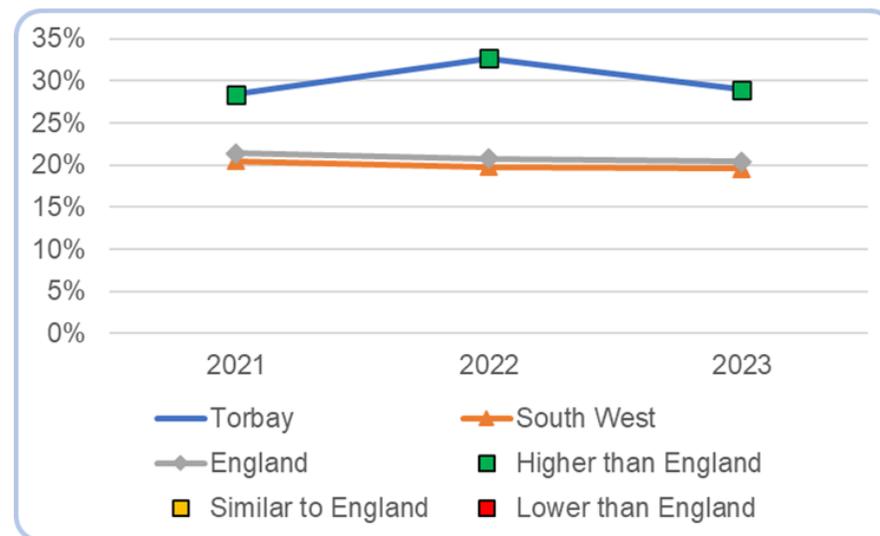
### Chlamydia

Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID PH 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 161) remains significantly higher than England for the 3 years shown. In 2023 Torbay’s percentage is 29.0%, almost 9 percentage points higher than England which is 20.4%.

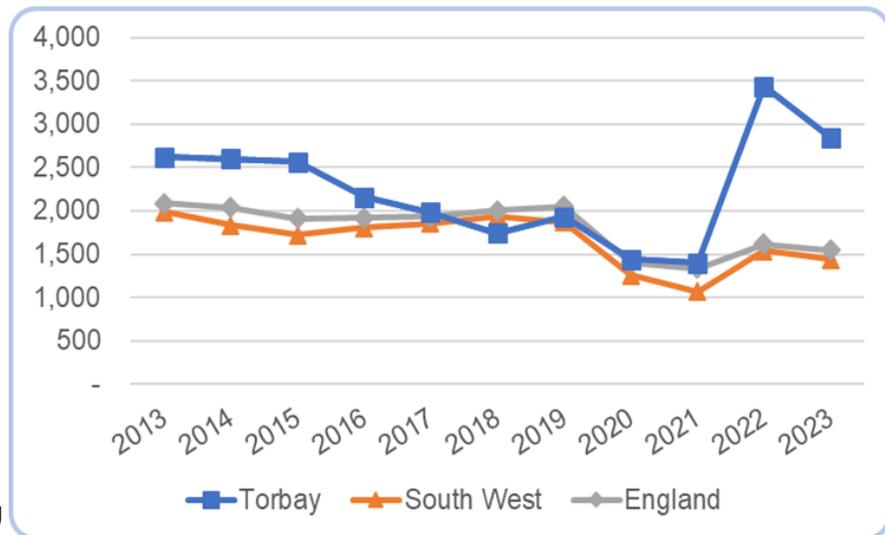
Fig 161: Chlamydia- proportion of 15 to 24 year olds screened, females

Source: OHID – Public Health Profiles (Fingertips)



The chlamydia detection rate (Fig 162) 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 more than doubled in 2022 from the year before and then in 2023 slightly reduced, these 2 years are far above the England rate and Torbay’s 2021 figure. Torbay’s detection rate was previously on a reducing trend. Torbay’s rate equates to 367 diagnoses in 2023 compared to 183 in 2021. This encompasses young people accessing sexual health services and community-based settings.

Fig 162: Chlamydia detection rate, aged 15 to 24, per 100,000  
Source: OHID – Public Health Profiles (Fingertips)



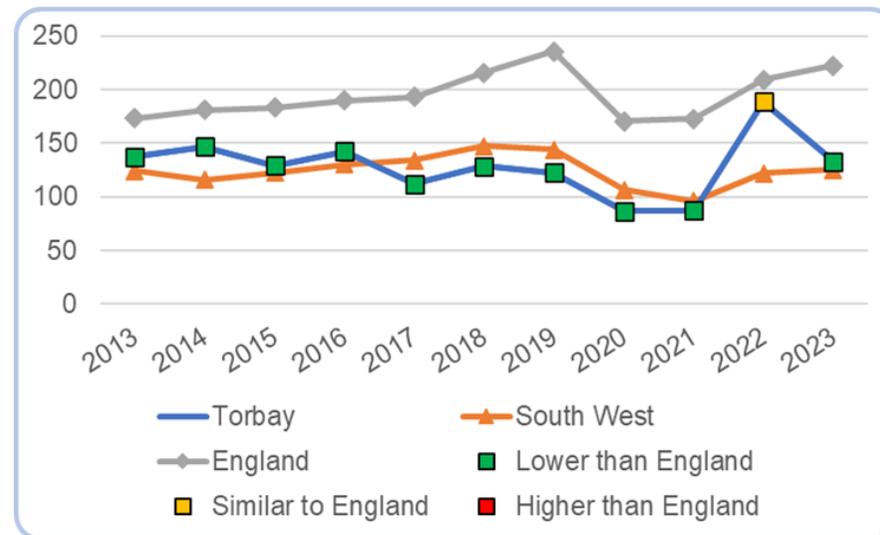
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females have a higher detection rate than males, as in England. In Torbay both sexes saw a steep rise in 2022 and then slightly reduced in 2023 with males seeing a larger fall off than females. The UK Health Security Agency recommends working towards 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 at 3,466 per 100,000 15 to 24 year old females in 2023, the target was not reached nationally (England-1,962 per 100,000 in 2023).

The screening programme goes up to the age of 24 but chlamydia also affects people aged 25 and over. Fig 163 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, but in those aged 25+ it has significantly reduced in

2023 to 133 per 100,000 population. This takes Torbay back to being significantly lower than England.

Fig 163: Chlamydia diagnostic rate, aged 25+, per 100,000  
Source: OHID – Public Health Profiles (Fingertips)



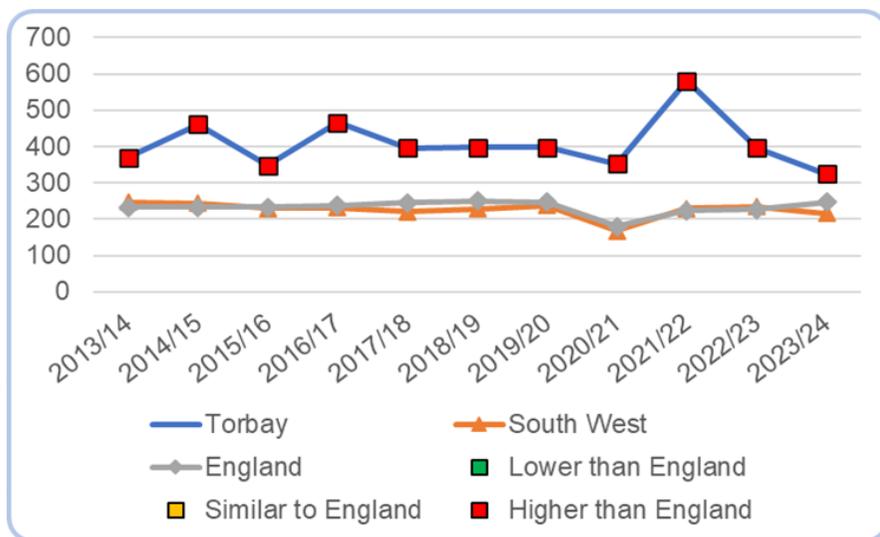
**Pelvic inflammatory disease**

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 average over the years (Fig 164). It is a fluctuating rate which equates to 70 admissions in

2023/24. The peak in 2021/22 was 125 admissions- these numbers are rounded to the nearest 5 [Note on Hospital admissions and SDEC – page 9.](#)

**Fig 164: Pelvic inflammatory disease hospital admissions rate, aged 15 to 44, per 100,000 females**  
Source: OHID – Public Health Profiles (Fingertips)



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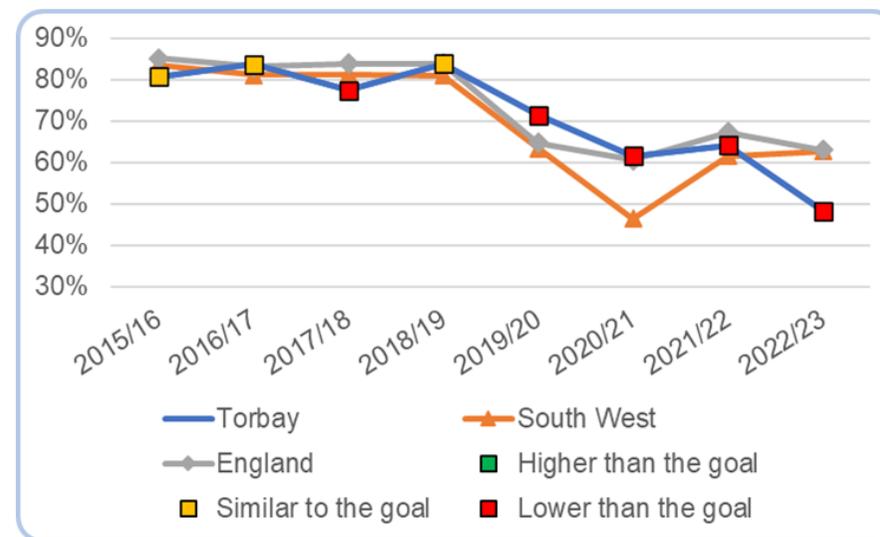
### Human Papillomavirus (HPV)

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

A two-dose immunisation programme is offered from the ages of 12 to 14 years, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. In females Torbay has decreased further since then with a decrease of 16 percentage points in 2022/23 from the year before and a decrease of 35 percentage points from 2018/19 (Fig 165). Torbay, the South West and England are all below the target of 90%

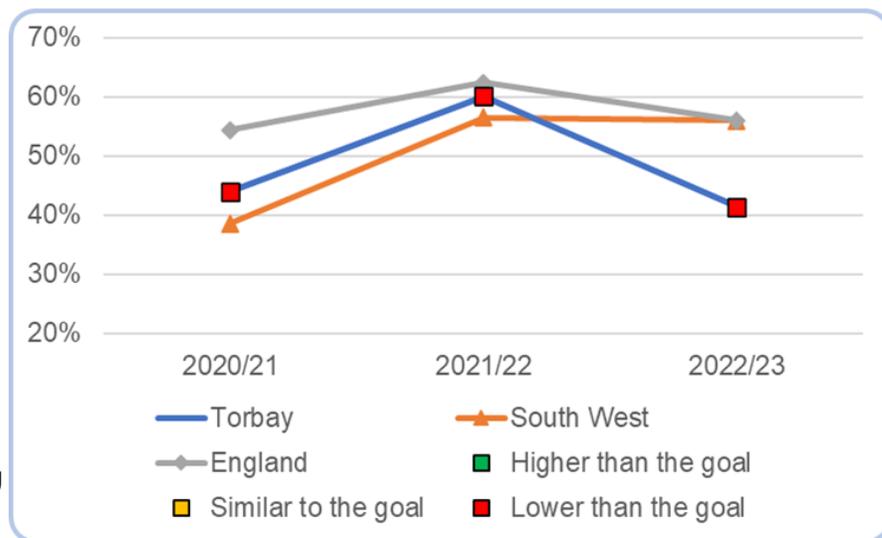
coverage for all the years shown. Torbay is significantly lower than England in coverage in 2022/23 at 48.2% (England- 62.9%).

**Fig 165: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years**  
Source: OHID – Public Health Profiles (Fingertips)



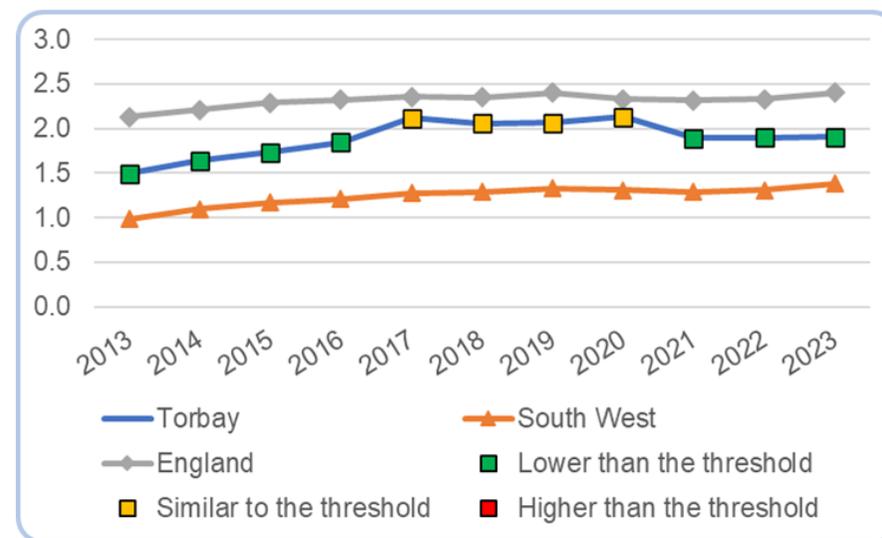
From September 2019, boys were offered the HPV vaccine. Vaccine coverage of boys has fluctuated over the 3 years in Torbay and in 2022/23 has reduced almost 19 percentage points to 41.4% from the year before (Fig 166). The South West and England are level in 2022/23 but Torbay is significantly lower than both areas. All 3 areas are well below the target of 90% coverage.

Fig 166: Percentage receiving the HPV vaccine for two doses, males aged 13 to 14 years  
Source: OHID – Public Health Profiles (Fingertips)



Torbay’s diagnosed prevalence rate for those aged 15 to 59 (Fig 167) is 1.91 per 1,000 in 2023 so slightly below the definition of high prevalence, as has been the case for the last 3 years. Torbay’s rate remains lower than England’s rate and has equated to 135 people for each of the last 3 years. There are 196 Torbay residents of all ages living with diagnosed HIV in 2023 so 61 of them are aged 60 or over which reflects that people with HIV are living longer lives.

Fig 167: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000  
Source: OHID – Public Health Profiles (Fingertips)



Diagnoses of HIV made in the UK, including those who were previously diagnosed abroad, are shown in Fig 168. Diagnoses have fluctuated as numbers are very low. The count for Torbay is 7 in 2023 and the same or lower in the previous 3 years. Torbay fluctuates between significantly lower than and similar to England. If only those first diagnosed in the UK are included then the Torbay count is 0 in 2023 and below 5 for the previous 3 years.

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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.

Fig 168: New HIV diagnoses rate, all ages, per 100,000

Source: OHID – Public Health Profiles (Fingertips)

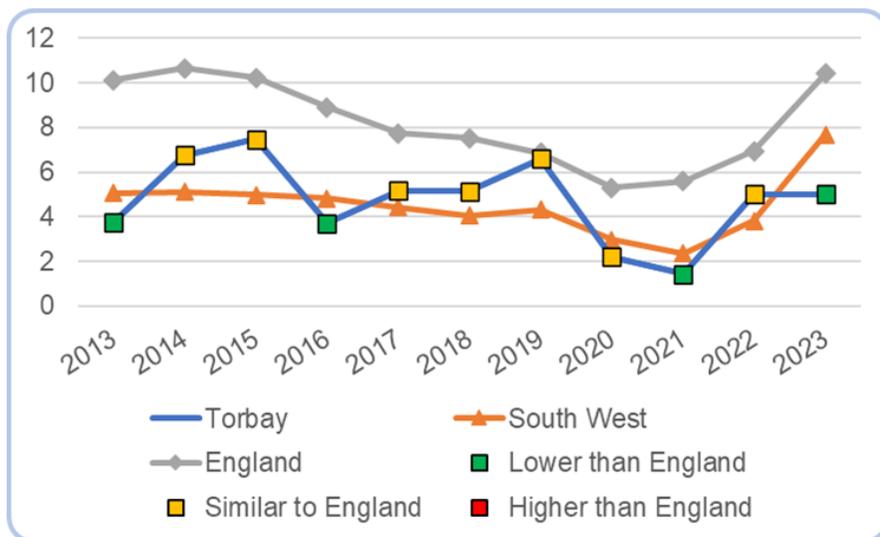
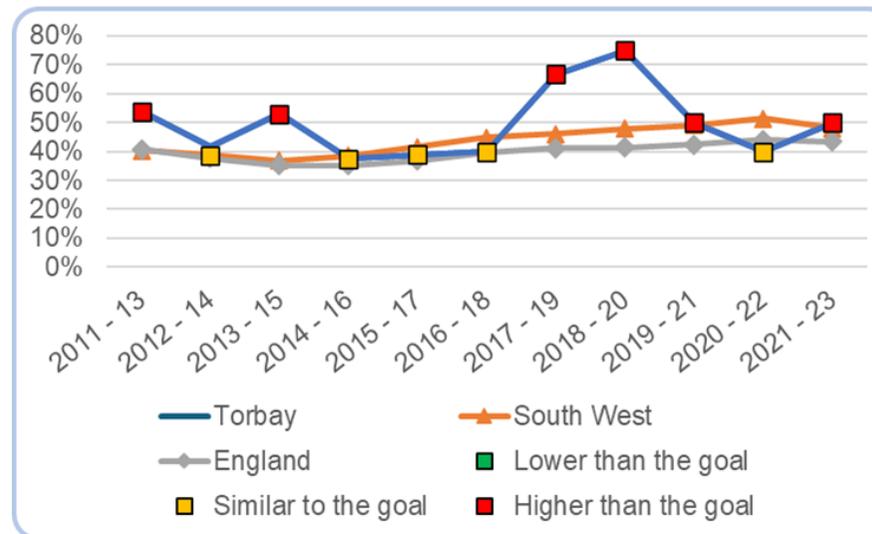


Fig 169: Percentage of late HIV diagnoses in people first diagnosed with HIV in the UK, aged 15+

Source: OHID – Public Health Profiles (Fingertips)



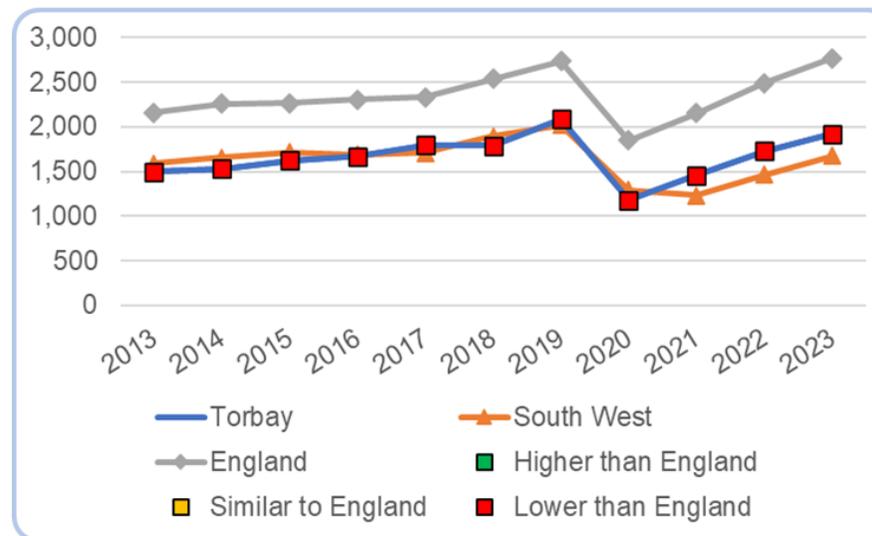
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Reducing late diagnoses of HIV reduces morbidity and mortality. Fig 169 shows late diagnoses and by excluding those previously diagnosed outside of the UK it measures the extent that UK HIV testing is identifying late stage infections. Percentages fluctuate as numbers are very low- Torbay in 2021-23 (3 years combined) equates to under 5 people late diagnosed which is 50% of new diagnoses made in the UK of Torbay residents. The goal is that less than 25% of new diagnoses in the UK are late.

Fig 170 shows the HIV testing rate, these are tests taken by people accessing sexual health services. Torbay's rate is significantly lower than the England average for the 11 years shown. The rate dropped in 2020, likely affected by the COVID-19 pandemic, but has been rising since then. Torbay has followed England's trend throughout the time period.

Fig 170: HIV testing rate, all ages, per 100,000

Source: OHID – Public Health Profiles (Fingertips)



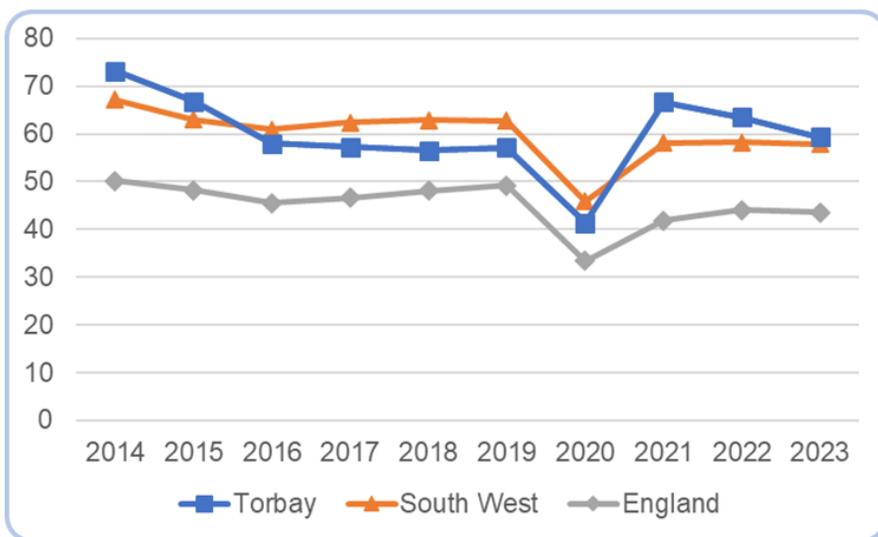
### Contraception

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 (Fig 171) is significantly higher than England in all the years shown. The rate was quite level for several years until the drop in 2020- from April 2020 during the COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 the rate increased sharply in Torbay but since then has been decreasing.

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Fig 171: Rate of prescribed LARC (excluding injections), all ages, per 1,000 female population aged 15 to 44  
Source: OHID – Public Health Profiles (Fingertips)



In Torbay the rate of GP prescribed LARC (excluding injections) is steadily decreasing and has been significantly below the England average for the last 7 years. The rate of Sexual and Reproductive Health (SRH) services prescribed LARC (excluding injections) however shows a very different picture in Torbay- it has been on an increasing trend, except for the expected drop in 2020, and has been significantly above the England average for 9 years. The most recent 3 years of 2021 to 2023 are far higher than the previous years in Torbay SRH services prescribed LARC but have shown little movement. 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. England rates for both GP prescribed LARC and SRH services prescribed LARC have remained broadly level throughout.

### 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 one or more live or still births or a legal abortion. The national trend is of a falling under 18s conception rate and Torbay follows this trend. Although in 2021 Torbay has slightly increased and is significantly higher than the England average the general trend is downwards. The majority of under 18s conceptions are in 16 and 17 year olds, for example under 16s represented 5 of the 43 under 18s conceptions in 2021.

Fig 172: Under 18s conception rate per 1,000 female population aged 15 to 17

Source: OHID – Public Health Profiles (Fingertips)

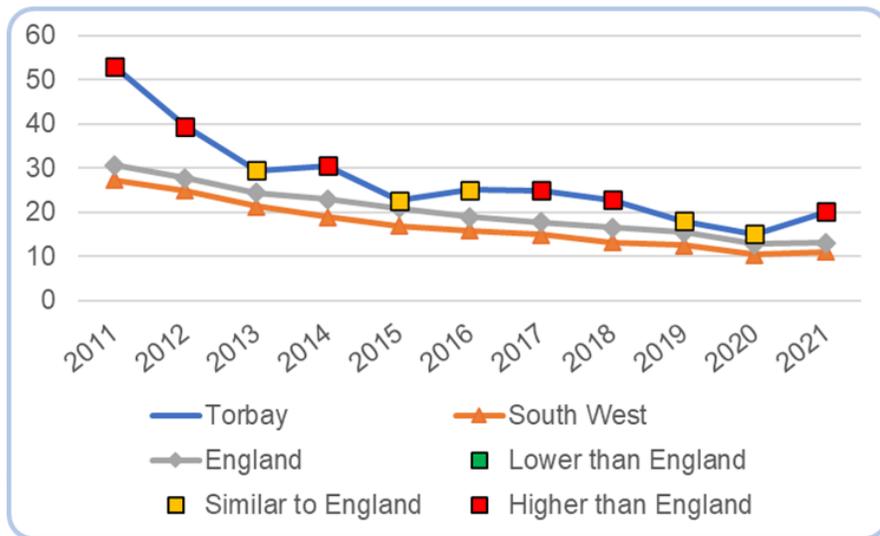
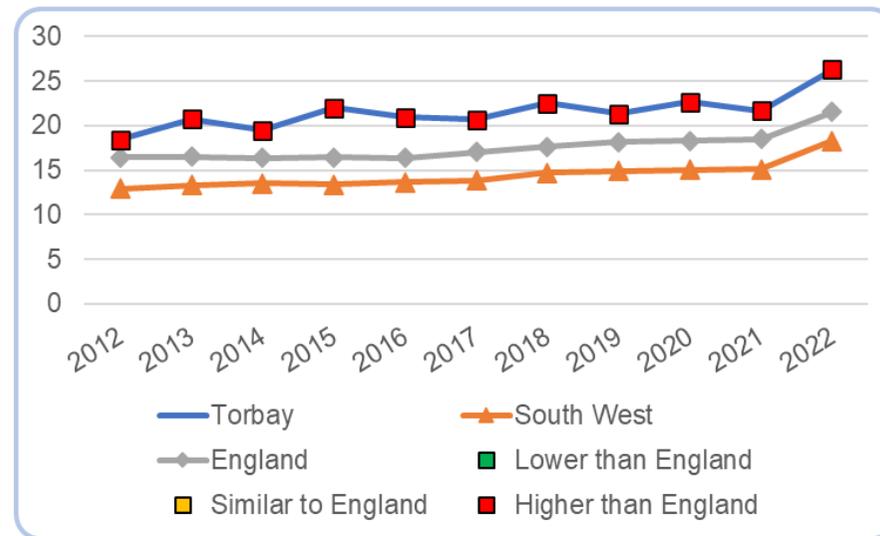


Fig 173: Abortion rate, all ages, per 1,000 female population aged 15 to 44

Source: Department of Health & Social Care abortion statistics (2012 to 2020), OHID (2021,2022), ONS mid-year population estimates



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Abortions

Torbay has consistently had a significantly higher rate of abortion than the England average over the years (Fig 173). Torbay, the South West and England all see a marked increase in 2022 compared to the year before.

The conception rate in under 18s is decreasing nationally and Torbay follows this trend. The under 18s abortion rate has fallen in Torbay but from 2017 to 2021 the rate and numbers remained broadly constant. In the following year of 2022 there was a slight increase in the under 18s abortion rate with England also seeing an increase. Torbay was significantly higher than England in 2022.

In women aged 25+ Torbay’s abortion rate has increased over the last decade with England also increasing.

Further local information on sexual and reproductive health can be found in the [Torbay sexual and reproductive health needs assessment](#), December 2022 and the [Summary profile of local authority sexual health \(SPLASH\), Torbay](#), UK Health Security Agency, March 2025.

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 (2023)	Rate per 100,000	625	529	484	704	Not relevant	↓
STI testing rate (exc chlamydia under 25), all ages (2023)	Rate per 100,000	3,454	3,353	2,865	4,111	●	↑
Chlamydia screening coverage – Females aged 15 to 24 (2023)	%	29.0%	20.2%	19.6%	20.4%	●	↓
HPV doses HPV coverage - Females aged 13 to 14 (2022/23)	%	48.2%	62.8%	62.7%	62.9%	●	↓
HIV diagnosed prevalence - 15 to 59 (2023)	Rate per 1,000	1.9	1.7	1.4	2.4	●	↑
HIV testing rate (2023)	Rate per 100,000	1,921	1,950	1,676	2,771	●	↑
Prescribed LARC (excluding injections) (2023)	Rate per 1,000	59.3	44.3	57.8	43.5	Not relevant	↓
Under 18s conception rate (2021)	Rate per 1,000	20.2	14.4	11.1	13.1	●	↑
Abortion rate (2022)	Rate per 1,000	26.3	22.4	18.3	21.6	●	↑

## Substance Misuse, Gambling and Dependency

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### Overview

- Prevalence of smoking has risen in the latest year to be 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)

- 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 or the South West.

Source: OHID – Public Health Profiles (Fingertips)

- Since the middle of the last decade there has been a significant rise in the number of drug poisoning deaths in Torbay.

Source: Office for National Statistics

Smoking, Alcohol, Drugs and Gambling are covered within this section, whether this is prevalence, the numbers of people admitted to hospital due to these factors, mortality and levels of dependency and treatment within the community.

### Tobacco

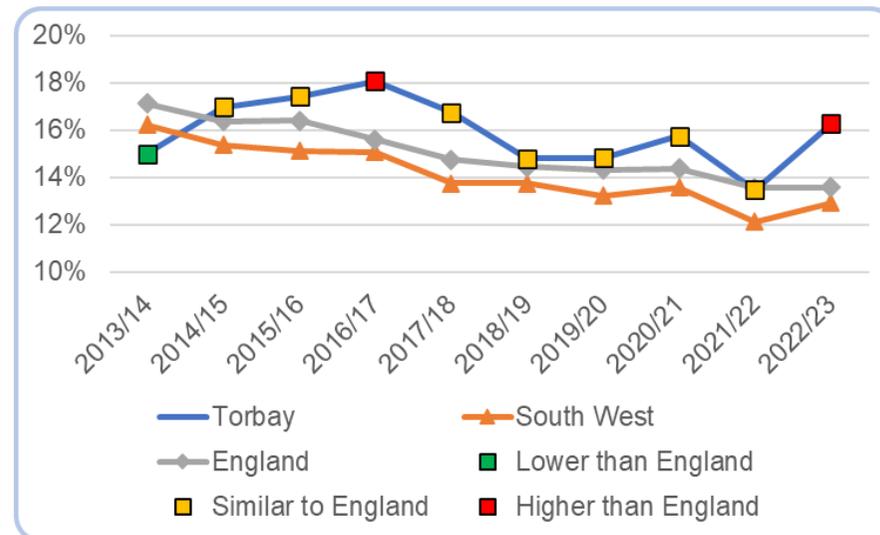
Smoking tobacco is the leading cause of preventable illness and premature deaths in the UK (OHID). It is also one of the most important drivers of health inequalities. Most related deaths are from lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. Smoking also increases the risk of developing other conditions including some cancers. The negative impact of passive smoking and smoking in pregnancy is well recognised.

The prevalence of adult smokers in Torbay according to the GP Patient Survey was 16.3% for 2022/23 which is significantly higher than England for the first time since 2016/17, rates had been broadly declining in Torbay since 2016/17 (Fig 174).

Smoking prevalence among adults with a long-term mental health condition in Torbay stood at just over 1 in 3 (36.7%) for 2022/23, rates are consistently much higher than among the general adult population. Rates are consistently higher than the South West and England.

Fig 174: Smoking Prevalence in adults – GP Patient Survey

Source: OHID – Public Health Profiles (Fingertips)



Smoking attributable admissions to hospital (adjusted to take account of differing areas' age profile) for Torbay have consistently been higher than the South West and England.

For the latest data available which is 2019/20 they were significantly higher (Fig 175). Across England, rates of smoking attributable admissions are twice as high in the 10% most deprived areas of England when compared to the 10% least deprived.

We await updates to smoking attributable hospital admissions which have not been released for many years. A review is being undertaken into smoking prevalence rates from the Annual Population Survey which has been used to underpin smoking attributable data. Over the last few years, a fall in response rates to the Annual Population Survey has led to smoking attributable data not being made available at local authority level, a new methodology is still being reviewed.

Fig 175: Rate of smoking attributable hospital admissions per 100,000 (Age-standardised)

Source: OHID – Public Health Profiles (Fingertips)

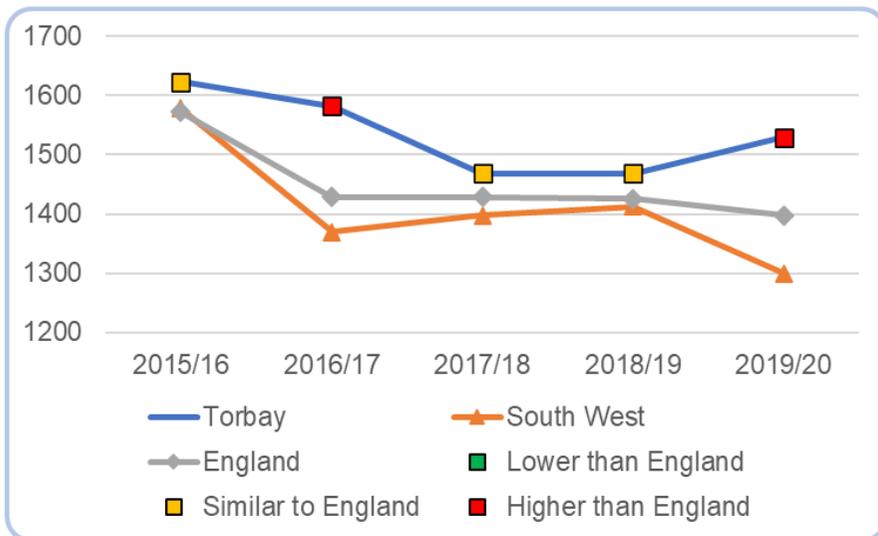
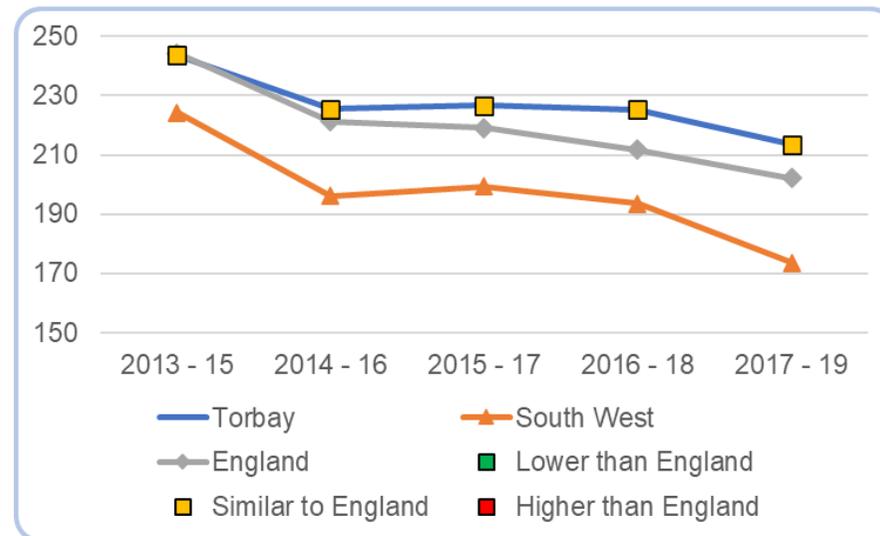


Fig 176: Rate of smoking attributable mortality per 100,000 (Age-standardised)

Source: OHID – Public Health Profiles (Fingertips)



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Smoking attributable mortality (adjusted to take account of differing areas' age profile) for Torbay has been broadly in line with England but significantly above the South West; rates have been falling over the last decade (Fig 176). As with smoking attributable hospital admissions, there is a very significant difference across England depending on the deprivation level of the area that you live in. Smoking attributable mortality rates are more than twice as high in the 10% most deprived areas of England compared to the 10% least deprived. The latest data available was for 2017 to 2019. As mentioned earlier, a new methodology is being reviewed to provide more recent smoking attributable data at a local authority level.

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 over the last decade in the number of smokers who report that they have quit smoking 4 weeks after their 'quit date'. Rates of quitters as a rate of all estimated smokers have fallen across Torbay, South West and England over the last decade (Fig 177). The falling rate of smokers quitting is likely to be related to the smaller number of people who smoke, services may now be concentrated on those who have found it more difficult to quit.

Fig 177: Rate of smokers who have successfully quit at 4 weeks, per 100,000 smokers (16+)  
Source: OHID – Public Health Profiles (Fingertips)

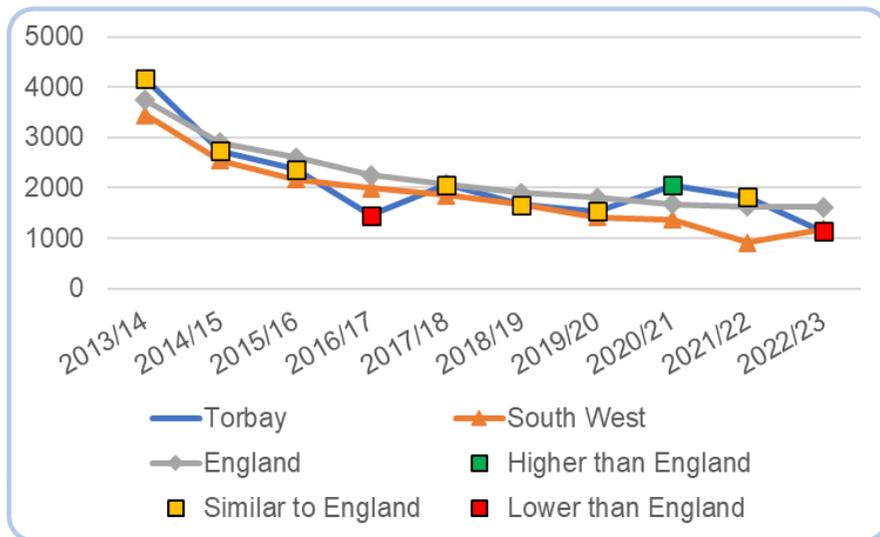
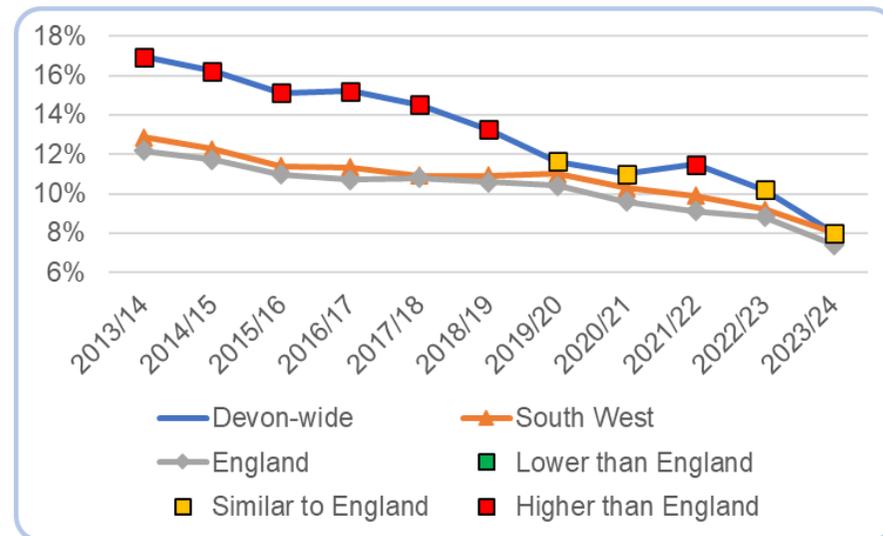


Fig 178: Percentage of women smoking at time of delivery  
Source: OHID – Public Health Profiles (Fingertips)



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Smoking during pregnancy has significant and well-known detrimental effects for the growth of the baby and health of the mother. Rates given are for Devon (Devon, Torbay & Plymouth combined), as this data is no longer available at Torbay level. The percentage of women smoking at the time of delivery has fallen significantly over the last decade in Devon from 16.9% in 2013/14 to 8.0% in 2023/24 (Fig 178). Across England, mothers who live in the most deprived areas are almost 70% more likely to smoke at the time of delivery than those who live in the least deprived areas.

It should be noted that the Devon rate for 2023/24 had a significant number of mothers (14.7%) marked as having an ‘unknown’ smoking status. This substantial number of ‘unknowns’ may slightly affect the 2023/24 rate.

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 179).

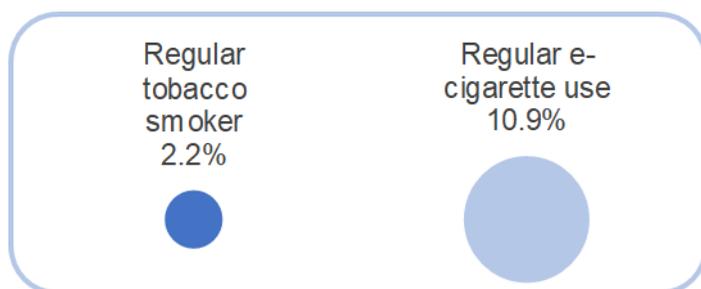
An e-cigarette is a device that allows you to inhale nicotine in a vapour (vaping) rather than smoke and are sometimes used to help manage nicotine cravings without tobacco. There is some initial evidence that taken together with face-to-face support it could be a more effective way than other nicotine replacement products to quit

smoking ([Using e-cigarettes to stop smoking - NHS \(www.nhs.uk\)](https://www.nhs.uk)). 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 179: Percentage of 15 year olds who regularly smoke tobacco or regularly use e-cigarettes – England (2023)**  
Source: SDD – NHS Digital

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The Opinions and Lifestyle Survey conducted by the Office for National Statistics for 2023 indicates that 5.8% of people aged 16 and over in England are a daily user of e-cigarettes (Men – 6.9%, Women – 4.8%), the largest daily user age groups are aged 25 to 34 with 8.4% (Men – 11.1%, Women 5.7%). Just over half of all cigarette smokers have used an e-cigarette at least once, ex-smokers are slightly more likely to be daily users of e-cigarettes than cigarette smokers. Just 1.1% of people who have never smoked are daily users of e-cigarettes.

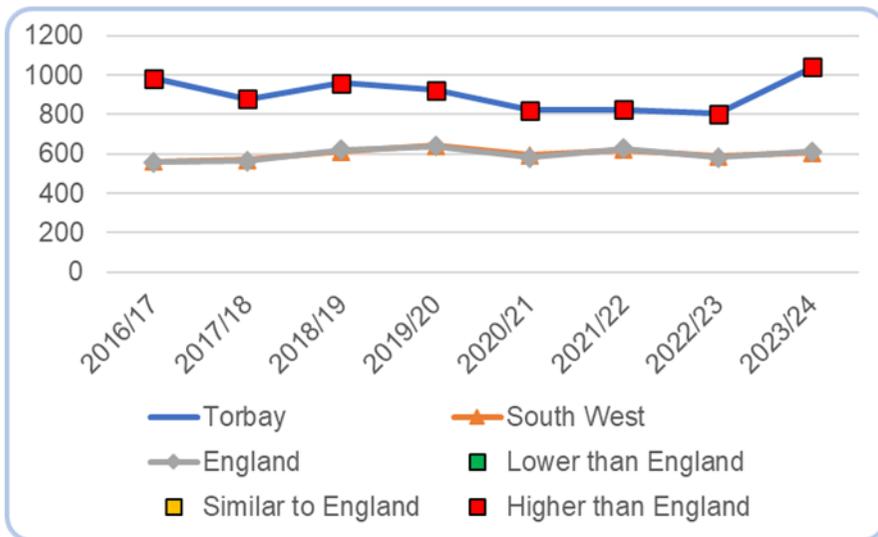
### Alcohol

Alcohol misuse increases the risk of serious medical conditions such as cirrhosis of the liver, heart disease, various cancers, strokes and depression. It can lead to family breakdown, domestic abuse and financial problems. It can often stem from poor mental health. The health and social consequences affect not only the individual but those around them and the wider community.

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol. Torbay has consistently had higher level of admissions to hospital in relation to alcohol-specific conditions (adjusted to take account of differing areas' age profile) than the South West and England (Fig 180). 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 double the England average, although rates have fallen over the last few years. Amongst the under 18 population in Torbay, admission rates are much higher for females when compared to males, although overall numbers are relatively small with 59 admissions for females and 28 for males over the 6 year period 2018/19 – 2023/24 (Fig 181). Significant levels of these admissions also relate to self-harm [Note on Hospital admissions and SDEC – page 9](#).

Fig 180: Rate of admission episodes for alcohol-specific conditions per 100,000 (Age Standardised)  
Source: OHID – Public Health Profiles (Fingertips)



Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital (Fig 182). 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 182: Rate of admission episodes for alcohol-related conditions (Narrow) per 100,000 (Age Standardised)  
Source: OHID – Public Health Profiles (Fingertips)

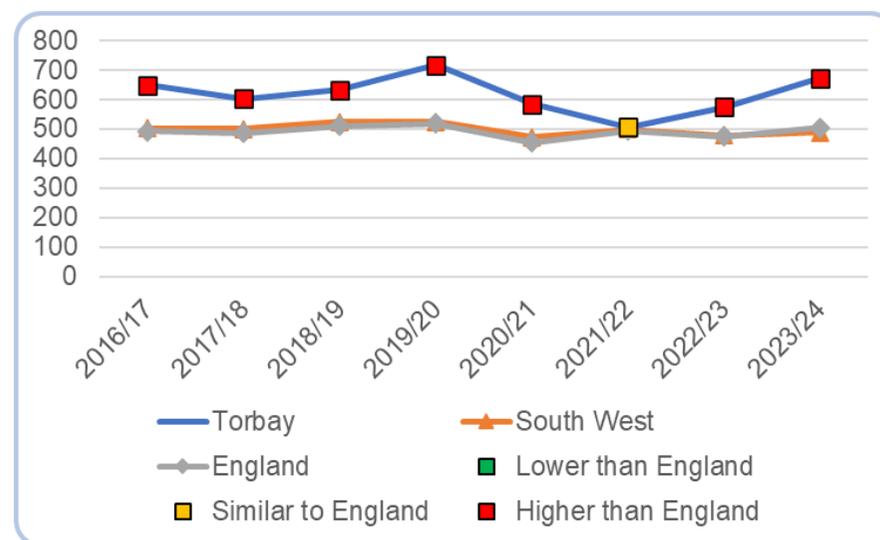
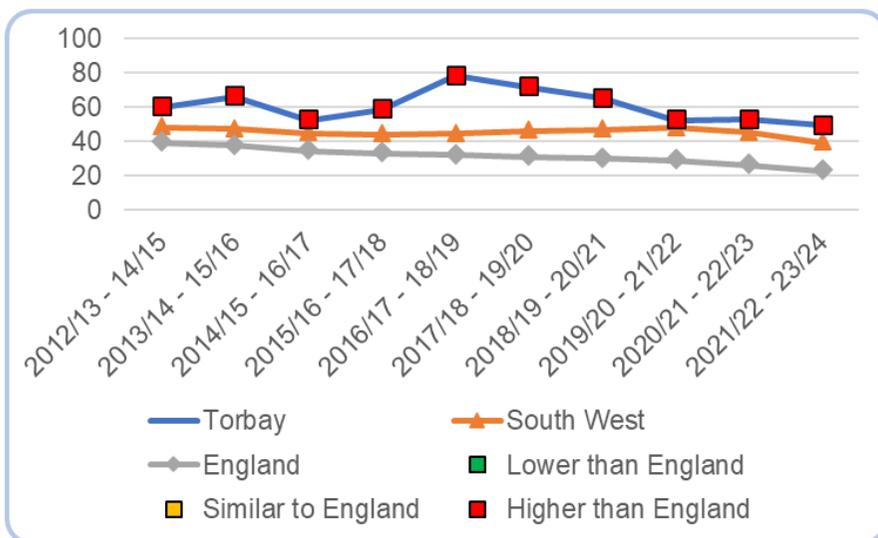


Fig 181: Rate of admission episodes for alcohol-specific conditions for Under 18s per 100,000  
Source: OHID – Public Health Profiles (Fingertips)



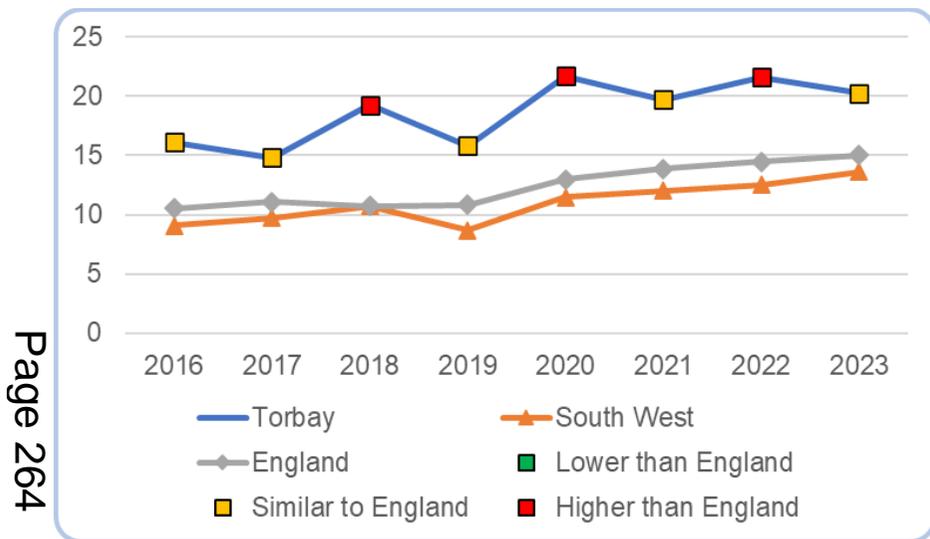
Alcohol-specific mortality in Torbay (adjusted for differing areas' age profile) has been broadly on an upward trajectory and is significantly higher than England for 3 of the last 6 years (Fig 183).

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 183: Rate of alcohol-specific mortality per 100,000 (Age Standardised)**

Source: OHID – Public Health Profiles (Fingertips)



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Over the period 2014 to 2023, 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 184). Over the period, this equates to 1,641 successful treatments.

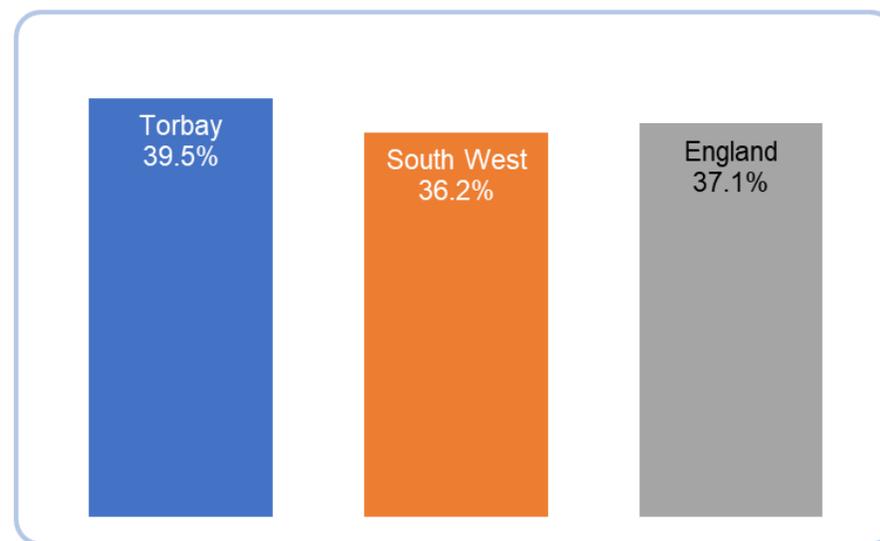
The University of Sheffield made estimates in 2019/20 that there were approximately 1,634 adults (75% male, 25% female) in Torbay with alcohol dependency. Close to half of these people are estimated to be aged between 35 and 54 years. It should be noted that this was an estimate with lower and higher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

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

The estimated number of adults with alcohol dependency has been used as the basis to estimate the proportion of dependent drinkers who are not in treatment. Using treatment information from the National Drug Treatment Monitoring System it has been estimated that for 2021/22, significantly more dependent drinkers were in treatment in Torbay (35%) when compared to England (20%).

**Fig 184: Percentage of successful structured alcohol treatment – 2014 to 2023**

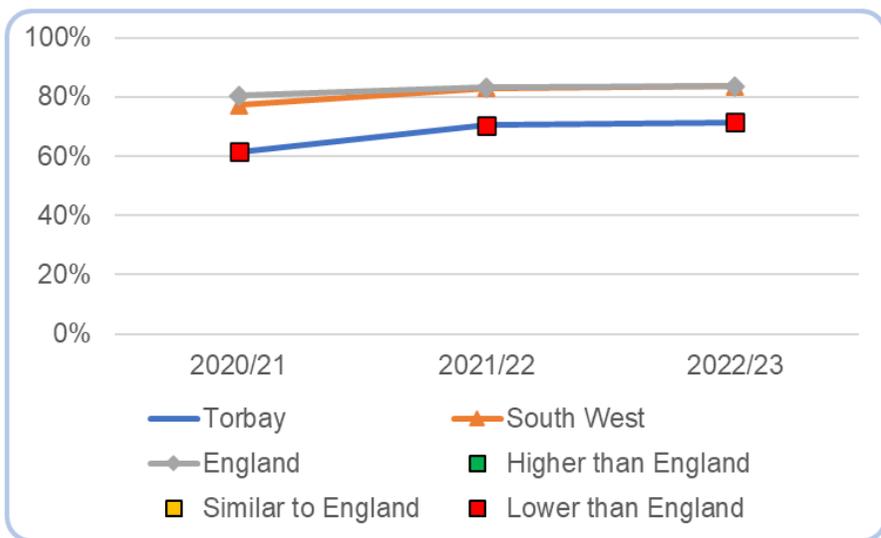
Source: OHID – Public Health Profiles (Fingertips)



Torbay has consistently had a lower percentage of clients entering alcohol treatment identified as having a mental health 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 71.5% compared to 83.7% for both the South West and England (Fig 185).

Fig 185: 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)



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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).

### 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 Torbay and England over the last decade (Fig 186). 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 successful treatment rates have been approximately 1 in 3 although rates fell to 30% for 2023. Rates of successful treatment have fallen across England (Fig 187).

For 2020/21, the estimated proportion of opiates and/or crack cocaine users not in treatment was lower in Torbay (34%) than the South West (47%) and England (52%) (Fig 188). This is based on data held by the National Drug Treatment Monitoring System and estimates of opiate or crack cocaine users produced by Liverpool John Moores University.

Fig 186: Percentage of successful structured drug treatment – Opiate user

Source: OHID – Public Health Profiles (Fingertips)

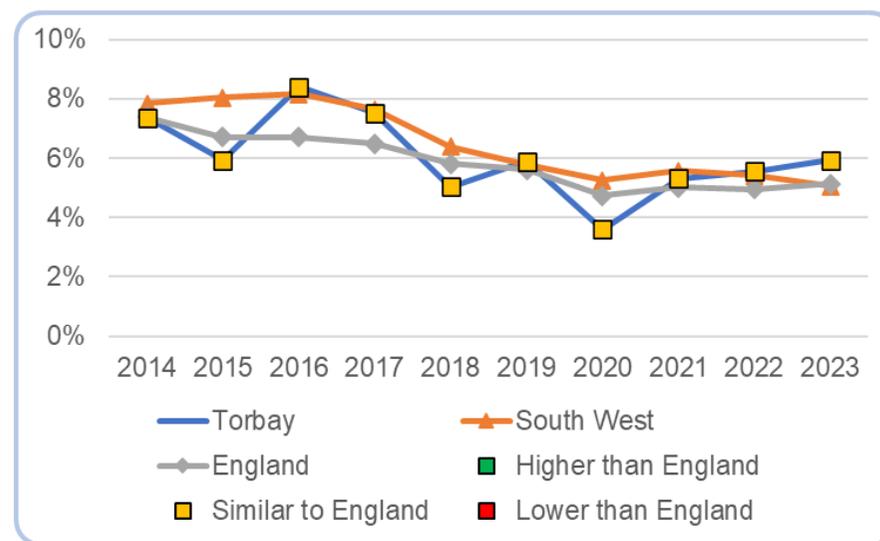
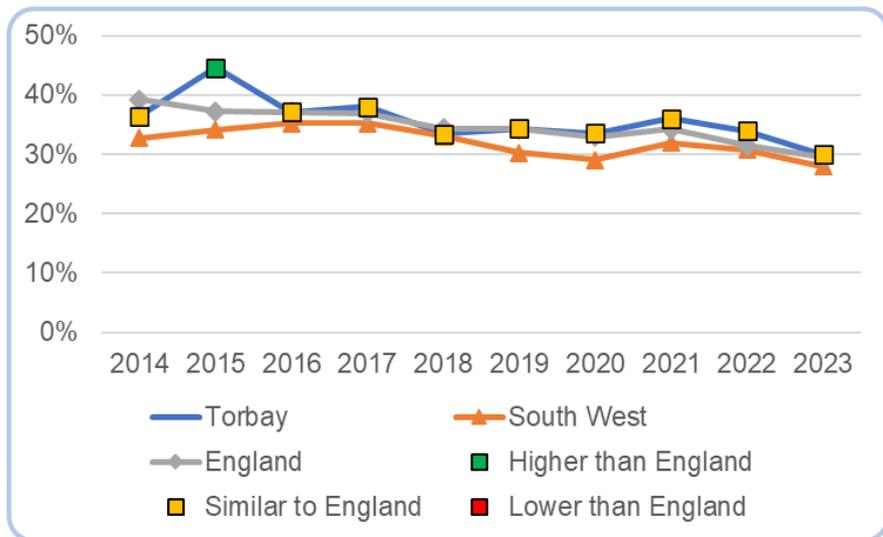


Fig 187: Percentage of successful structured drug treatment – Non-opiate user

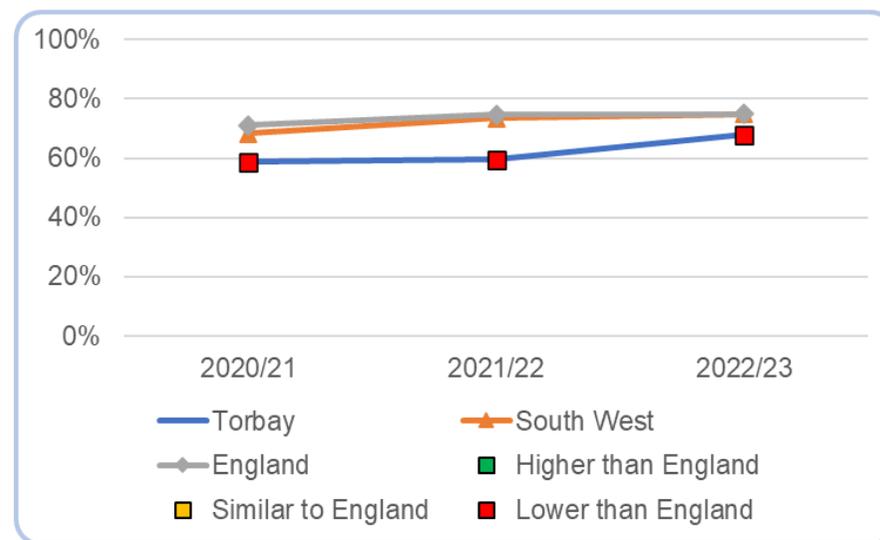
Source: OHID – Public Health Profiles (Fingertips)



Torbay has consistently had a lower percentage of clients entering drug treatment identified as having a mental health 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 67.8% compared to 74.8% for England (Fig 189).

Fig 189: Percentage of clients entering drug treatment identified as having a mental health treatment need, who are receiving treatment for their mental health

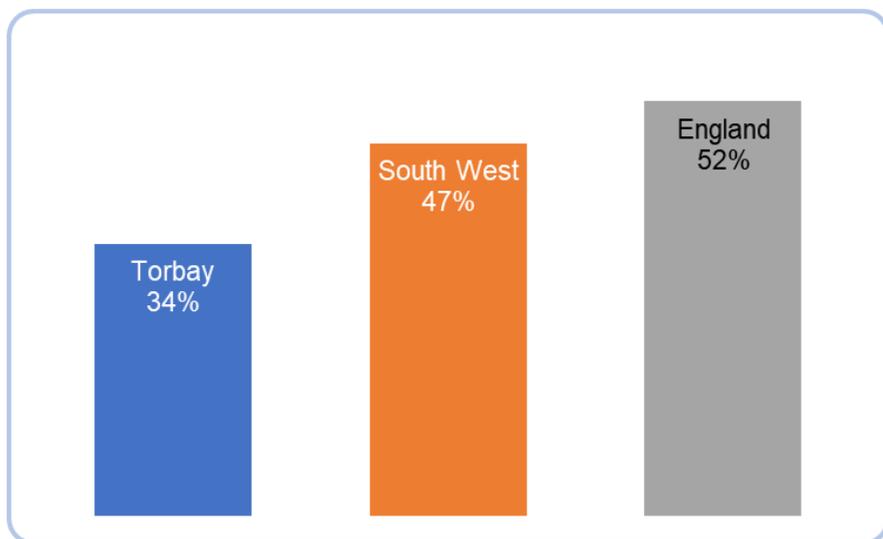
Source: OHID – Public Health Profiles (Fingertips)



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Fig 188: Estimated percentage of opiate and/or crack cocaine users not in treatment (2020/21)

Source: OHID – Public Health Profiles (Fingertips)

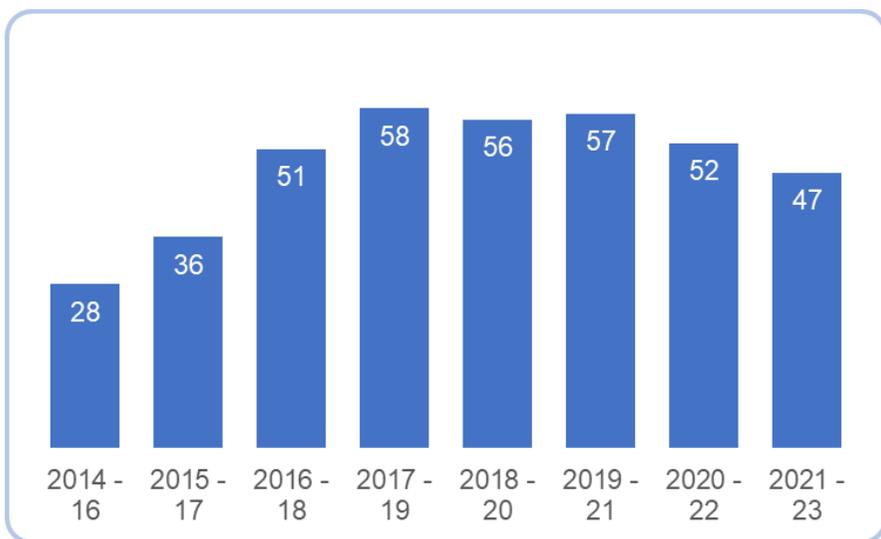


Drug poisoning is a significant cause of premature mortality in the UK, particularly amongst those under 50 years. Torbay saw a significant rise in recorded deaths related to drug poisoning since the middle of the last decade, doubling from 2014-16 to 2017-19, rates have since plateaued and have started to fall but remain much higher than 2014-16 (Fig 190). Of the 103 deaths between 2018 and 2023, 67 were male and 36 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.

Fig 190: Number of deaths related to drug poisoning - Torbay

Source: Office for National Statistics



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### Gambling

Since the Gambling Act 2005 liberalised gambling, including activities such as allowing gambling companies to advertise on television and radio, there has been a ‘boom’ in gambling, the 2022 Gambling commission survey indicated 44% of those aged 16 and over had gambled in the previous 4 weeks. When you excluded the National Lottery, the rate was 29%. Excluding the National Lottery, rates were higher among males than females (31% to 27%) with the peak prevalence rate of 33% among the 16 to 24 year old and 25 to 34 year old population. If you include the National Lottery, then 45 to 54 year olds had the highest prevalence rate at 50%.

The House of Lords Select Committee on the Social and Economic Impact of the Gambling Industry estimated that approximately a third of a million UK citizens are what would be termed as ‘problem gamblers’. Problem Gambling was defined by the Gambling Commission as ‘behaviour related to gambling which causes harm to the gambler and those around them. This may include family, friends and others who know them or care for them’. ‘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 ‘Young People and Gambling Survey 2019: a research study among 11-16 year olds in Great Britain’ showed that 55,000 (1.7%) of 11 to 16 year olds, are classified as ‘problem gamblers’, it also suggested a variation by sex with boys more likely to be defined as ‘problem gamblers’ than girls. There appeared to be little difference between 11 to 13 year olds and 14 to 16 year olds. For both girls and boys, the rate of problem gambling was higher among 11 to 16 year olds than adults.

The Gross Gambling Yield (GGY) which is the difference between what customers gamble minus the amount customers win, was £15.6 billion for 2023/24 across the UK. For comparison, the GGY in 2008/09 was £8.4 billion. It should be noted that this is not the same as profit as it does not take staffing, premises, IT costs into account.

On-line casinos had 28% of GGY for 2023/24 at over £4.3 billion (Fig 191), this is an increase from 2015/16 when it was £2.4 billion. 82% of the £4.3 billion related to on-line slot machines. Notably, in-person betting which involves places such as betting shops and racecourses had a higher GGY than online betting. However, the trend in online betting is broadly rising compared to falls among in-person betting.

Fig 191: Gross Gambling Yield by Sector (£million) – UK (2023/24)  
 Source: Gambling Commission Industry Statistics 2024

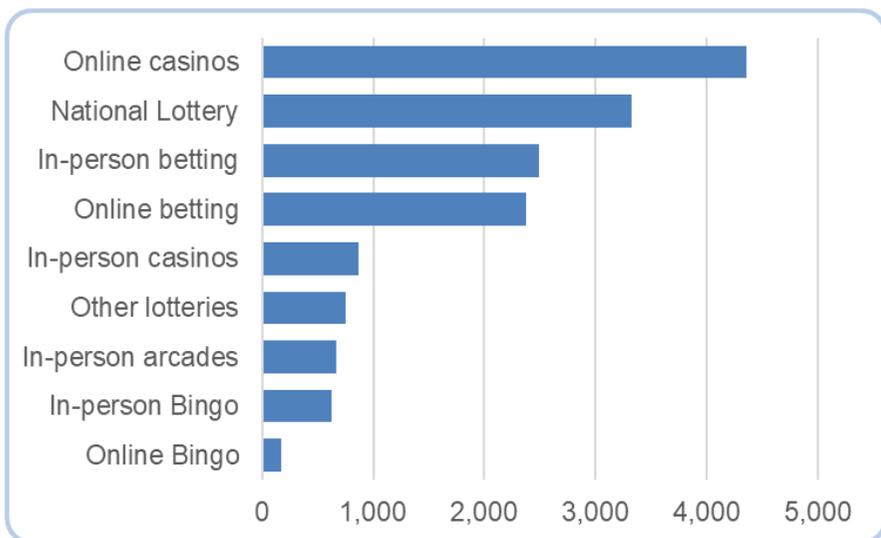
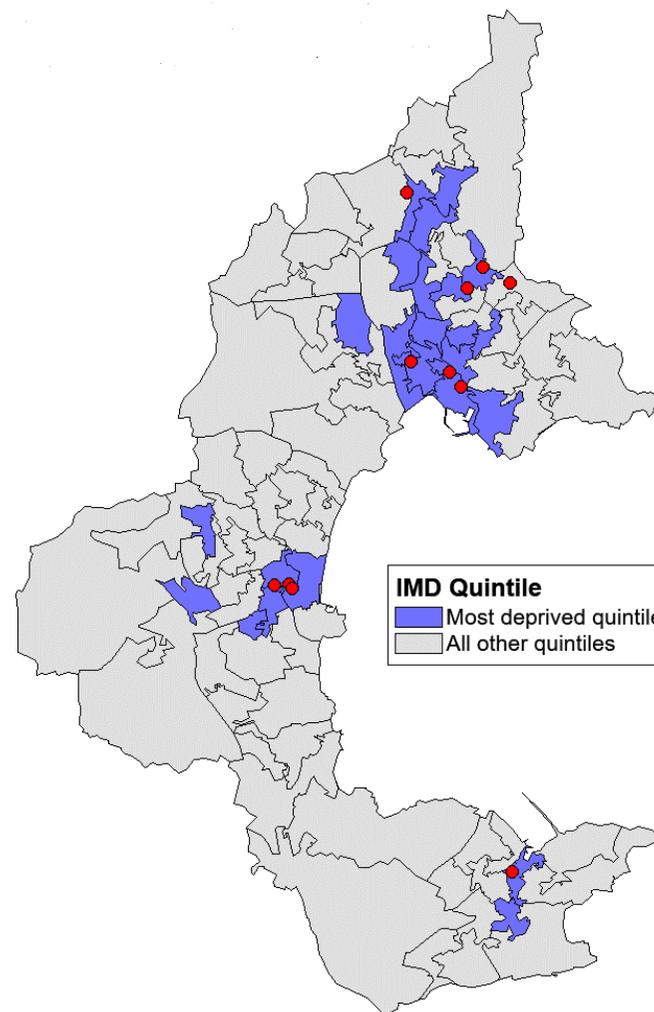


Fig 192: Open Betting Shops in Torbay – February 2025  
 Source: Torbay Council Gambling Register Search



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Despite the rise of on-line betting, physical betting shops still make significant sums for the gambling industry. Evidence given to the House of Lords select committee from the 'Estates Gazette' showed that 56% of the big four's betting shops are located in the top 30% most deprived areas in England thus leading to a concentration of these establishments in areas where comparatively moderate losses could be very problematic. This is likely to be due to town centres with the best footfall often being more deprived areas than the average area.

When you look at Torbay betting shops that were open as of November 2023 (Fig 192), of the 11 betting premises, 9 (the red dots indicate betting shop locations) are in areas of Torbay classified as being amongst the 20% most deprived in England. All 8 open Adult Gaming Centres are within areas of Torbay classified as amongst the 20% most deprived in England.

Documents you may find useful are listed below:-

[NHS England » NHS Long Term Plan will help problem drinkers and smokers](#)

[The Smokefree 2030 ambition for England - House of Commons Library \(parliament.uk\)](#)

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

[Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](#)

[Gambling Harm— Time for Action \(parliament.uk\)](#)

Indicator	Measure	Torbay *	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
<b>Smoking Prevalence (GPPS) (2022/23)</b>	%	16.3%	13.2%	12.9%	13.6%	●	↑
<b>Smoking attributable hospital admissions (2019/20)</b>	DSR per 100,000	1529	1405	1300	1398	●	↑
<b>Smoking attributable mortality (2017 - 19)</b>	DSR per 100,000	214	199	174	202	●	↓
<b>Mothers smoking at time of delivery (2023/24) *</b>	%	8.0%	8.9%	8.0%	7.4%	●	↓
<b>Alcohol admissions for Under 18s (Age specific) (2021/22 - 23/24)</b>	Rate per 100,000	49	38	39	23	●	↓
<b>Alcohol related admissions (Narrow) (2023/24)</b>	DSR per 100,000	672	533	489	504	●	↑
<b>Alcohol specific mortality (2023)</b>	DSR per 100,000	20.2	16.1	13.6	15.0	●	↓
<b>Successful drug treatment - Opiates (2023)</b>	%	5.9%	5.2%	5.1%	5.1%	●	↑
<b>Successful drug treatment - Non Opiates (2023)</b>	%	30.0%	30.1%	28.0%	29.5%	●	↓

\*Torbay percentage for mothers smoking at time of delivery is a Devon-wide figure.

## Crime, Domestic Abuse and Anti-Social Behaviour

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### Overview

- 11,538 crimes and 3,007 anti-social behaviour incidents in Torbay reported to police during 2023/24.

Source: Torbay Community Safety Partnership

- Rates of reported violent crime and sexual offences are higher in Torbay than England during 2023/24.

Source: OHID – Public Health Profiles (Fingertips)

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- Levels of reported anti-social behaviour and drug offences 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.

Source: Youth Justice Board for England and Wales

- National Crime Survey data indicates that 27.4% of women and 13.7% of men have experienced domestic abuse at some time since the age of 16.

Source: Crime Survey for England and Wales

Crime, Domestic Abuse and Anti-Social Behaviour (ASB) can have significant effects on the individuals involved, and the families and communities around them. For police data, we are talking about reported levels, for instance it is acknowledged that domestic abuse and wider sexual crime is very significantly underreported to authorities, and this will lead us to use national survey data as well as reported figures to gather a better idea of prevalence.

### Crime and Anti-Social Behaviour

The number of reported crimes in Torbay is slightly higher than 4 years ago (Fig 193). There has been a significant reduction compared to 4 years ago in reported levels of anti-social behaviour, and drug offences. Over the same period, there has been a rise in reported sexual offences and violent crime. It should be noted that reported shoplifting increased significantly in the last 2 years.

Fig 193: Crime and Anti-Social Behaviour (ASB) numbers reported to police - Torbay  
Source: Torbay Community Safety Partnership

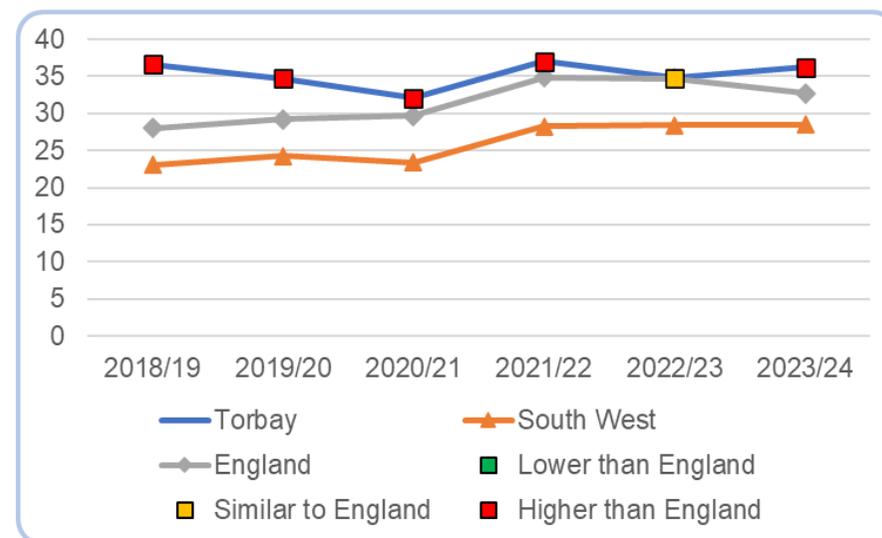
	2019/20	2020/21	2021/22	2022/23	2023/24
<b>All Crime</b>	11,319	10,470	11,323	11,155	11,538
<b>All ASB</b>	3,714	4,600	3,480	2,788	3,007
<b>Violent Crime</b>	3,595	3,213	3,918	3,588	3,765
<b>Sexual offences</b>	431	364	430	461	507
<b>Drug Offences</b>	505	573	470	485	443
<b>Acquisitive Crime</b>	2,931	2,500	2,450	2,630	2,957

Violence is often used within a recorded crime. Across England, reported 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 reported 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 reported sexual offences, Torbay's rate is significantly higher than England and the South West for the latest year (Fig 195), reported numbers fell significantly during 2020/21 in which there were multiple lockdowns due to the COVID-19 pandemic which left people more isolated from others in society. This may have led to a fall in the chance and available support to report these offences.

Fig 195: Rate of Sexual Offences per 1,000 population

Source: OHID – Public Health Profiles (Fingertips)

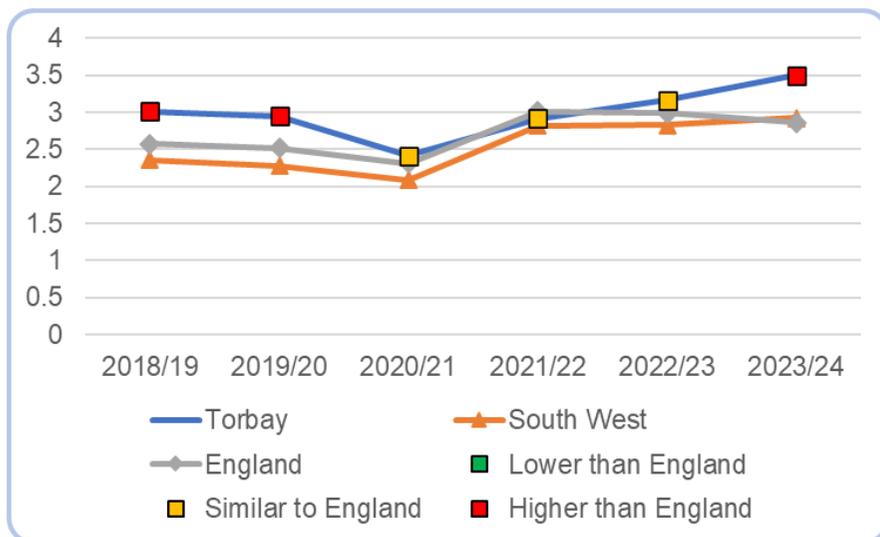
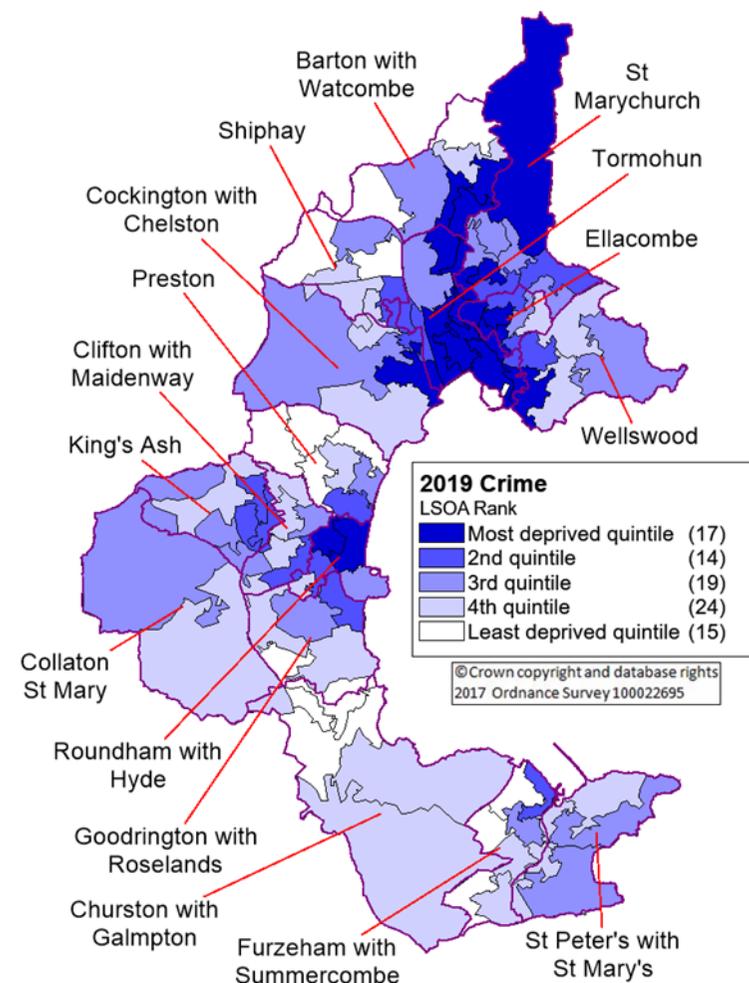


Fig 196: Rank of Crime Deprivation

Source: English Indices of Deprivation 2019



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The Index of Multiple Deprivation produces a Crime Deprivation ranking for small areas to give a guide to how areas are affected by crime. Although the data that it is based on relates to information gleaned in the last decade it is still a useful indicator of where levels of crime are likely to have the most impact.

The Crime sub-domain relates to the rate of violence, burglary, theft and criminal damage. The most Crime deprived areas indicated by dark blue relate to Torquay and central Paignton (Fig 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.

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 106 in 2014/15 to 41 in 2023/24. This is in line with reductions across

England in the numbers of children entering the Youth Justice system. However, the most recent year was the first since 2016/17 where Torbay had a significantly higher rate than England (Fig 197). 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 have been broadly in line with England (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.

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

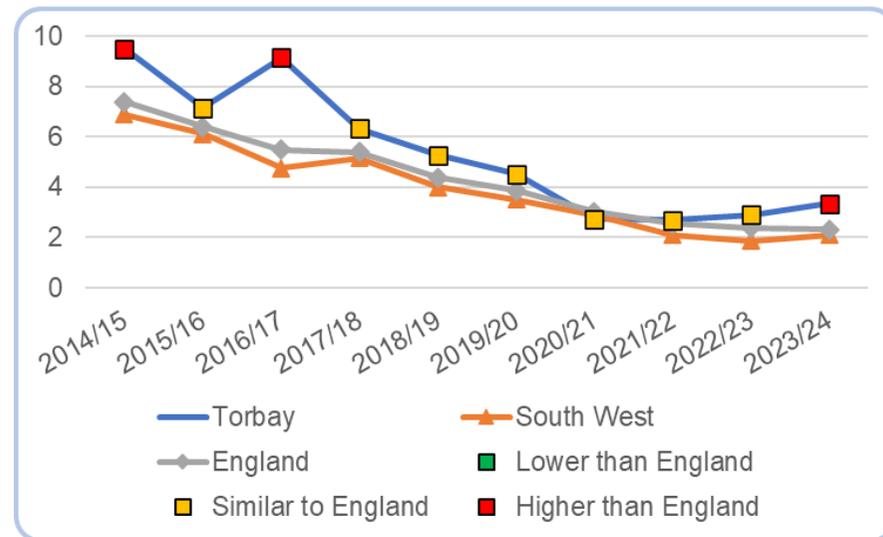
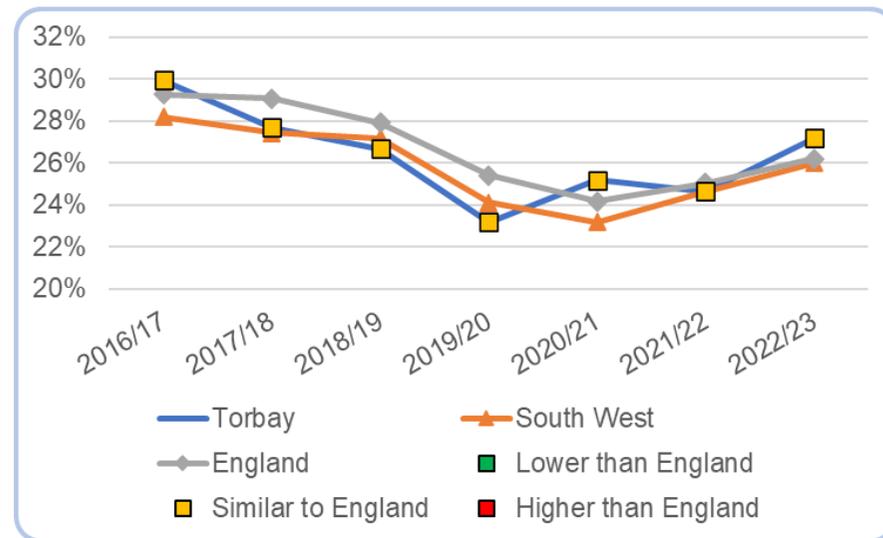
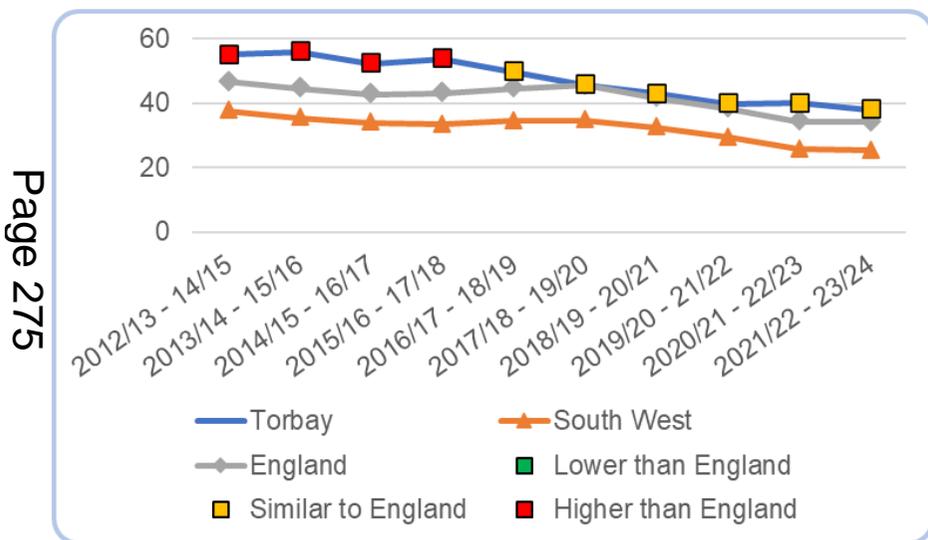


Fig 198: Percentage of proven reoffending  
Source: Ministry of Justice



Hospital admissions for violence which includes sexual violence have gradually fallen over the last 10 years in Torbay and have been broadly in line with England rates over the last 6 time periods. However, 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)



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### 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’.

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Levels of domestic abuse are known to be under recognised and under reported. Levels of reported domestic abuse recorded in police figures for Torbay have remained broadly similar over the last 5 years, for 2023/24 the reported figures were 3,713 (Fig 200).

**Fig 200: Domestic Abuse recorded Crimes and Incidents - Torbay**  
Source: Torbay Community Safety Partnership

	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Domestic Abuse</b>	3,645	3,507	3,494	3,689	3,713

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 2024, participants were asked if they had been subjected to any domestic abuse since the age of 16, this would include partner or family non-physical abuse, threats, force, sexual assault or stalking. 20.5% of people stated that they had been victims of this once or more since the age of 16 (Fig 201). Rates were twice as high for women as men (27.4% for women, 13.7% for men). If these figures were applied directly to Torbay’s 2023 population, approximately 16,700 women and 7,800 men aged 16 and over will have been subjected to domestic abuse at some point since the age of 16.

The survey found that it was more likely that people would have experienced abuse when they were aged 16 and over from partners rather than family, again it was much more likely that women would experience this abuse. 8.4% of women were subject to a sexual assault (including attempts) by a partner, 0.8% of males had been subjected to a sexual assault (including attempts) by a partner (Fig 201).

There were also figures relating to being subjected to stalking by partners, ex-partners or family members since the age of 16. Almost 1 in 10 women (9.5%) had experienced this domestic stalking, as had 2.9% of men (Fig 201). This domestic stalking was much more likely to involve a partner/ex-partner than a family member.

**Fig 201: Domestic Abuse Prevalence among adults aged 16 and over since the age of 16 (Year to March 2024) – England and Wales**  
 Source: Crime Survey for England and Wales

	Female	Male	All
<b>Any domestic abuse</b>	27.4%	13.7%	20.5%
<b>Any sexual assault (including attempts) by a partner</b>	8.4%	0.8%	4.6%
<b>Any sexual assault (including attempts) by a family member</b>	2.4%	0.4%	1.4%
<b>Domestic Stalking</b>	9.5%	2.9%	6.2%
<b>Non-sexual domestic abuse</b>	24.2%	12.7%	18.5%

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 2020 to 2024 there were 8,533 episodes with an assessment factor for Torbay children, each episode can have multiple factors recorded, domestic abuse relating to an adult or child was the 2<sup>nd</sup> most commonly recorded factor after mental health. It was recorded in almost 2 out of 3 (63%) episodes where factors were identified (Fig 202).

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**Fig 202: 10 most common factors in Children in Need assessment for Torbay (2020 to 2024)**

Source: Department for Education – Characteristics of children in need

Factor	How often recorded
<b>Mental Health</b>	6,342
<b>Domestic Abuse</b>	5,342
<b>Alcohol Misuse</b>	2,576
<b>Drug Misuse</b>	2,516
<b>Emotional Abuse</b>	2,223
<b>Neglect</b>	1,903
<b>Learning Disability</b>	1,687
<b>Physical Disability</b>	1,382
<b>Physical Abuse</b>	969
<b>Socially unacceptable behaviour</b>	880

Of those households who were assessed as being either homeless or threatened with homelessness during 2023/24, almost 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

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### 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 1 in 3 Torbay adults are reported to be obese.  
Source: OHID – Public Health Profiles (Fingertips)
- 40% of Torbay adult residents walk for 10 consecutive minutes or more, at least 3 times a week, this is broadly in line with England.  
Source: Department for Transport
- More than 7 in 10 children are physically active or fairly active, just under 7 in 10 adults are physically active.  
Source: Active Lives Children's Survey and 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 18.8 years for females and 18.2 years for males.  
Source: OHID – Public Health Profiles (Fingertips)

In adults, those with a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle (OHID). Studies tracking child obesity into adulthood have found that the probability of overweight or obese children becoming overweight or obese adults increases with age, it has also been noted that attitudes towards sport and physical activity are often shaped by experiences in childhood. Diet is also a very important aspect of health, Dr Alison Tedstone who was the chief nutritionist at Public Health England states that a healthy balanced diet is the foundation to good health, eating 5 a day and reducing our intake of calories, sugar and saturated fat is what many of us need to do to reduce the risk of long-term health problems.

### Weight

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

The prevalence of overweight (including obese) Reception aged children in Torbay for the period 2021/22 to 23/24 was approximately 1 in 4 (24.7%). Reception aged children in Torbay have usually had higher rates than England (Fig 203). For Year 6 children in Torbay, approximately 1 in 3 (35.4%) children were overweight or obese for the period 2021/22 to 23/24, this rate has been consistent with levels across England but above South West levels (Fig 203).

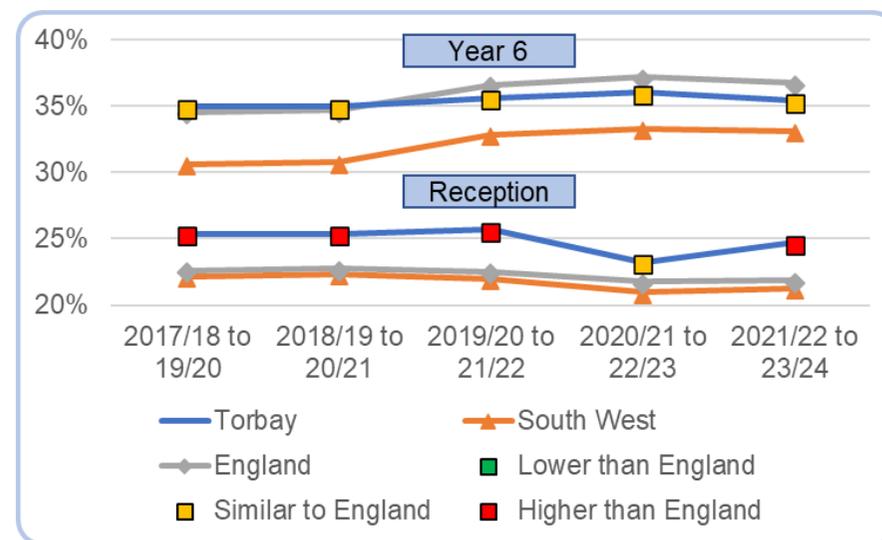
Across England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2023/24, rates of overweight (including obese) children in the most deprived decile in England were 26.1% and 43.3% for Reception and Year 6 children respectively as opposed to 17.0% and 25.2% 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 and obese children in Torbay are obese. For those in Reception, 10.3% of children were obese for the period 2021/22 to 2023/24. In Year 6, 21.0% of children were obese for the period 2021/22 to 2023/24, for Year 6 this means more children were classified as obese than overweight (not obese).

Fig 203: Percentage of overweight (including obese) children

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.

Looking at the 8 year period from 2015/16 to 2022/23, Torbay has a similar rate of adults classified as overweight (including obese) when compared to the South West and England at 62.9%. Over the same time period, Torbay consistently had higher obesity rates than the

South West and England with 33% of Torbay adults being classified as obese for 2022/23 (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 8 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 2022/23 across England, 36% of those in the most deprived decile in England were classified as obese compared to 20% in the least deprived decile.

Fig 205: Percentage of adults classified as obese by age band - England (2015/16 to 2022/23)  
Source: OHID – Public Health Profiles (Fingertips)

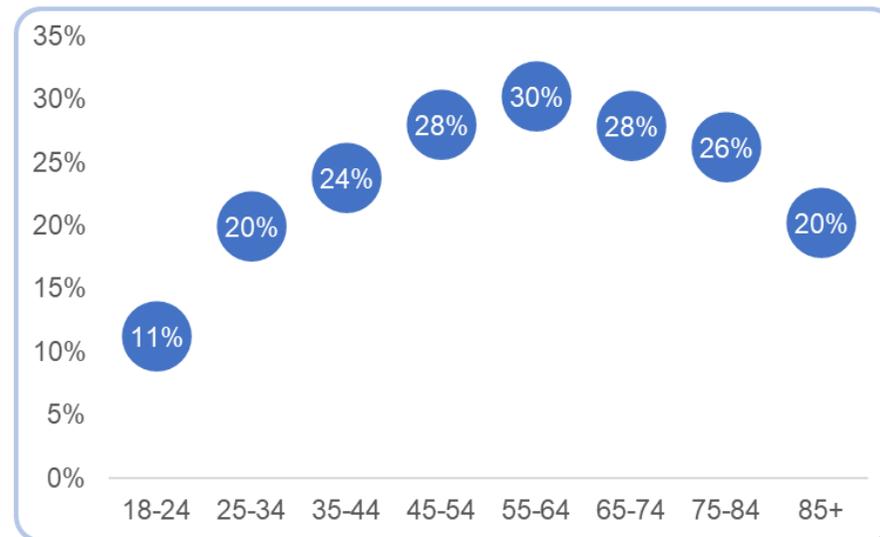
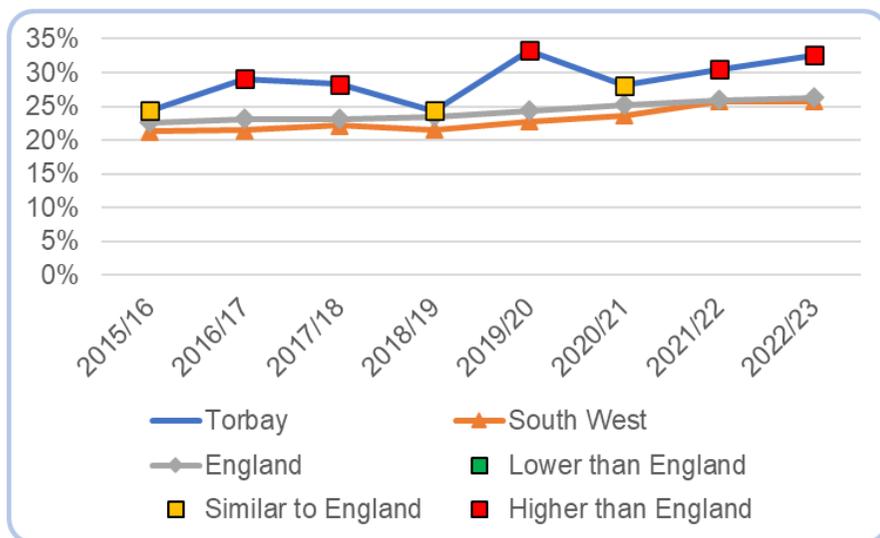


Fig 204: Percentage of adults classified as obese

Source: OHID – Public Health Profiles (Fingertips)



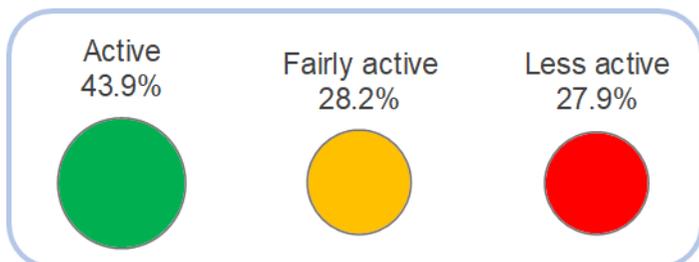
### Exercise

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

One of the questions relates to the daily level of sport and physical activity undertaken by children aged 5 to 16 over the last week. Children can be active (an average of 60+ minutes per day), fairly active (30 to 59 minutes) or less active (less than 30 minutes). Torbay respondents show just under 3 in 4 as active or fairly active and just over 1 in 4 as less active during 2022/23 (Fig 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 2023/24 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 8 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 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 2022/23)

Source: OHID – Public Health Profiles (Fingertips)

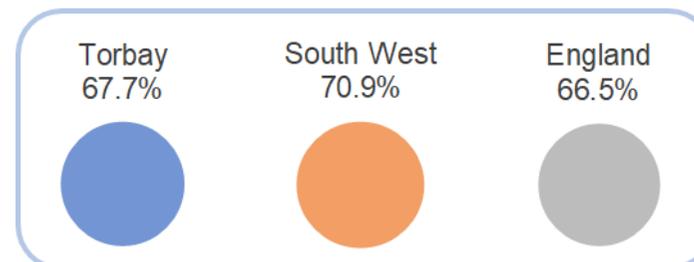
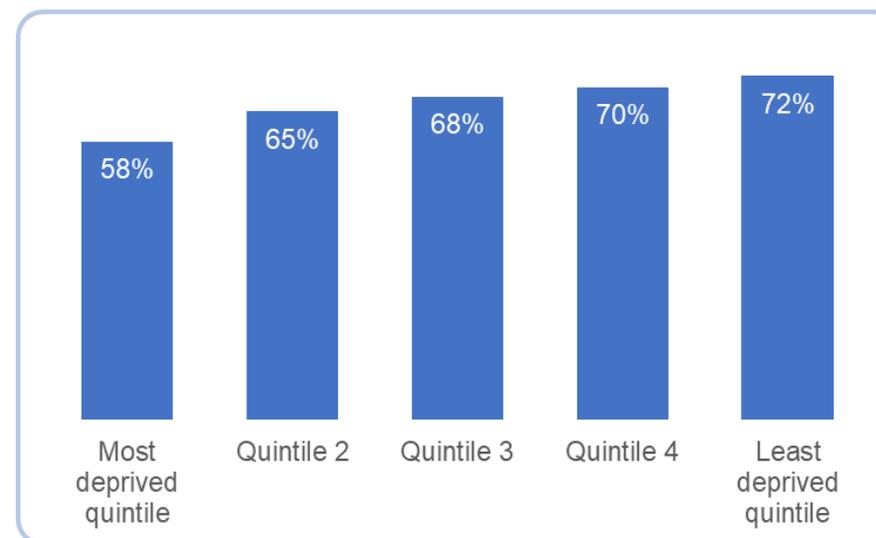


Fig 208: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2022/23)

Source: OHID – Public Health Profiles (Fingertips)



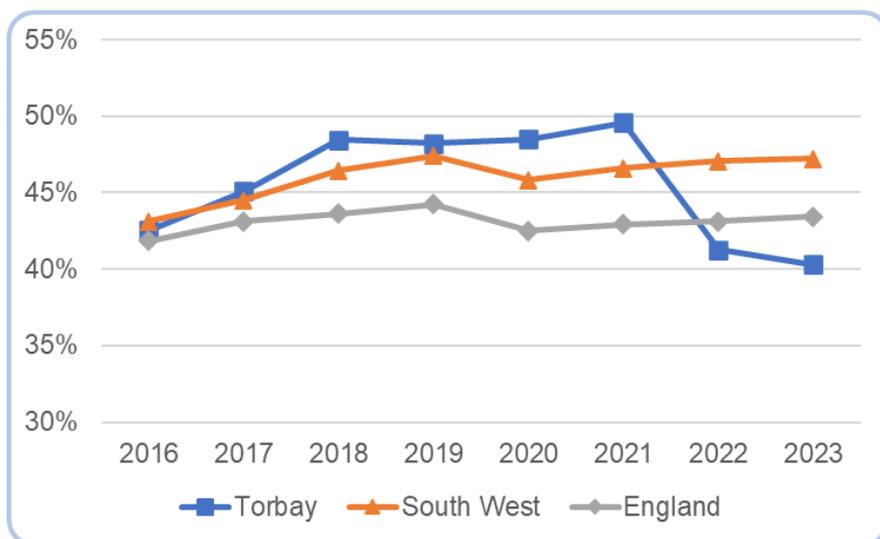
Data from the National Travel Survey and Active Lives Survey is brought together by the Department for Transport to calculate rates of walking and cycling among the population.

Rates of walking for at least 3 times a week (walk that is at least 10 continuous minutes) amongst adults in Torbay had consistently been

higher than England and slightly higher than the South West until 2022 when it fell from 50% to 41%, for the latest year it stands at 40% (Fig 209). Residents have been more than twice as likely to walk at least 3 times a week for leisure than they were for travel.

Rates for those cycling at least 3 times a week for Torbay have been suppressed due to a small sample size. There are figures for those Torbay residents who cycle at least once a month, for 2023 this stood at 8%. This is lower than the England rate of 15% and the South West rate of 18%. For all 3 geographical areas mentioned, cycling rates have yet to recover to pre COVID-19 levels, Torbay had significantly lower cycling rates than England and the South West pre COVID-19 as well.

**Fig 209: Percentage of adults who walk at least 3 times a week (10 continuous minutes) for any purpose**  
 Source: Department for Transport Table CW307



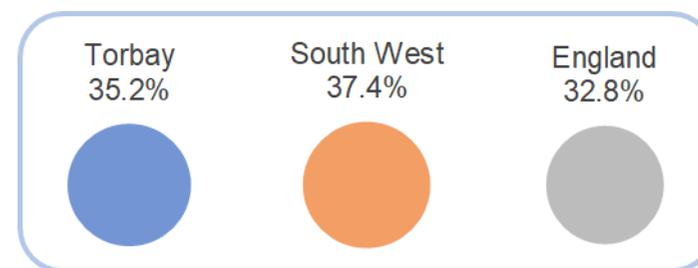
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### Diet

The proportion of those adults eating 5 portions of fruit and vegetables on a 'usual day' as reported by the Active Lives Survey is 35.2% (2020/21 to 2022/23), this is broadly in line with England and the South West (Fig 210). Across England, there are significant differences between the most and least deprived areas, for 2022/23, 20% of those in the most deprived decile in England had their '5-a-day' compared to 37% of those in the least deprived decile.

Rates from 2020/21 onwards are much lower than the rates quoted before 2020/21. This is due to a change in the way that the question was asked. Previously 2 separate questions asked how many portions of fruit did you eat yesterday and how many portions of vegetables did you eat yesterday. From 2020/21, there was the single question of how many portions of fruit and vegetables did you eat yesterday. This had led to falls of around 20 percentage points for those who state that they eat 5 portions of fruit and vegetables a day across England.

**Fig 210: Percentage of adults eating 5 portions of fruit and vegetables on a 'usual day' (2020/21 to 2022/23)**  
 Source: OHID – Public Health Profiles (Fingertips)

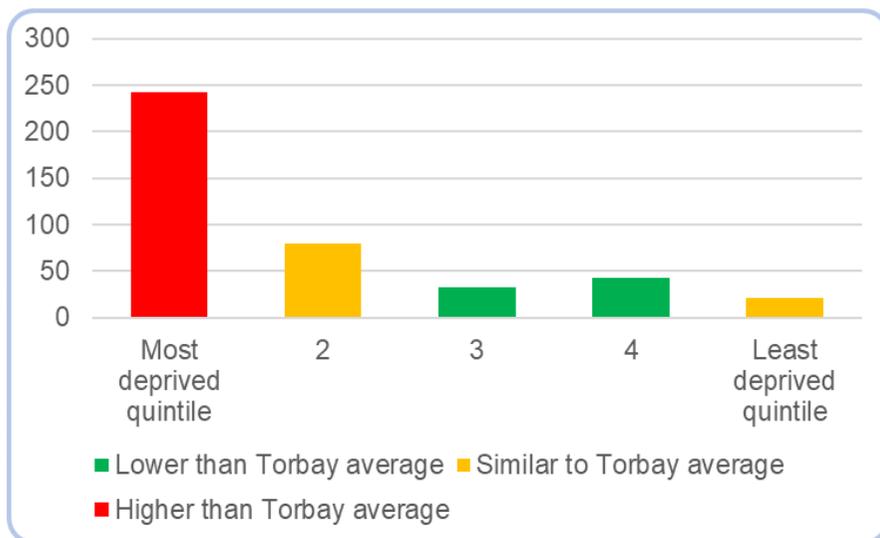


As of February 2025, 152 takeaway and sandwich shops located in Torbay were listed by the food Standards Agency on their food ratings website [Search a local authority area | Food Hygiene Ratings](#). The most deprived areas of Torbay which are often near our town centres had at least triple the rate of these outlets

compared to every other area of Torbay (Fig 211). 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 211: Rate of Takeaway and Sandwich Shop locations by deprivation quintile – Torbay (February 2025)**

Source: Food Standards Agency



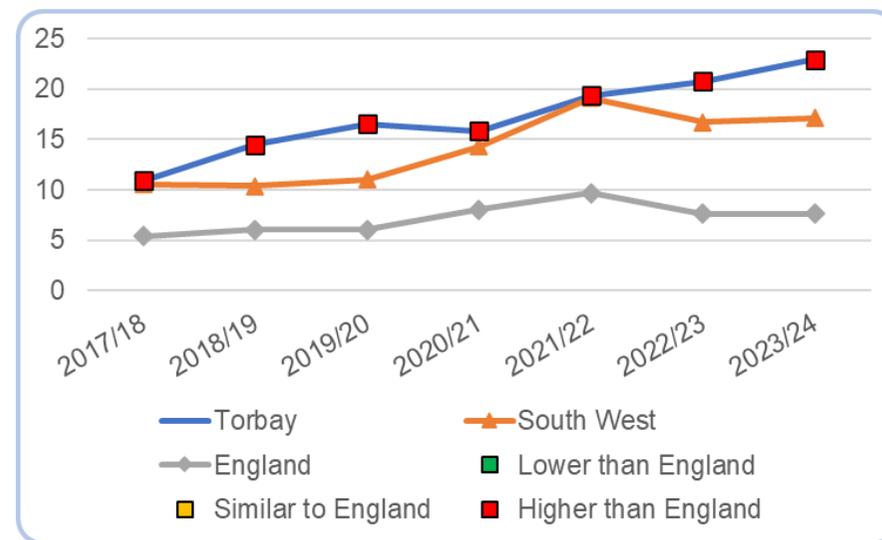
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Dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia, bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. Torbay has consistently had a significantly higher rate of admissions than England over the last 7 years and the rate is on an upward trend (Fig 212). Across England over the last 7 years, 91.3% of admissions relate to females and 59.5% of admissions across England relate to females under 18 years. For the 7 years, 2017/18 to 2023/24, 63.1% of admissions of Torbay residents where the primary diagnosis

related to an eating disorder were females under the age of 18, this equates to 106 admissions [Note on Hospital admissions and SDEC – page 9](#).

**Fig 212: Rate of hospital admissions due to primary diagnosis of an eating disorder, per 100,000**

Source: Hospital Episode Statistics



Those in more deprived areas are more likely to lack the options to eat more healthily whether this is through poor access to supermarkets with fresh fruit and vegetables or lack of money to enable themselves to eat well. Food insecurity has been heightened firstly through COVID-19 and then through the Cost of Living crisis. Torbay Food Alliance [Torbay Food Alliance | Food Banks in Torquay, Paignton and Brixham](#) is a partnership of community organisations, working together to support people who are struggling to afford food. There is information on their website in relation to food banks, social supermarkets and budget cooking.

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 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. Over the last decade, female healthy life expectancy has been broadly in line with England, but consistently below the South West until the latest period (Fig 213).

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 214). It should be noted that there may be a level of volatility to the indicator given the self-reported nature of good health.

Fig 213: Healthy life expectancy at birth - Females

Source: OHID – Public Health Profiles (Fingertips)

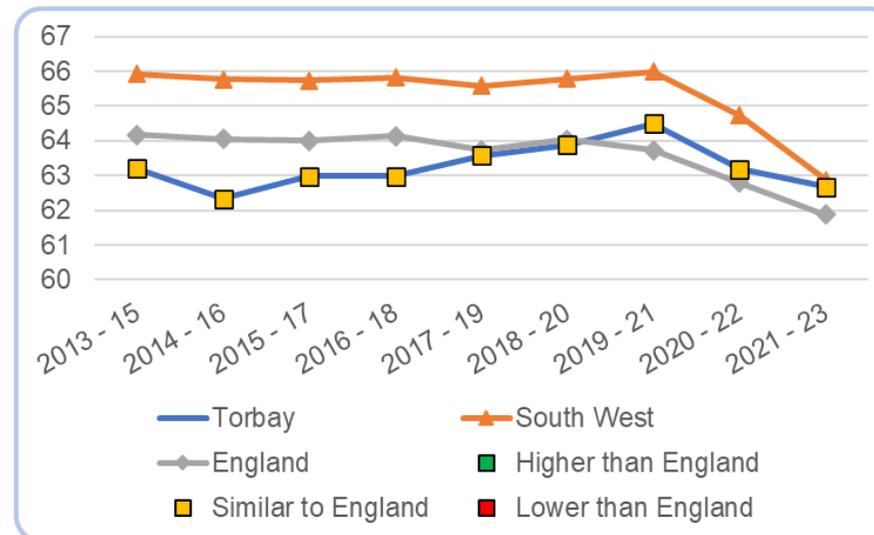
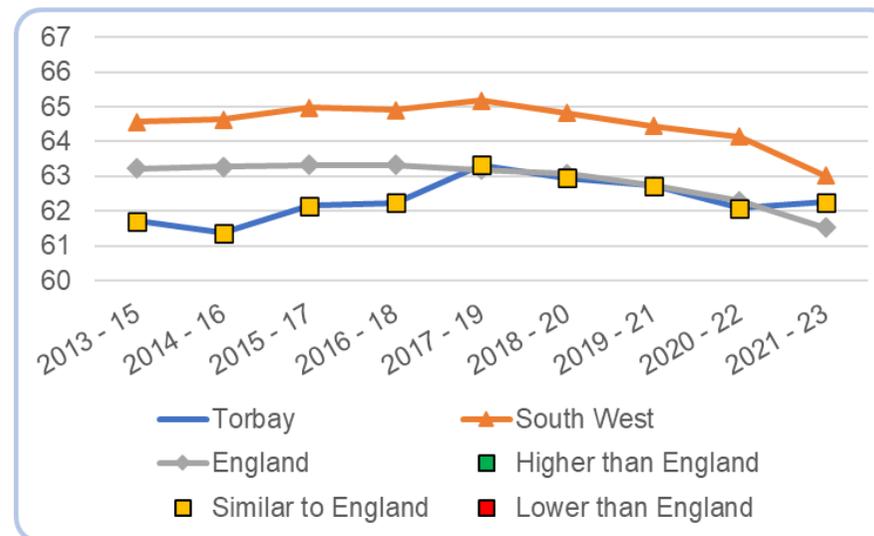


Fig 214: Healthy life expectancy at birth - Males

Source: OHID – Public Health Profiles (Fingertips)

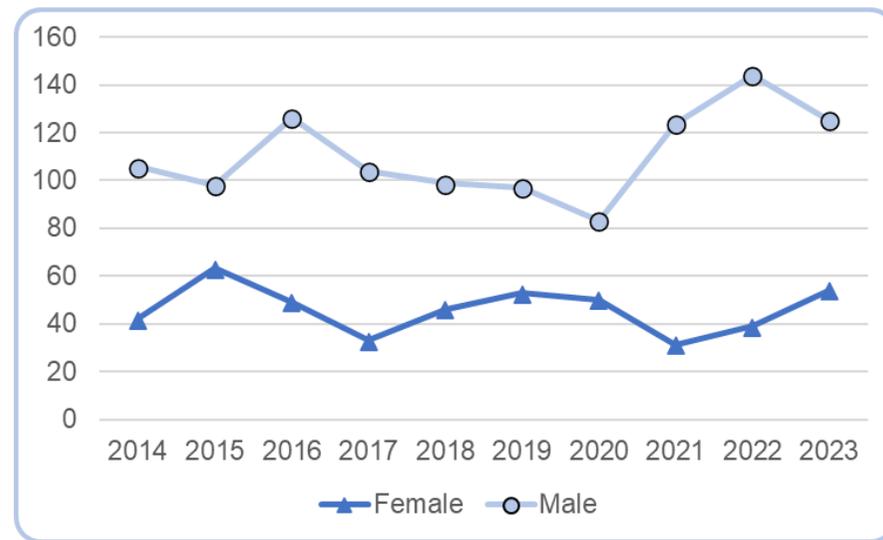
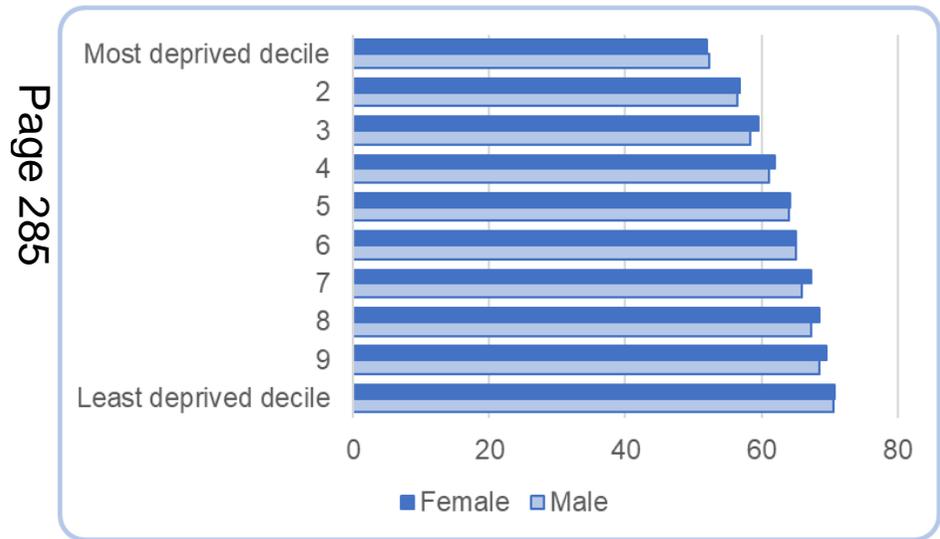


Across England, there are very large differences between those who live in the most deprived and least deprived areas. For the period 2018-2020 which is the last period for which data by deprivation decile is currently available, the gap between those who live in the most and least deprived deciles was 18.8 years for females and 18.2 years for males. Healthy life expectancy in the most deprived areas was 51.9 and 52.3 years respectively for females and males, in the least deprived areas it was 70.7 and 70.5 years respectively (Fig 215).

there are very substantial differences between females and males over the last decade (Fig 216). Males in Torbay and across England are much more likely than females to die before the age of 75 from a cardiovascular disease.

**Fig 215: Healthy life expectancy at birth by deprivation decile – England (2018 – 20)**  
Source: OHID – Public Health Profiles (Fingertips)

**Fig 216: Under 75 mortality rate from cardiovascular diseases – Torbay (Age Standardised)**  
Source: OHID – Public Health Profiles (Fingertips)



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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

For further investigation, you may find the following links useful:-

[Active Lives | Children And Young People Activity Data \(sportengland.org\)](https://www.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](#)

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 (2021/22 - 23/24)	%	25%	23%	21%	22%	●	↑
Overweight (inc obese) children - Year 6 (2021/22 - 23/24)	%	35%	35%	33%	37%	●	↓
Obese adults (2022/23)	%	33%	28%	26%	26%	●	↑
Physically active children (2022/23)	%	44%	51%	51%	47%	●	↓
Physically active adults (2015/16 - 22/23)	%	68%	67%	71%	67%	●	↓
Adults eating their '5-a-day' (2022/23)	%	35%	32%	36%	31%	●	↓
Hospital admissions for eating disorders (2023/24)	Rate per 100,000	22.9	12.4	17.2	7.6	●	↑
Healthy life expectancy - Female (2021 - 23)	Years	62.7	61.4	62.9	61.9	●	↓
Healthy life expectancy - Male (2021 - 23)	Years	62.3	60.9	63.0	61.5	●	↑

## Oral Health

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### Overview

- The percentage of children seen by an NHS dentist in the previous 12 months is increasing in Torbay and percentages for the last 5 years are significantly higher than England.

Source: NHS Dental Statistics – NHS Business Services Authority

- Dental decay in 5 year olds 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 0-17 year olds has been significantly higher in Torbay for at least the last eight years.

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 2019

- The rate of treatment by NHS dentists involving tooth extractions (all extractions, not just due to dental caries) is significantly higher in Torbay adults than in England for the 5 years of data. In Torbay children it is increasing.

Source: NHS Dental Statistics – NHS Business Service Authority, ONS mid-year population estimates

Poor oral health, oral diseases and dental decay are largely preventable but can severely impact the lives of children and adults, causing pain and infection, affecting eating, sleeping, the ability to go to school or work and causing lack of self-confidence and social isolation. 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 [Inequalities in oral health in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/inequalities-in-oral-health-in-england). People living in more deprived areas are consistently seen to have higher levels of oral health problems than those living in less deprived areas.

### People seen by an NHS dentist

Torbay has significantly higher percentages of children seen by an NHS dentist in the previous 12 months compared with the South West and England (Fig 217). In 2023/24 this percentage was 65% in Torbay and 56% in England. This has increased steadily since 2020/21- restrictions on dentists due to COVID-19 will have reduced the number seen from March 2020 for the period of the restrictions. Torbay has not returned to pre COVID-19 levels but is heading that way.

The percentage of adults seen by an NHS dentist in the previous two years has decreased over the years shown in Fig 218. COVID-19 restrictions will have affected figures but percentages have continued to remain lower than before the pandemic. As with children, Torbay is significantly higher than the South West and England in percentages of adults seen.

Fig 217: Percentage of children, aged 0-17, seen by an NHS dentist in the previous 12 months

Source: NHS Dental Statistics – NHS Business Services Authority

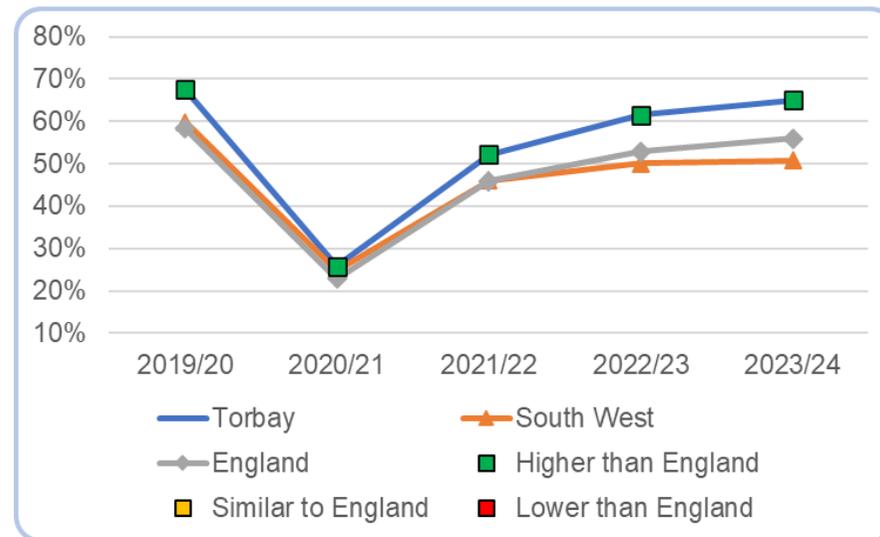
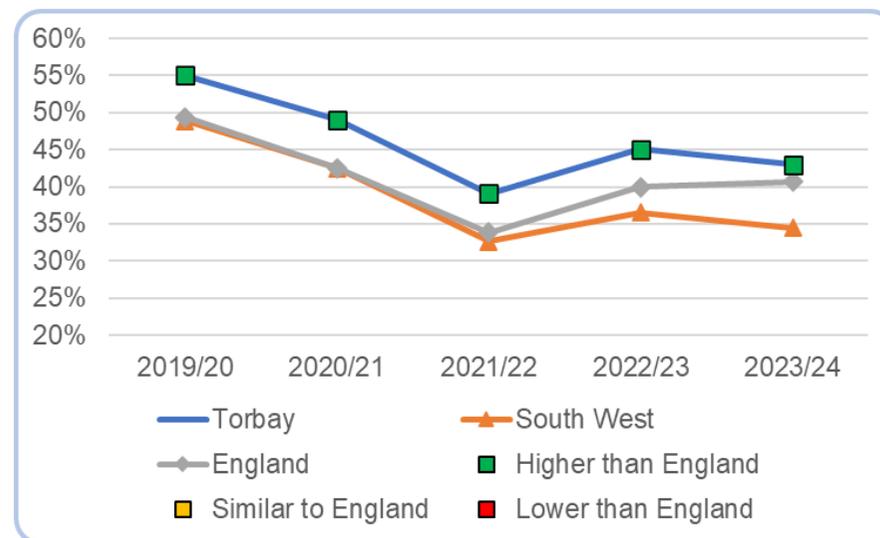


Fig 218: Percentage of adults, aged 18+, seen by an NHS dentist in the previous 2 years

Source: NHS Dental Statistics – NHS Business Services Authority



### Tooth decay in children

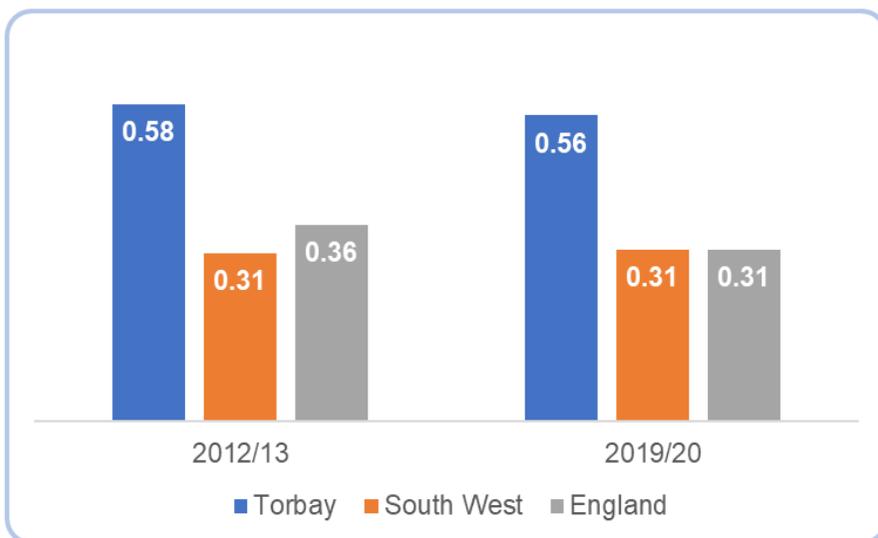
National Dental Epidemiology Programme surveys have reported on tooth decay in children aged 3 years, 5 years and 10 to 11 years. Please note that these surveys are not equal years apart.

Tooth decay in three year olds in Torbay is higher than in England as a whole, as reported by the surveys, with children having an average (mean) of 0.56 decayed, missing or filled teeth compared to 0.31 in England in 2019/20 (Fig 219). It should be noted that there are a lot of Local Authorities missing from the survey of three year olds in 2019/20 due to COVID-19 restrictions or the Local Authority not commissioning the survey.

**Fig 219: Average decayed, missing or filled teeth in 3 year olds**

Source: OHID – Public Health Profiles (Fingertips), from National Epidemiology Programme surveys

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Levels of dental decay in five 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 percentages of visually obvious dental decay for the last three 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 five 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

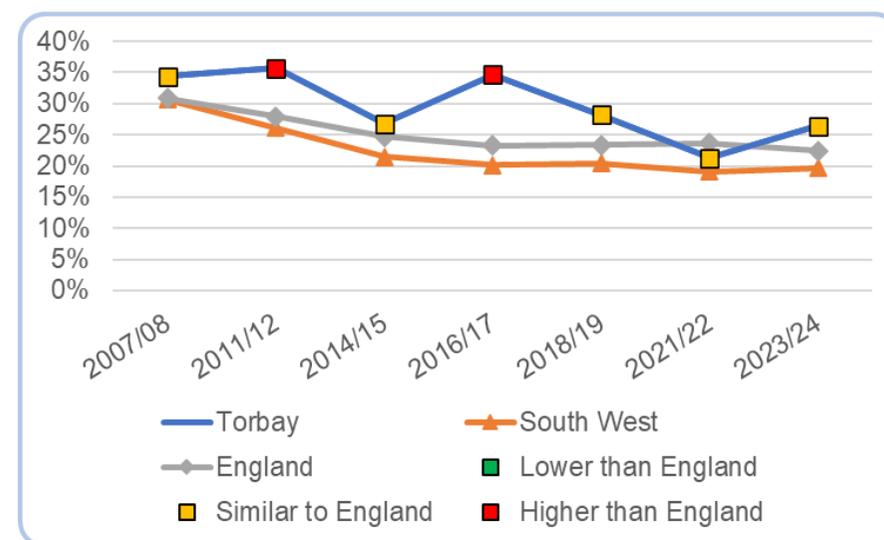


Fig 221: Average decayed, missing or filled teeth in 5 year olds

Source: OHID - National Epidemiology Programme surveys

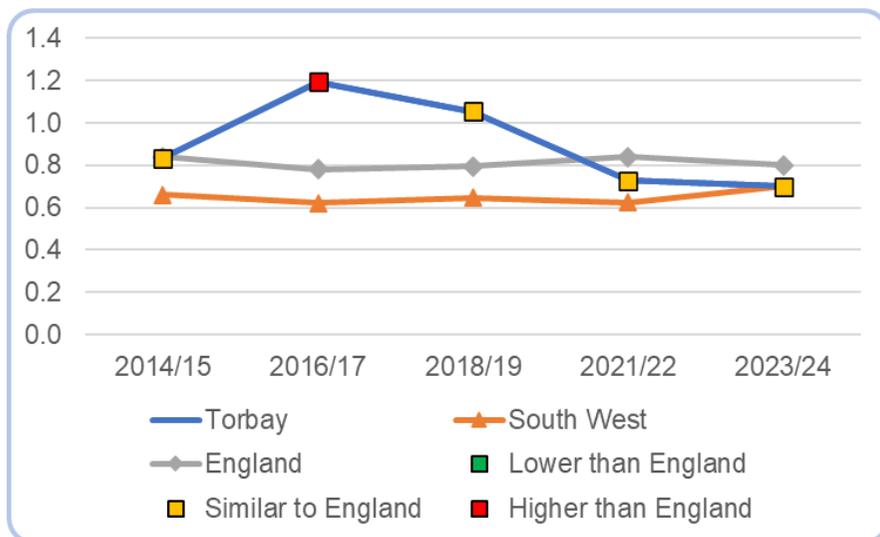
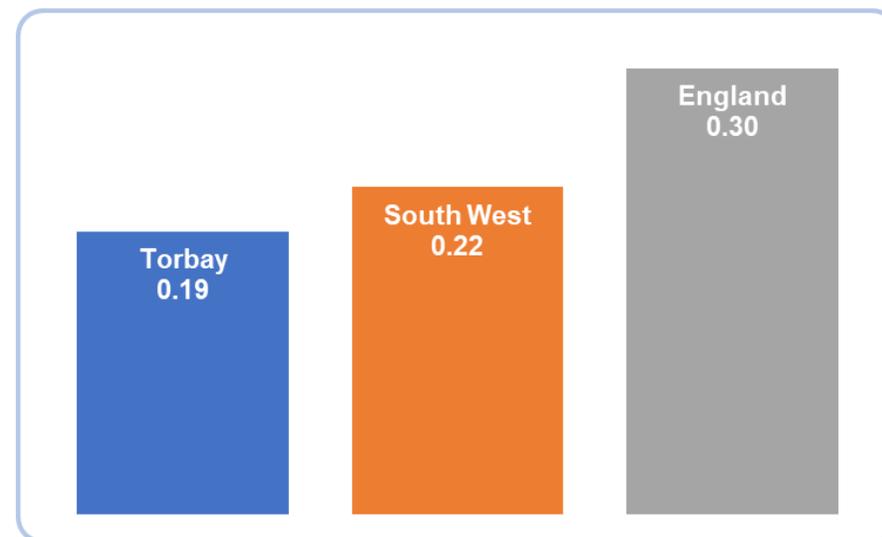


Fig 222: Average decayed, missing or filled teeth in Year 6 children

Source: OHID - National Epidemiology Programme surveys



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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 to 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).

### Adult Oral Health Survey

In 2021 the adult oral health survey was commissioned by Public Health England (now OHID) and carried out by a consortium led by the National Centre for Social Research. It covers adults aged 16+ in England. Some of the key findings include:

- Good or very good oral health was reported by 66% of adults, 26% reported fair oral health and 7% reported bad or very bad oral health
- Brushing teeth at least twice a day was reported by 77% of adults with natural teeth
- Cost of dental care had affected the type of dental care or treatment received by 33% of adults, 25% had had to delay dental care or treatment due to cost

Good or very good oral health was more likely to be reported by adults living in less deprived neighbourhoods. Good or very good

oral health was reported by 71% in the most deprived quintile through to 84% in the least deprived quintile.

The survey can be found at [Adult oral health survey 2021 - GOV.UK](https://www.gov.uk/government/statistics/adult-oral-health-survey-2021)

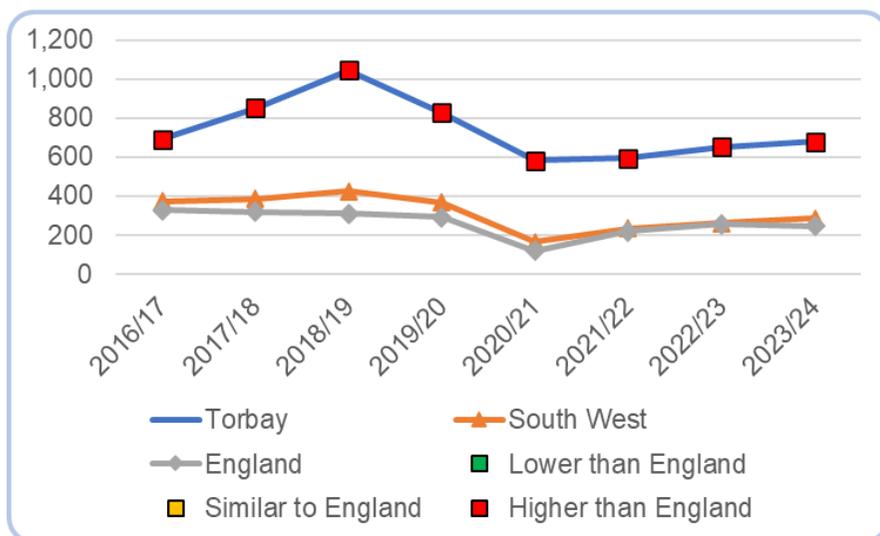
### Hospital tooth extractions due to dental caries

Torbay has significantly higher rates of hospital tooth extractions due to dental caries in children than both the South West and England averages for the eight years shown in Fig 223. Torbay's rate in 2023/24 has remained quite level with the year before. There has been a slight rise in the years since 2020/21 but all are similar to each other and remain far below the peak of 2018/19.

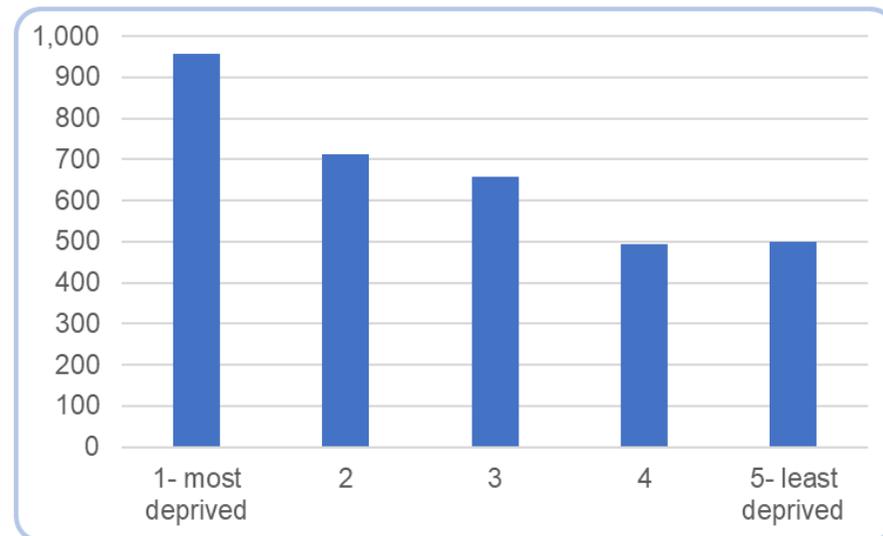
There are higher levels of hospital admissions for dental caries in children who live in more deprived areas with the most deprived area having a significantly higher rate of admissions than the other areas (Fig 224). This is for the eight years of data combined .

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**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



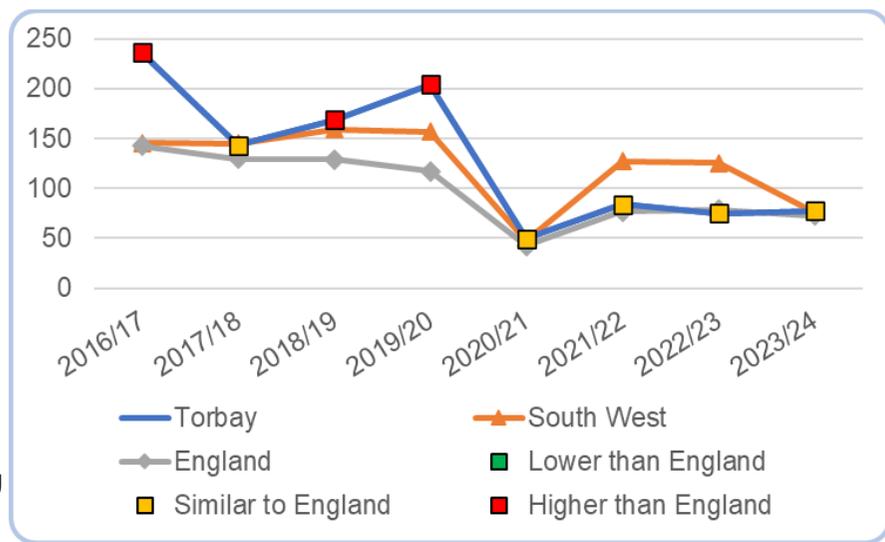
**Fig 224: Torbay rates of hospital tooth extractions due to dental caries, aged 0-17, per 100,000, 2016/17–23/24, by deprivation**  
Source: Hospital Episode Statistics, ONS mid-year population estimates, English Indices of Deprivation 2019



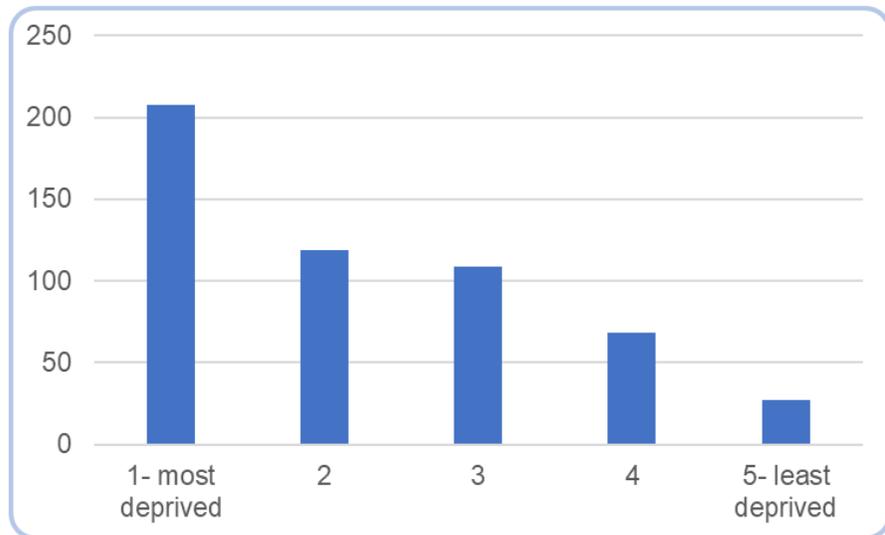
Torbay's rate of hospital tooth extractions due to caries in adults has remained similar to England levels for the last four years (2020/21 to 2023/24) (Fig 225). These four years are a lot lower than the four years before. Torbay's rate is pretty level for the last three years as is the England average.

As seen in children, the highest prevalence in adults of hospital dental extractions for dental caries are found amongst those living in the more deprived areas of Torbay (Fig 226). The most deprived area has a significantly higher prevalence 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, 2016/17–23/24, by deprivation**  
 Source: Hospital Episode Statistics, ONS mid-year pop estimates, English Indices of Deprivation 2019



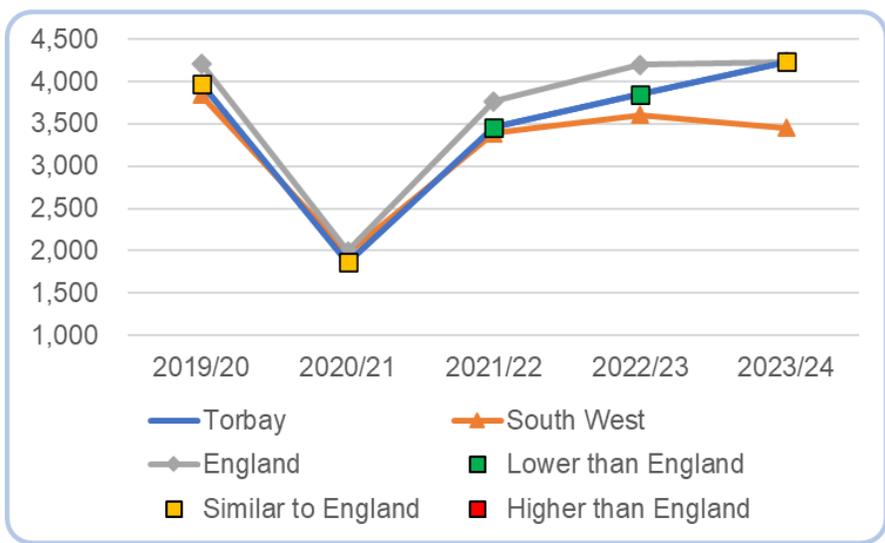
**Tooth extractions by NHS dentists**

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 per 100,000 population in 0 to 17 year olds has been increasing since 2020/21 and is now back to pre COVID-19 levels (Fig 227). It rose to England levels in 2023/24, the two previous years being significantly lower than England.

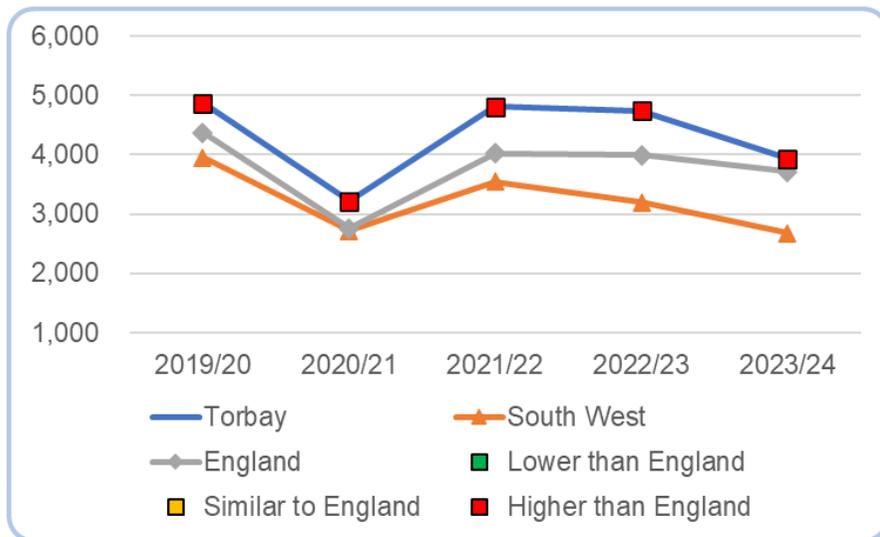
For adults, Torbay’s rate (Fig 228) is significantly higher than England for all five years of data. Torbay’s rate has decreased in 2023/24 as have the South West and England rates.

**Fig 227: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 0-17, per 100,000**  
 Source: NHS Dental Statistics – NHS Business Services Authority, ONS mid-year population estimates

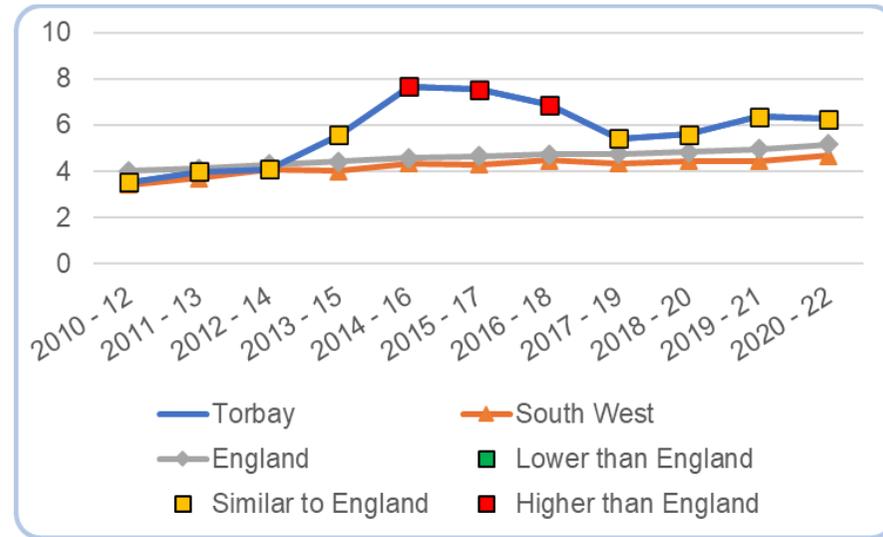


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**Fig 228: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 18+, per 100,000**  
 Source: NHS Dental Statistics – NHS Business Services Authority, ONS mid-year population estimates



**Fig 229: Mortality rate from oral cancer, all ages, per 100,000 (Age Standardised)**  
 Source: OHID – Public Health Profiles (Fingertips)



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**Oral Cancer**

The data in this section for oral cancer encompasses cancers of the lip, oral cavity, and pharynx. Tobacco and alcohol are main 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 three periods before reducing in 2017-19 to become similar to England for the four 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.

Further local information on oral health in Torbay can be found in Torbay Council’s [Oral health needs assessment](#), November 2022

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 (2023/24)	%	65%	57%	51%	56%	●	↑
Adults seen by NHS dentist in last 2 years (2023/24)	%	43%	43%	34%	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 (2023/24)	Rate per 100,000	679	264	288	248	●	↑
Hospital tooth extractions due to dental caries, aged 18+ (2023/24)	Rate per 100,000	78	65	76	73	●	↑
Tooth extraction treatment (NHS), aged 0 to 17 (2023/24)	Rate per 100,000	4,235	4,298	3,450	4,232	●	↑
Tooth extraction treatment (NHS), aged 18+ (2023/24)	Rate per 100,000	3,931	3,914	2,677	3,714	●	↓
Mortality from oral cancer (2020 - 22)	DSR per 100,000	6.3	5.0	4.7	5.2	●	↓

## Mental Health

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### 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 mental illness (schizophrenia, bipolar affective disorder and other psychoses) amongst patients on GP registers is higher in Torbay than England.

Source: OHID – Public Health Profiles (Fingertips)

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- Rates of Torbay Adult Social Care clients with mental health as a primary support reason who are receiving long term support are significantly higher than England for both 18 to 64 year olds and people aged 65+.

Source: Adult Social Care Activity & Finance Report

- Torbay is lower than England for people entering drug or alcohol treatment with a mental health treatment need who are receiving treatment for their mental health on entry.

Source: OHID – Public Health Profiles (Fingertips)

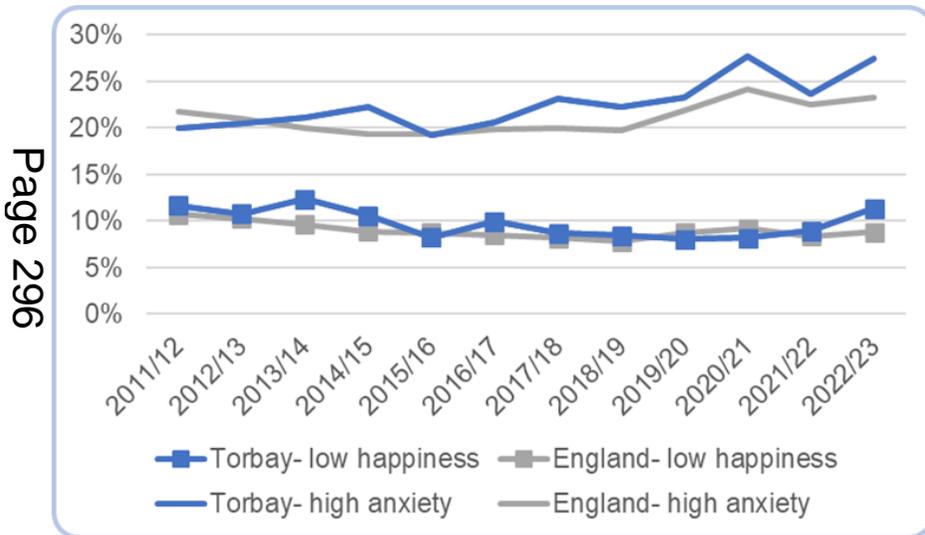
- Hospital admission rates for self-harm (emergency admissions) and eating disorders are consistently significantly higher than England.

Source: Hospital Episode Statistics

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.

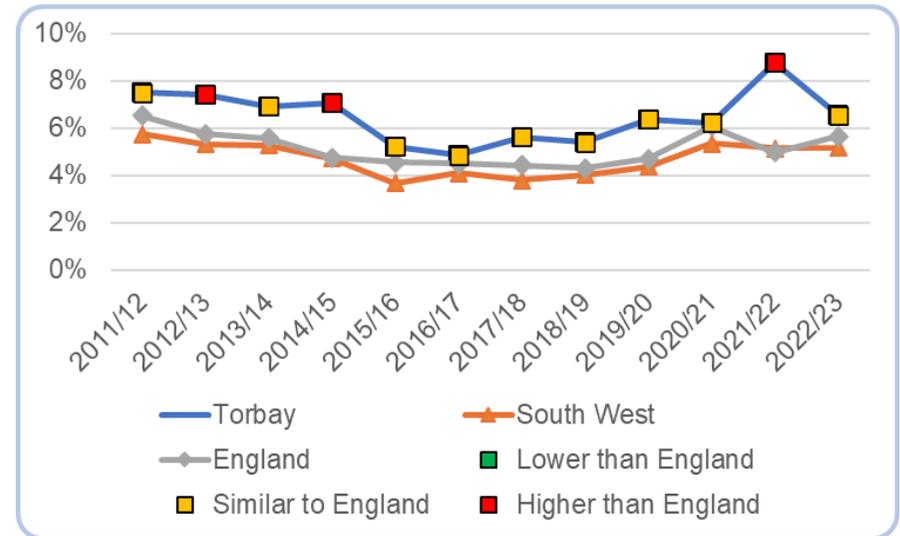
**Fig 230: Percentage of people with low happiness and high anxiety scores, aged 16+**  
Source: OHID – Public Health Profiles (Fingertips)



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The Annual Population Survey asks people how satisfied they are with their lives. In Torbay the percentage in 2022/23 with a low satisfaction score is 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 (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, whatever their background or age. If people feel lonely frequently or all of the time it can seriously affect health and wellbeing and is linked to increased likelihood of hospital readmission or a longer stay, and to early death. (OHID- Public health profiles)

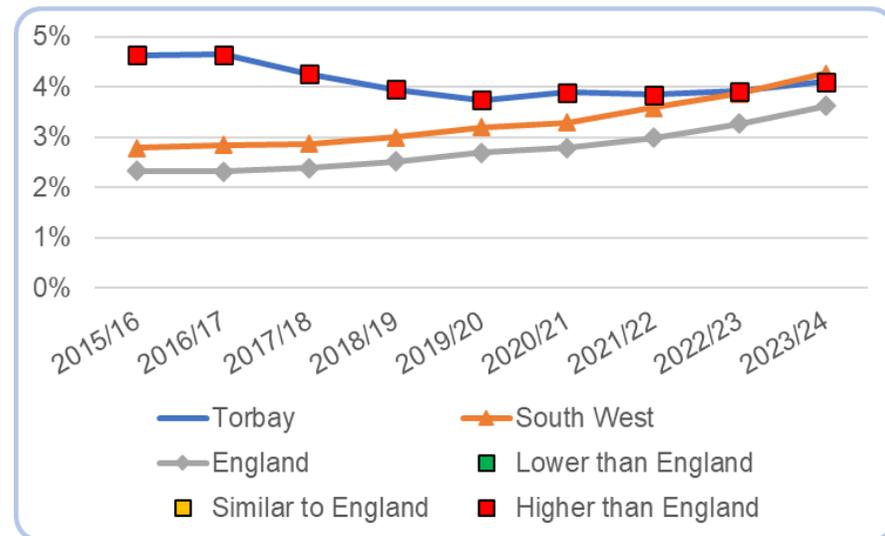
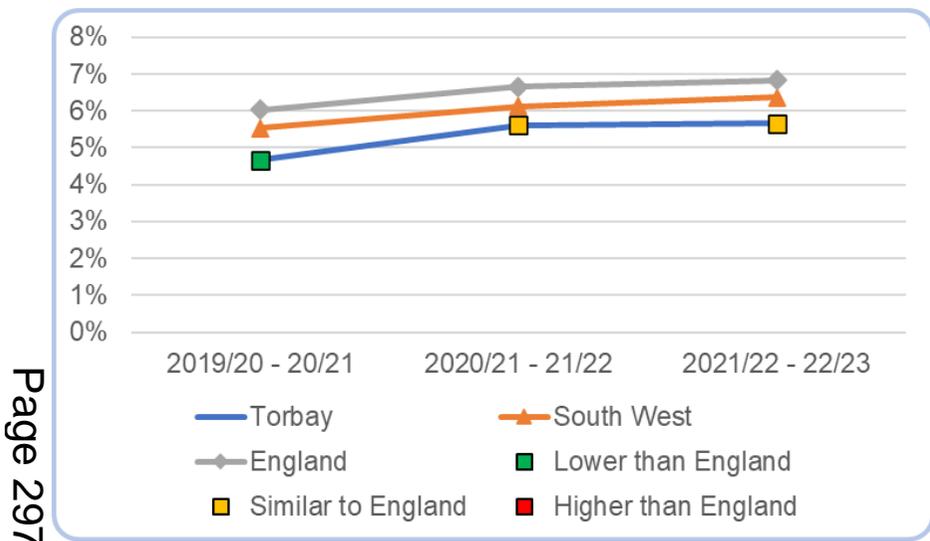
There is a national measure of loneliness developed by the ONS which asks people if they feel lonely: Often or always, Some of the time, Occasionally, Hardly ever, Never. Feeling lonely often or always is referred to as chronic loneliness. Fig 232 uses the Active Lives Adult Survey (aged 16+) and combines 2 years of data with analysis weighted to be representative of England’s population. In

Torbay 5.7% said they felt lonely often or always in 2021/22 - 22/23 compared to 6.8% in England. Torbay has stayed level with the previous period.

mental health needs as a primary need for SEN for at least the last 4 years. More than double the number of boys than girls were identified with this in both Torbay and England.

**Fig 232: Percentage who feel lonely often or always, aged 16+**  
Source: OHID – Public Health Profiles (Fingertips)

**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)



**Children and young people**

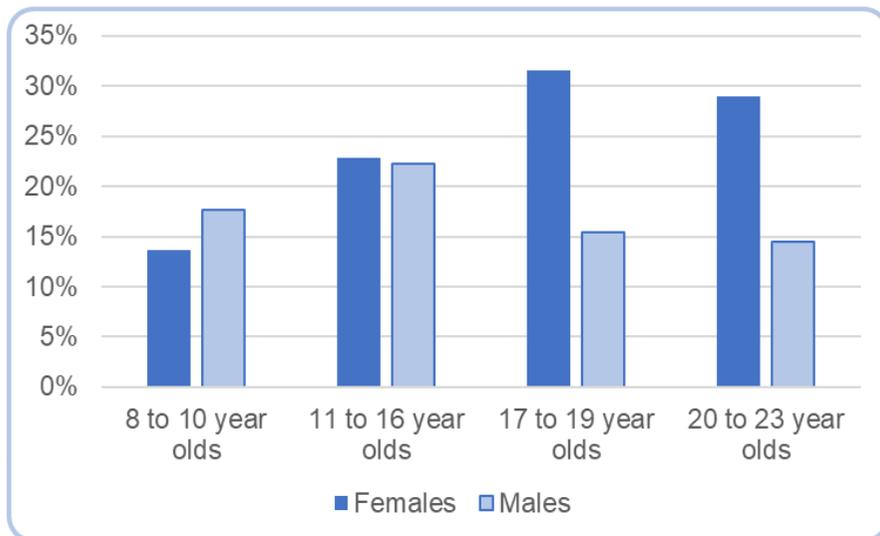
It is well known that a child’s learning and development is affected by their mental health and wellbeing. Poor mental health in childhood can impact into adulthood and untreated mental health problems as a child can severely impact people throughout their lives.

Fig 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 but has decreased and then levelled out over the last few years of data. Torbay is significantly higher than England in the percentage of both boys and girls with social, emotional and

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 much more likely than males to have a probable mental disorder- 31.6% of female 17 to 19 year olds compared to 15.4% of males, and 29.0% of female 20 to 23 year olds compared to 14.5% of males. These are also the trends in the previous 2 years of 2021 and 2022.

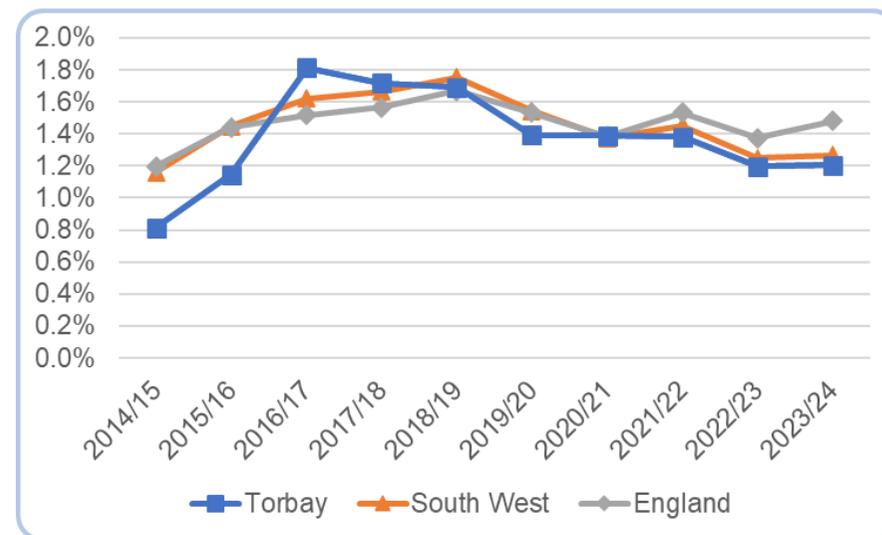
**Fig 234: Percentage of children/young people with a probable mental disorder, England, 2023**

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 a new diagnosis of depression in the year, aged 18+**

Source: OHID – Public Health Profiles (Fingertips)



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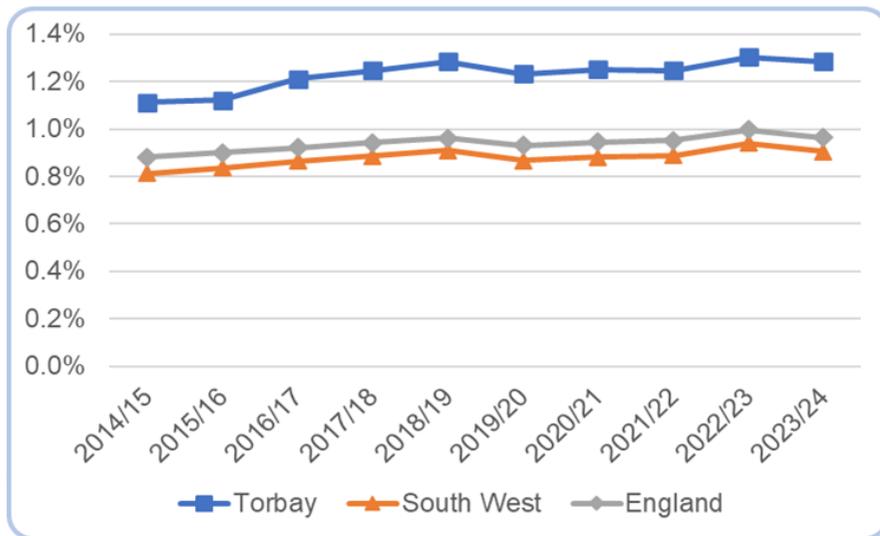
**Mental health on GP registers**

The incidence of depression is the percentage of adult patients recorded on GP registers with a new diagnosis of depression within the year. This is allocated to the local authority of the GP practice. Fig 235 shows the percentage as on a reducing trend in Torbay since 2016/17. England has remained quite level for several years. Torbay is in the second lowest quintile in England for the last 3 years.

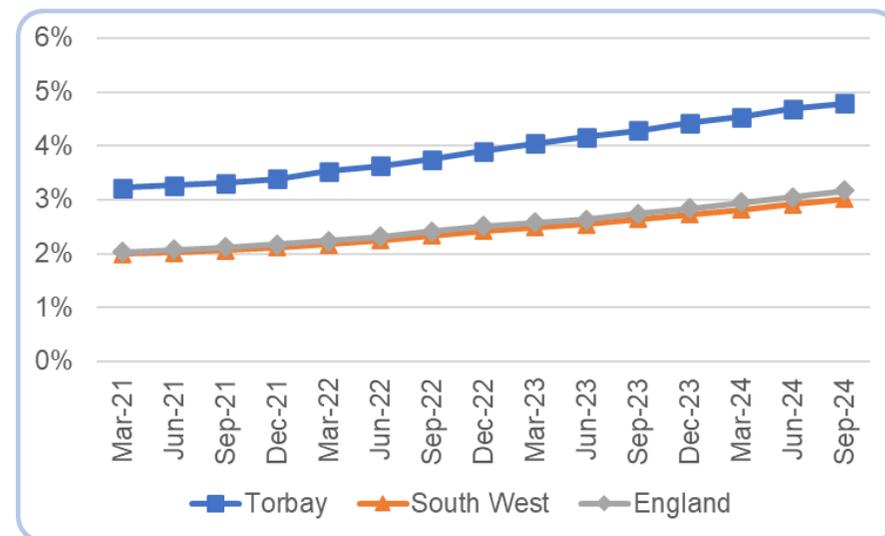
Depression incidence is recorded as part of the Quality Outcomes Framework (QOF) which previously recorded overall depression prevalence- the total number aged 18+ on the register with a diagnosis. The QOF no longer records this.

The percentage of patients on GP registers with schizophrenia, bipolar affective disorder and other psychoses (Fig 236) has increased in Torbay over the last decade and is in the highest quintile in England throughout this time. Torbay is significantly higher than the South West and England for at least the last decade with 1.29% of patients in 2023/24 compared to 0.96% in England. In England as a whole, prevalence levels are generally much higher in more deprived areas than in less deprived areas.

**Fig 236: Percentage of patients on GP registers with schizophrenia, bipolar affective disorder and other psychoses**  
 Source: OHID – Public Health Profiles (Fingertips)



**Fig 237: Percentage of 16 to 64 year old population claiming Personal Independence Payments with main reason of mental and behavioural disorders**  
 Source: DWP Stat-Xplore, ONS mid-year population estimates



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**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.

**Adult Social Care**

Adult Social Care services help people who are living with an illness or disability. Figs 238 and 239 show those receiving long term support who are funded by Adult Social Care. Fig 238 shows clients aged 18 to 64 years who receive long term support and have a primary support reason of mental health. Torbay has a significantly higher rate of 18 to 64 year olds than the South West and England throughout. Torbay’s rate has risen to over double the England rate in the last 3 years, 346 per 100,000 in 2023/24 compared to 162 in England. Torbay is on an increasing trend whereas England is not showing much movement.

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

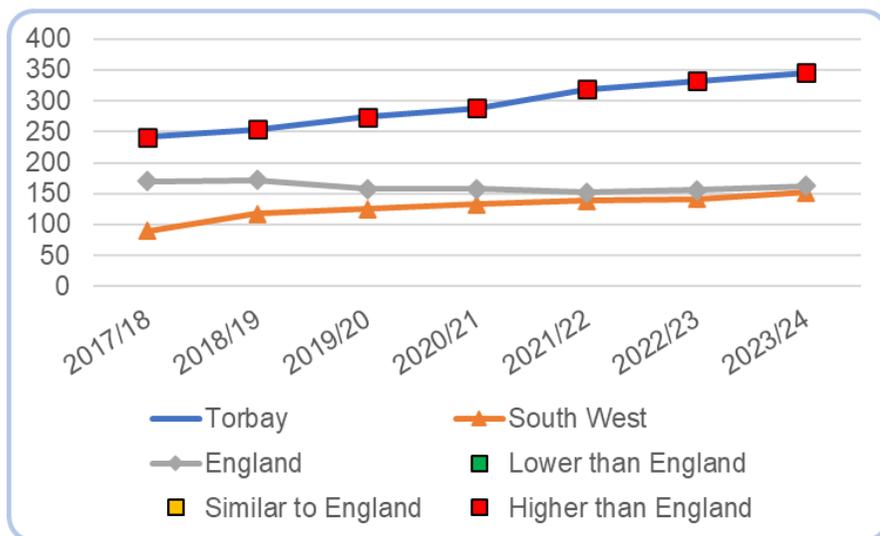
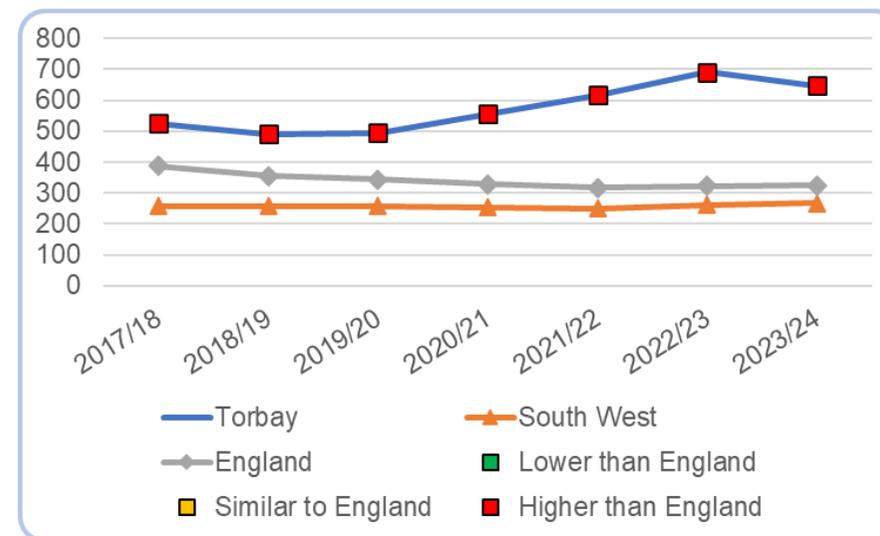


Fig 239: Rate of people aged 65+ with a primary support reason of mental health receiving long term support from Adult Social Care during the year, per 100,000

Source: Adult Social Care Activity & Finance Report



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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 (Fig 239). Torbay's rate has been increasing with a slight decrease in 2023/24. Torbay is double the England rate in 2023/24- Torbay at 646 per 100,000 and England at 324. England has been reducing over the years but remaining level for the last couple of years. All 3 geographical areas have much higher rates of older people receiving long term support than 18 to 64 year olds.

### 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 need who were receiving treatment for their mental health.

Torbay is significantly lower than England for the 3 years shown as regards both drug and alcohol treatment in terms of people entering with a mental health treatment need who were receiving this treatment (Figs 240 and 241). In Torbay in 2022/23, out of those entering drug treatment with a mental health treatment need, 68% were receiving mental health treatment (75% in England), and for those entering alcohol treatment this was 72% (84% in England).

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)

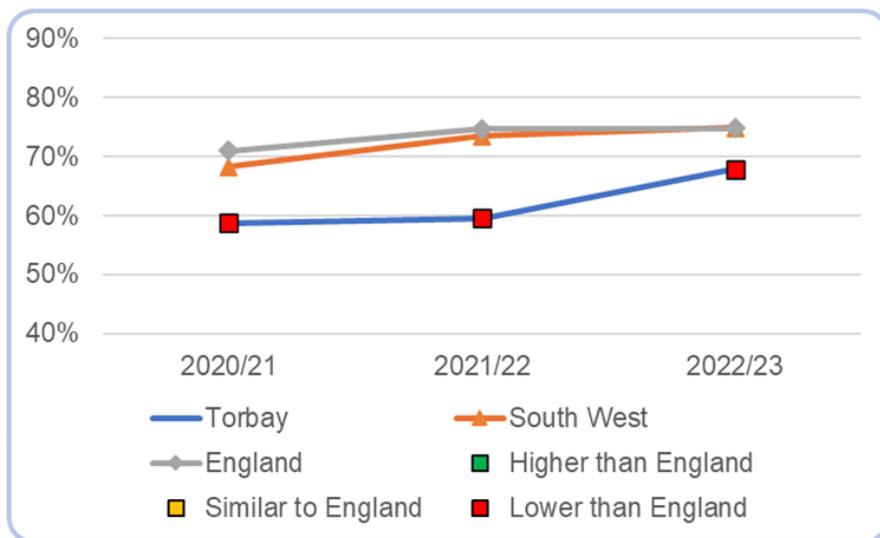
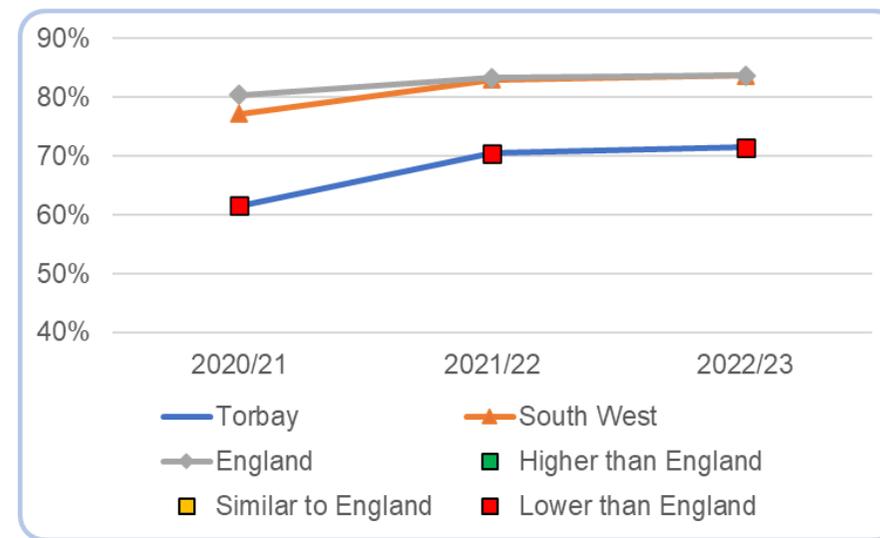


Fig 241: Percentage of clients entering alcohol treatment identified as having a mental health treatment need who were receiving mental health treatment, aged 18+

Source: OHID – Public Health Profiles (Fingertips)



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### Self-harm

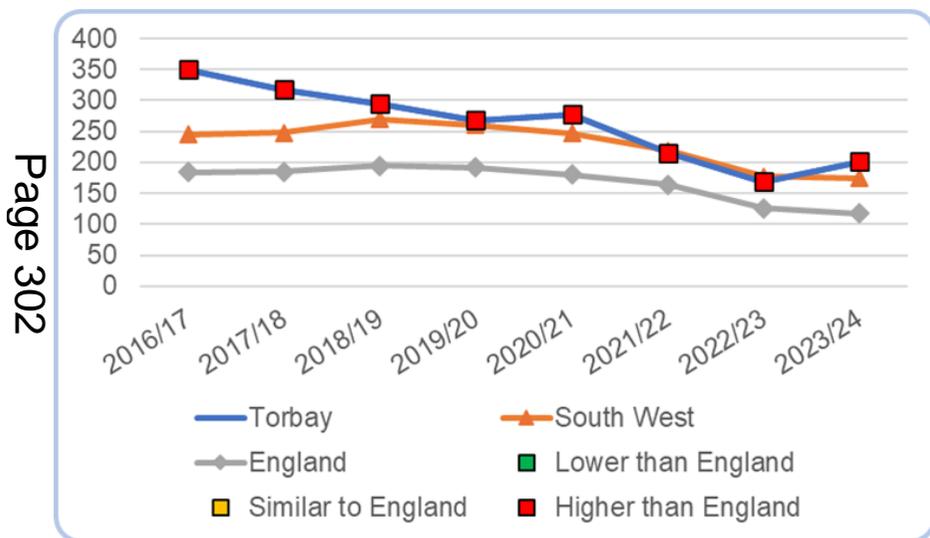
Hospital admissions for self-harm are used as a proxy for the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place.

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 2019/20 to 2023/24 combined, the number of Torbay’s female admissions was just over double the number for males. This follows the pattern for England where female

admissions were around double the number of male admissions in this time period.

Self-harm admissions are more prevalent in younger people- in 2019/20 to 2023/24 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 24% of England’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

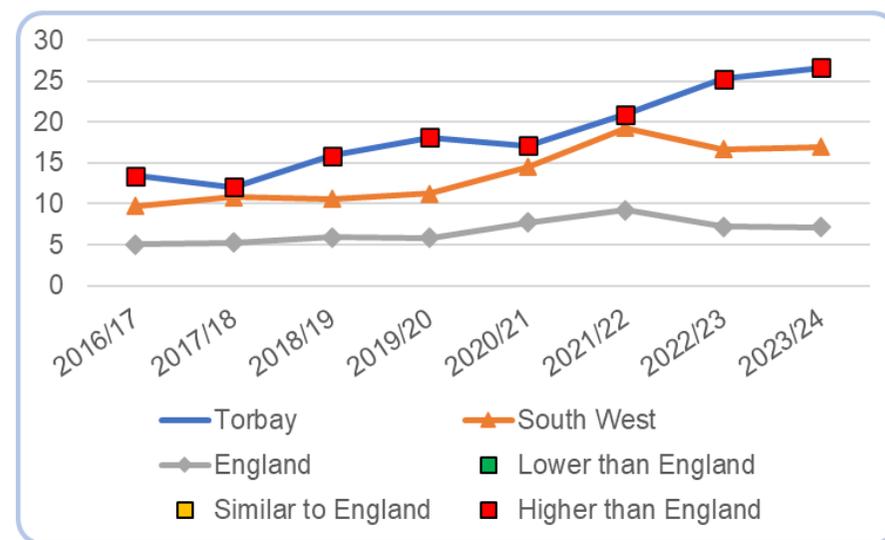


### Eating disorders

The number of hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders in Torbay is small (the highest year of 2023/24 is just over 30 a year) but only the most severe cases will end up in hospital. Torbay has a consistently significantly higher rate per 100,000 than England (Fig 243) and is showing an upward trend. Eating disorders are much more common

in females than males, in Torbay 9 out of 10 admissions are female in the 5 years of 2019/20 to 2023/24 combined. Eating disorders are also much more prevalent in younger people with 3 out of 4 of admissions aged 19 or under. This is the same pattern as for the England average [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 (Age standardised)**  
Source: Hospital Episode Statistics



### Mental health hospital admissions

Torbay’s rate of hospital admissions for mental health disorders has increased in 2023/24 after being lower than England for 5 years (Fig 244). The rate does not include admissions for self-harm. For the 5 years of 2019/20 to 2023/24 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

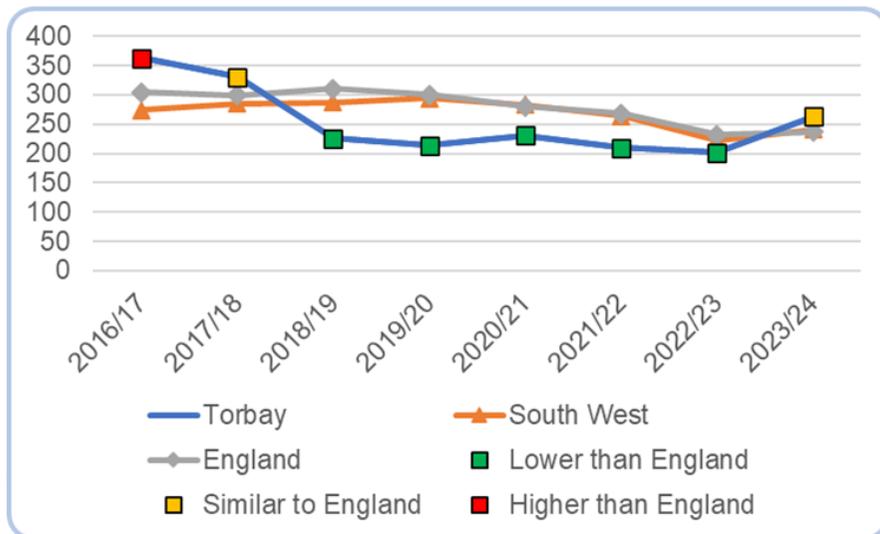
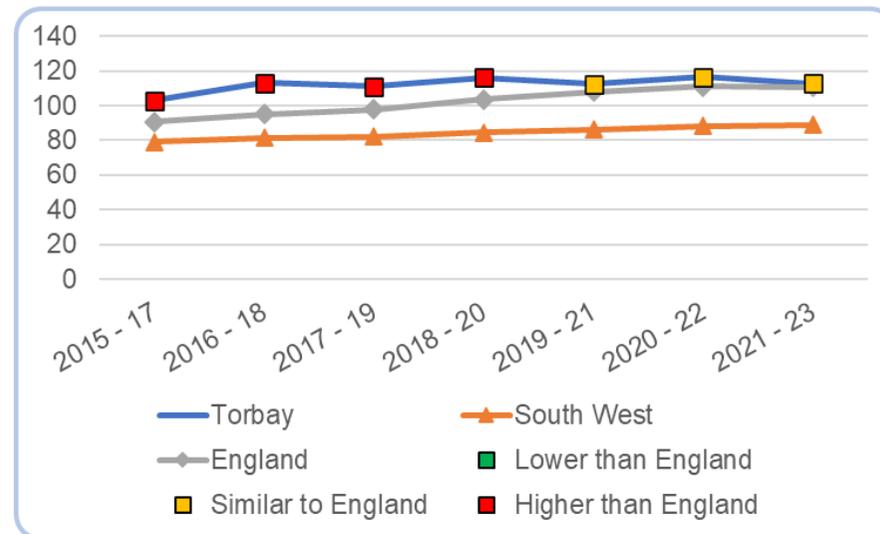


Fig 245: Rate of premature mortality in adults with severe mental illness, aged 18 to 74, per 100,000 (Age standardised)

Source: OHID – Public Health Profiles (Fingertips)



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### Premature mortality

Torbay's rate of premature mortality in people with severe mental illness has remained quite level for the past few periods (Fig 245). Torbay has been significantly higher than England before becoming similar to England because the England rate increased. Rates are much higher for men than they are for women in all 3 geographical areas.

This encompasses adults (aged 18 to 74) who have had a referral to secondary mental health services in the 5 years before they died. Access to services will therefore affect rates- areas where few access these services will have lower rates of premature mortality and areas where many access these services will have higher rates.

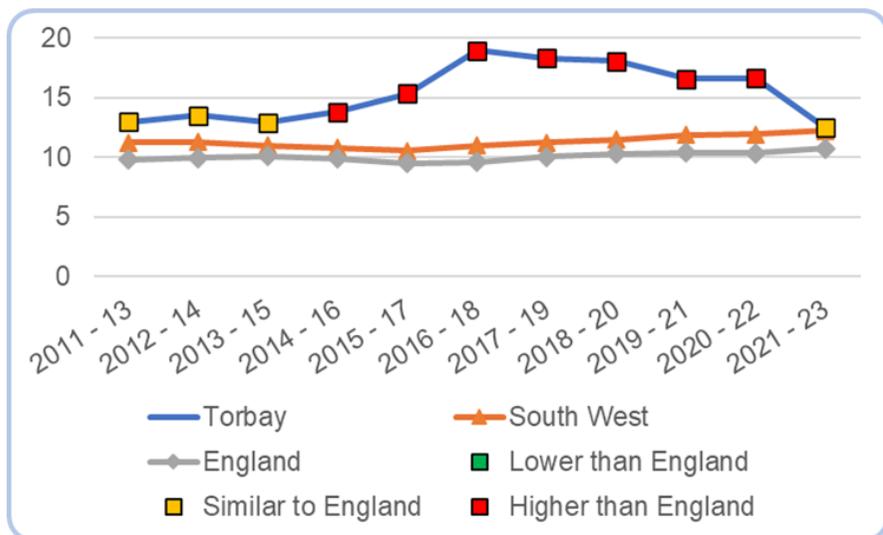
### Suicide

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 average.

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 period, 2021-23, sees a drop in the rate which has now 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.

Fig 246: Suicide rate per 100,000 (Age standardised)

Source: OHID – Public Health Profiles (Fingertips)



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Documents that provide further information on mental health include:

- [Torbay Multi-agency Suicide Prevention Plan 2024-2027](#)
- [Wellbeing and mental health: Applying All Our Health](#), OHID, updated 2022
- [Mental health data and analysis: a guide for health professionals](#), OHID

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
<b>Pupils with Social, Emotional &amp; Mental Health Needs (2023/24)</b>	%	4.1%	4.3%	4.3%	3.6%	●	↑
<b>People with low satisfaction scores (2022/23)</b>	%	6.6%	6.0%	5.2%	5.6%	●	↓
<b>Primary support reason of mental health receiving long-term care, 18 to 64 (2023/24)</b>	Rate per 100,000	346	166	152	162	●	↑
<b>Primary support reason of mental health receiving long-term care, 65+ (2023/24)</b>	Rate per 100,000	646	322	267	324	●	↓
<b>Emergency hospital admissions as a result of self-harm (2023/24)</b>	DSR per 100,000	201	175	175	117	●	↑
<b>Hospital admissions due to an eating disorder (2023/24)</b>	DSR per 100,000	26.6	12.6	17.0	7.2	●	↑
<b>Hospital admissions for mental health conditions (2023/24)</b>	DSR per 100,000	263	276	241	237	●	↑
<b>Premature mortality in adults with severe mental illness (2021 - 23)</b>	DSR per 100,000	113	116	89	111	●	↓
<b>Suicide rate (2021 - 23)</b>	DSR per 100,000	12.5	12.7	12.2	10.7	●	↓

## Older People

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### Overview

- 65 and over population has risen in Torbay by 15% (approximately 4,900 people) between 2013 and 2023.

Source: ONS Mid-year population estimates

- 65 and over share of Torbay population projected to rise from 27% in 2023 to 34% by 2043.

Source: NOMIS

- Healthy life expectancy of 11 to 12 years for the 65 and over population in Torbay is in line with England.

Source: OHID – Public Health Profiles (Fingertips)

- Level of pension credit claimants higher in Torbay than England.

Source: Stat-Xplore

- Flu vaccination rates for those aged 65 and over have been higher than the national target of 75% for the last 4 years.

Source: 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 2023/24.

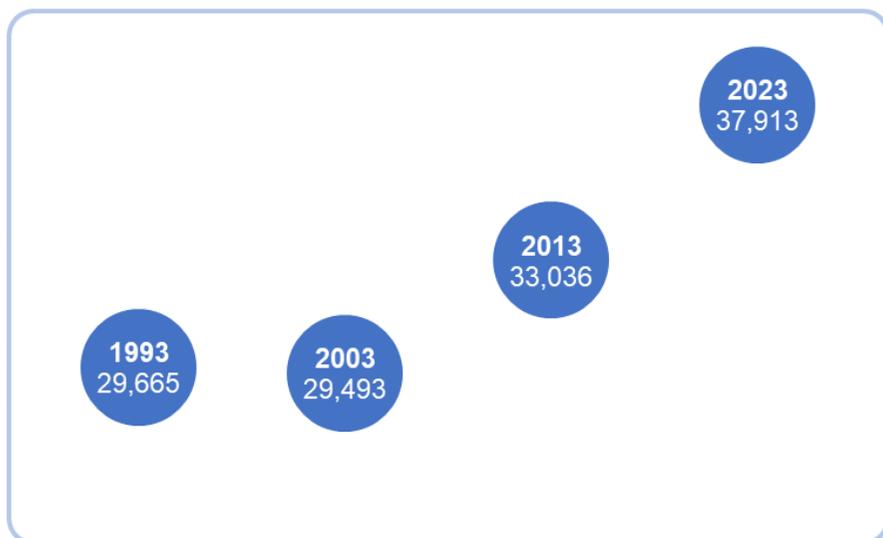
Source: Adult Social Care Activity & Finance Report

### Population

An increasing number of Torbay’s population are aged 65 and over. 37,913 Torbay residents are estimated to be aged 65 and over which equates to 27.2% of the population, this is a significant rise from 10 years ago when the estimated figure was 33,036 which equated to 24.9% of the population (Fig 247).

Fig 247: Torbay population aged 65 and over

Source: ONS Mid-year population estimates



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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 139,485 in 2023 to 153,088 by 2043. It should be noted that projections are likely to be updated over the next year in light of the 2021 Census. The proportion of those aged 65 and over is expected to rise from the current level of 27% to 34% by 2043 (Fig 249).

Fig 248: Torbay population aged 65 and over by ward (2022)

Source: ONS Ward population estimates (2022)

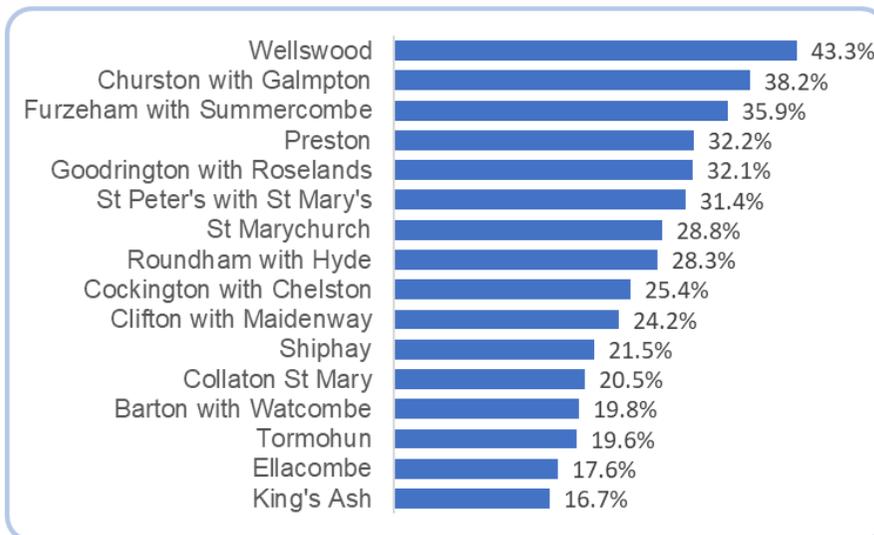
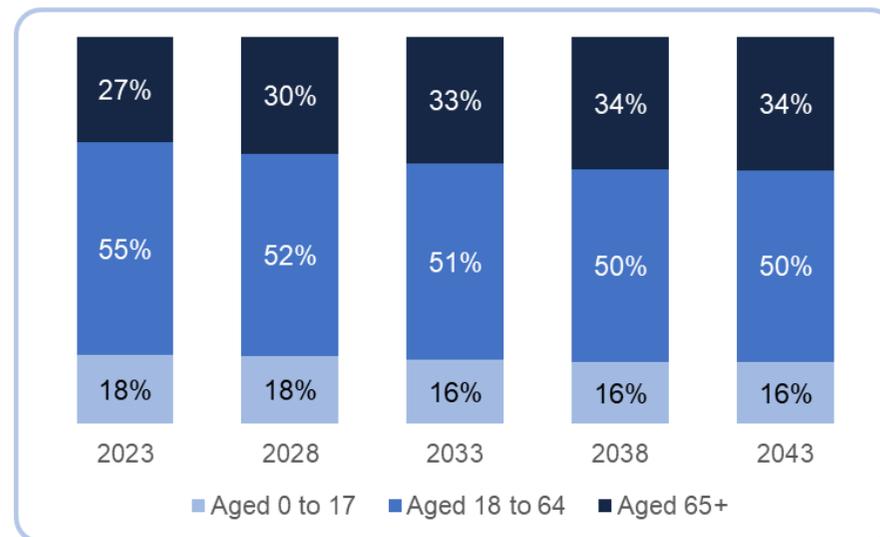


Fig 249: Population projections – Torbay

Source: NOMIS



### Life expectancy

Life expectancy and healthy life expectancy are important measures of mortality and ill health showing the trends in different sections of the community. Whilst life expectancy is an important measure, there is also the amount of someone’s life that they spend in a healthy condition and the importance of that to their wellbeing. Significant advances in medicine may keep someone alive for longer but the quality of life enjoyed may be relatively poor.

Life expectancy at 65 for females in Torbay was broadly in line with England for the latest period after being significantly higher for the previous 3 time periods (Fig 250). For males it is broadly in line with England for the 2 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 the last 4 time periods shown. Those aged 65 and over in the most deprived areas of Torbay have life expectancies of approximately 3 to 4 years less than those who live in the least deprived areas. It should be noted that people in residential care may reside in areas that are very different in relation to deprivation than their lives before entering care.

Healthy life expectancy shows the years that a person can expect to live in good health. 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 (2018 – 2020) (Fig 252).

Fig 250: Life expectancy at age 65 – Female

Source: OHID – Public Health Profiles (Fingertips)

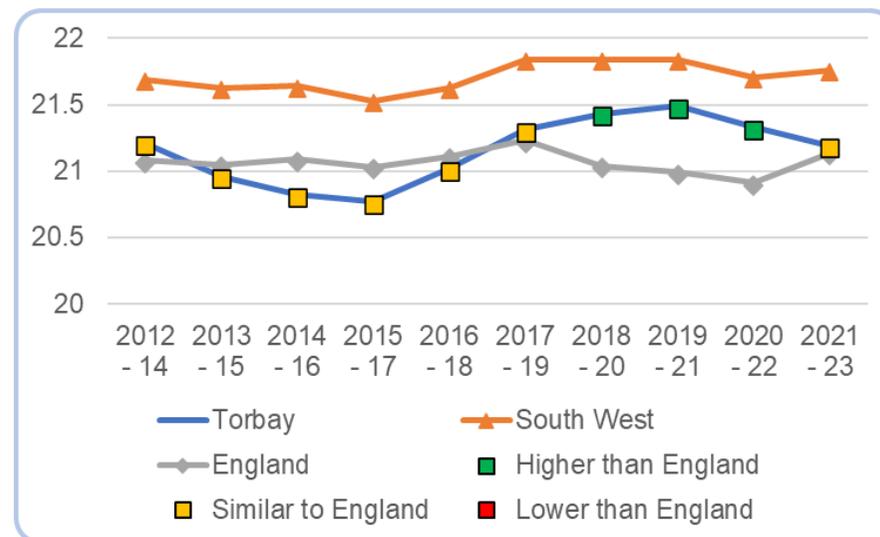


Fig 251: Life expectancy at age 65 – Male

Source: OHID – Public Health Profiles (Fingertips)

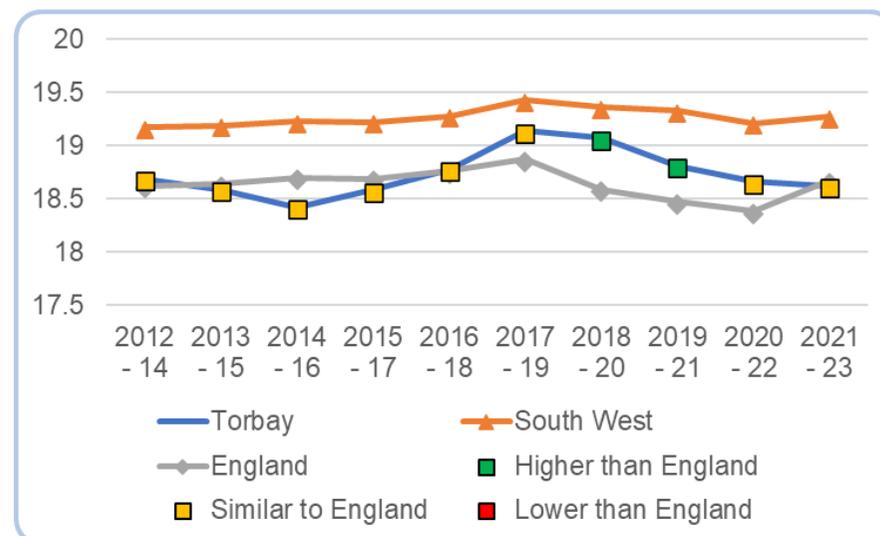


Fig 252: Healthy life expectancy at age 65 by most and least deprived areas (2018 – 2020) – England

Source: OHID – Public Health Profiles (Fingertips)

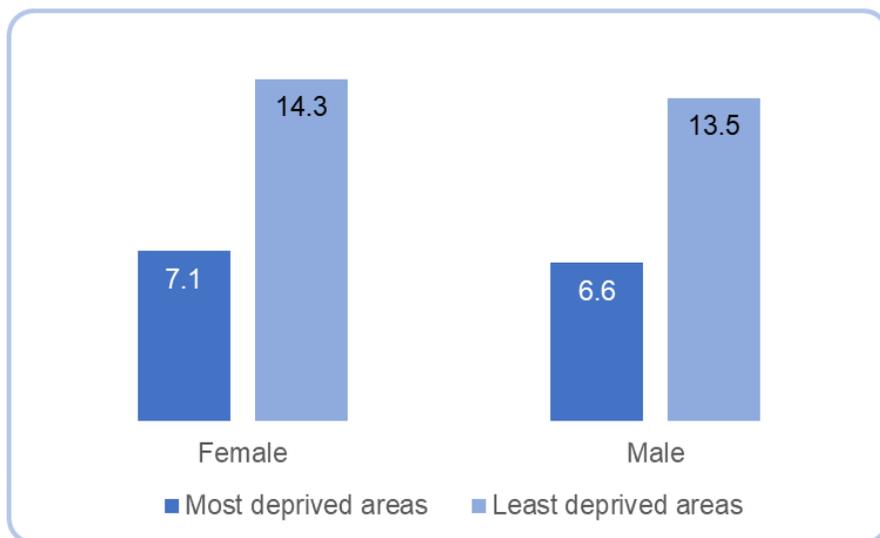


Fig 253: Active Lives Survey score for those aged 65 and over (November 2022 to November 2023) - England

Source: Active Lives Survey

	65 to 74	75 to 84	85+
<b>How satisfied are you with life nowadays</b>	7.52	7.44	6.33
<b>How happy did you feel yesterday</b>	7.63	7.66	6.64
<b>To what extent are the things you do in your life worthwhile</b>	7.71	7.63	6.56
<b>How anxious did you feel yesterday (Low score is good)</b>	2.70	2.74	3.47

Fig 254: Active Lives Survey score for those aged 16 to 44 (November 2022 to November 2023) - England

Source: Active Lives Survey

	16 to 24	25 to 34	35 to 44
<b>How satisfied are you with life nowadays</b>	6.56	6.68	6.70
<b>How happy did you feel yesterday</b>	6.50	6.68	6.75
<b>To what extent are the things you do in your life worthwhile</b>	6.53	6.75	6.95
<b>How anxious did you feel yesterday (Low score is good)</b>	4.37	4.30	3.95

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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, happiness 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).

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

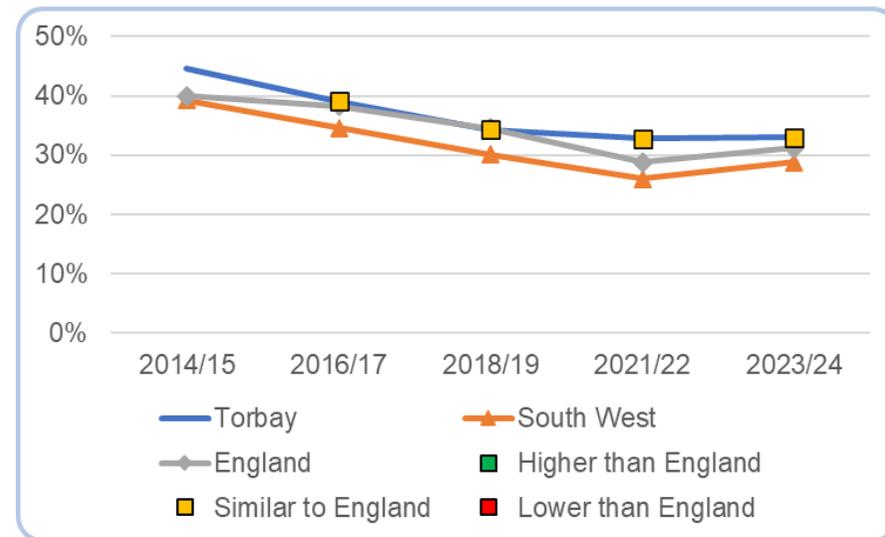
before and 250 more than any of the 4 previous years. Torbay’s rate of carer support has been significantly higher than the South West and England over the last 5 years.

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 2023/24, 43% 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 Activity & Finance Report

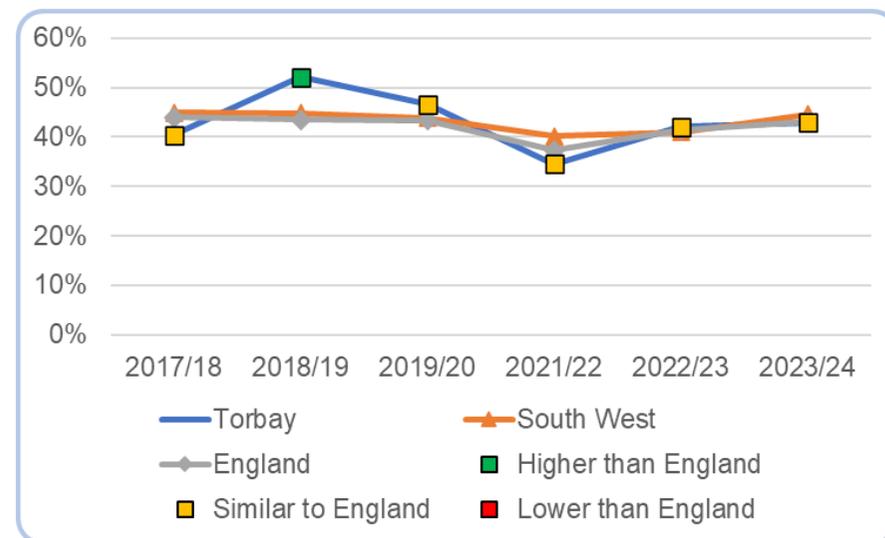


Fig 257: Percentage who live in a 1 person household (2021) – Torbay

Source: Census 2021

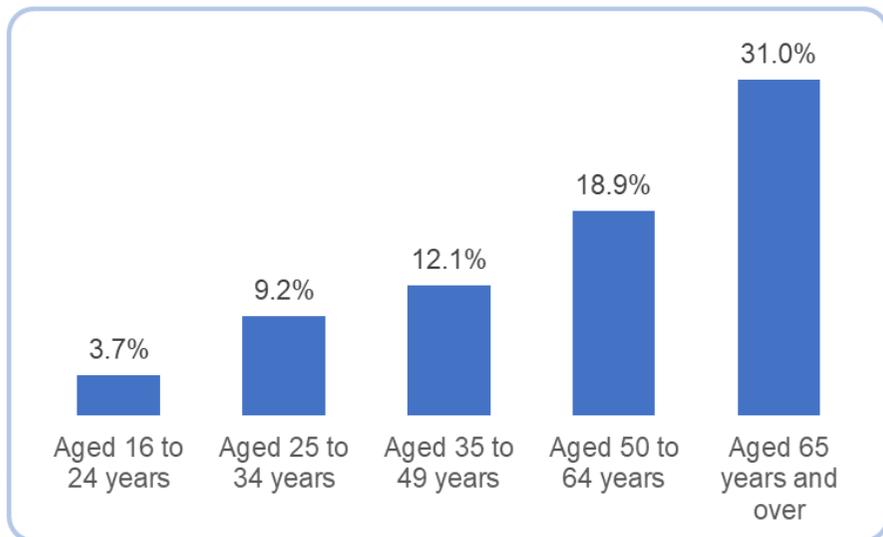
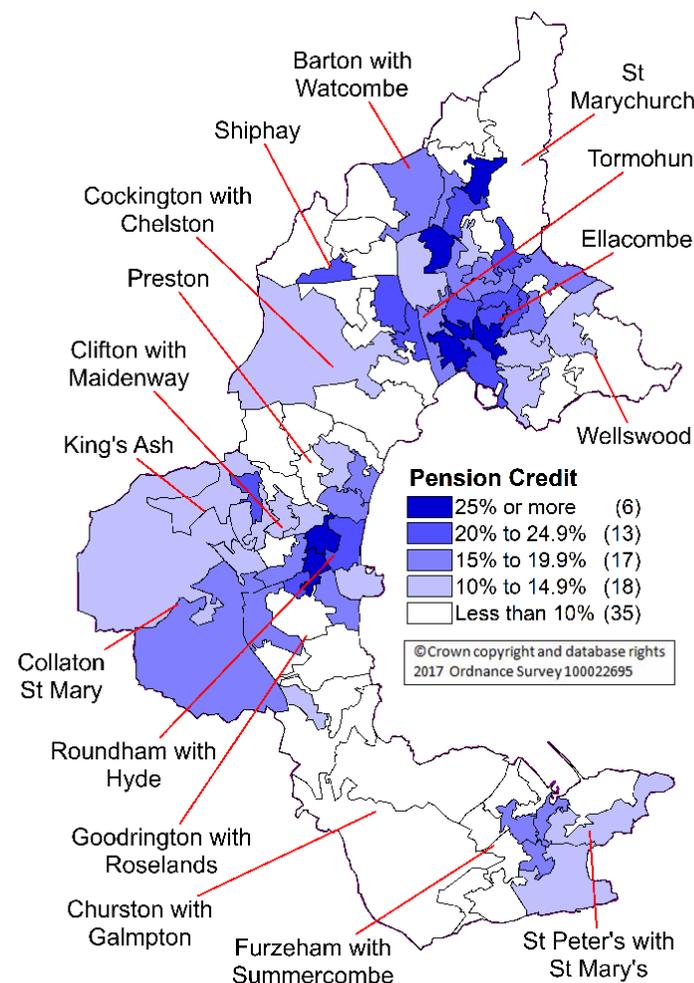


Fig 258: Percentage of those aged 65 and over in receipt of pension credit (August 2023 to May 2024)

Source: Stat-Xplore



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**Pension Credit**

Pension Credit is there to help with living costs if you are over the State Pension age and on a low income. The level of pension credit claimants has been significantly higher in Torbay than England and the South West. The proportion of the 65+ population claiming pension credit in May 2024 was 12.4% equating to 4,715 people in Torbay compared to 10.7% in England and 8.4% across the South West. It is thought that a significant number of pensioners who are eligible for pension credit have not claimed it. The highest percentage rates of pensioners receiving pension credit are in central Torquay and Paignton (Fig 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 2019.

### Homelessness

Homelessness can affect people of any age as their circumstances change. During 2023/24, 80 households where the main applicant was aged 65 or over were owed a homelessness prevention duty (threatened with homelessness within 56 days) or a homelessness relief duty (because they were already homeless) in Torbay. This equated to 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.

### 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 (8.6%), however rates were lower than the 2011 Census when 16.7% of Torbay residents aged 65 and over said they were in bad or very bad health. For the 2021 Census, 56.9% of Torbay residents stated they were in good or very good health while the remaining 30% said they were in fair health. It should be noted that these questions were asked just before lockdown in March 2021 and therefore do not reflect the effect of the COVID-19 pandemic.

For the 2021 Census, just over 1 in 3 (35.3%) of those aged 65 and over, stated that their day-to day activities were limited a little or a lot by conditions and illnesses which had lasted or were expected to last more than 12 months. This is in line with the disability definition in the Equality Act 2010. This is slightly but significantly higher than England (33.8%).

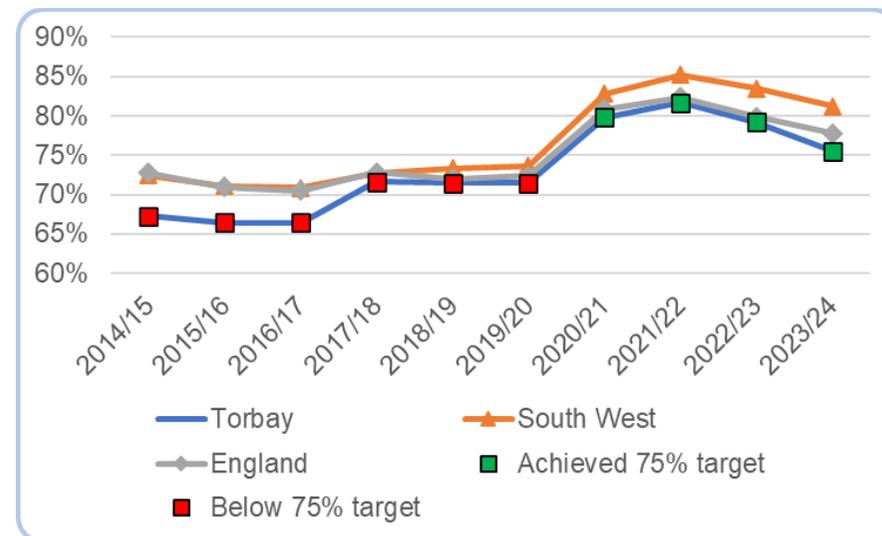
Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap is closer than during the middle of the last decade (Fig 259). The World Health Organisation (WHO) target is 75% coverage

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

although the national ambition for 2021 to 2022 was to reach 85% coverage. For the last 4 years, the WHO target was reached but not the 85% national ambition.

**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 1<sup>st</sup> September 2023, those aged 65 became eligible for the vaccination [Shingles vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk).

Fig 260: Percentage of those aged 71 who have received a shingles vaccination

Source: OHID – Public Health Profiles (Fingertips)

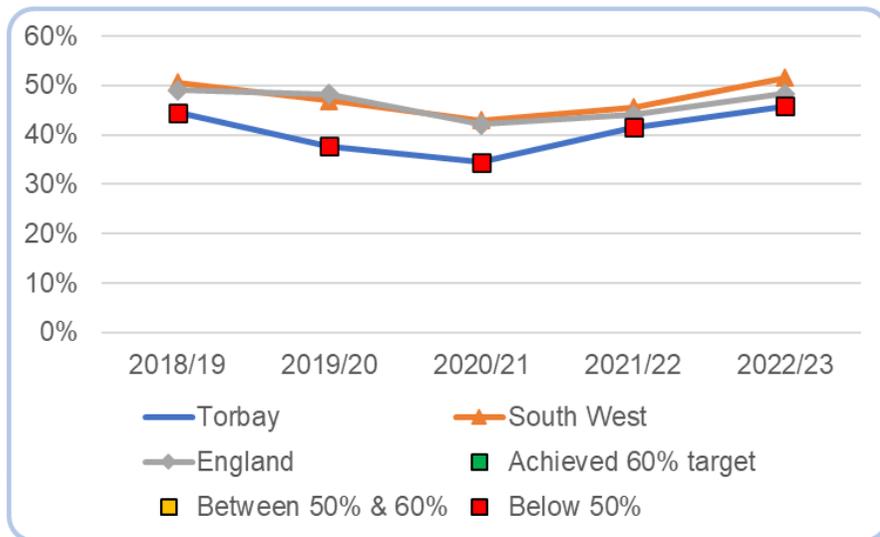
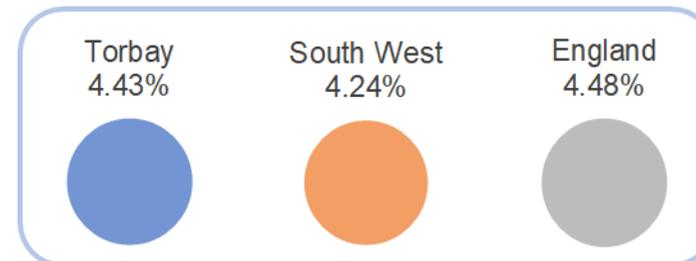


Fig 261: Recorded prevalence of Dementia for those aged 65 and over (December 2024)

Source: NHS Digital Primary Care Dementia Data



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 2022/23 there were 67 new Certificates of Vision Impairment (CVIs) issued for those aged 65 and over, rates are quite volatile from year to year but there has been a pattern since the middle of the last decade of Torbay having higher rates than the South West and England (Fig 262). As CVIs are voluntary, true numbers may be higher.

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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 4.4% (Fig 261). It should be noted that these are cases where dementia has been diagnosed, the figure of 4.4% will be an underestimate. It is estimated that approximately 61% of those aged 65 and over with dementia in Torbay have been diagnosed leaving 39% 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 1,678 people (December 2024), requiring an increase in the scale of services needed to provide treatment and support.

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)

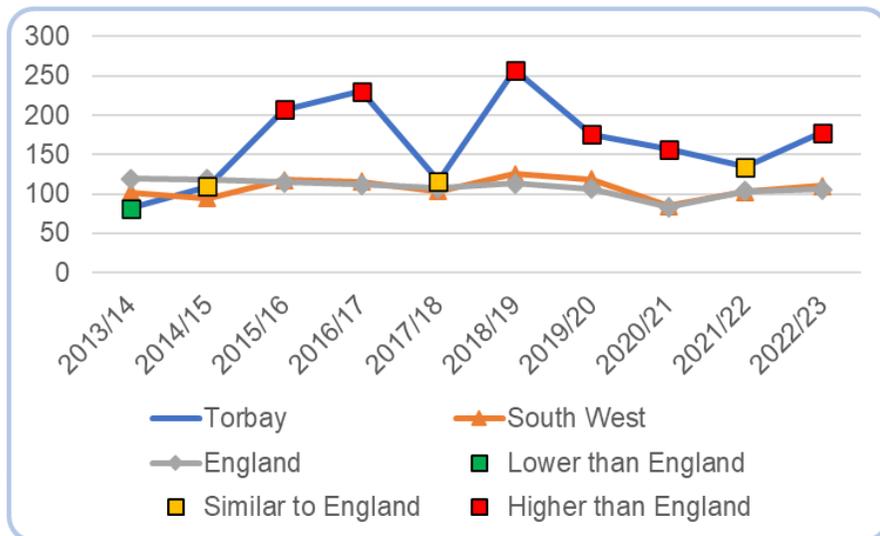
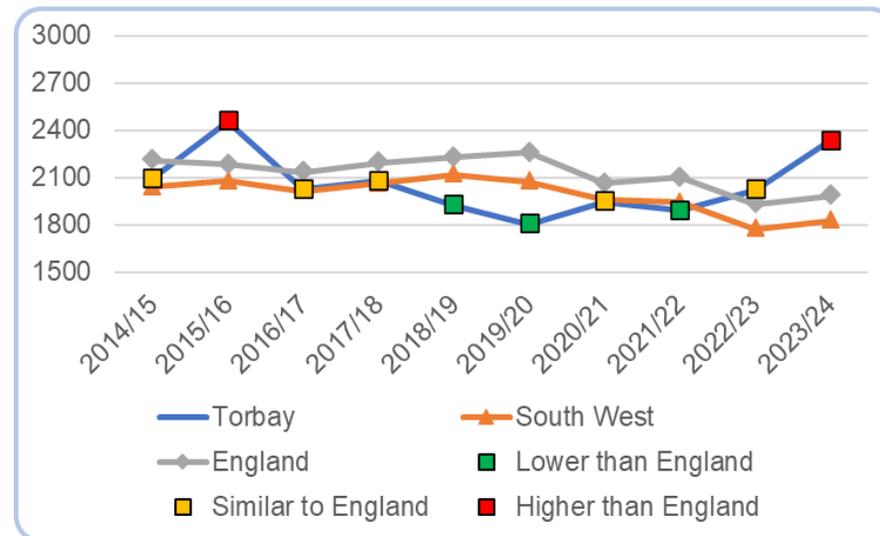


Fig 263: Emergency hospital admissions due to falls in people aged 65 and over, per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)



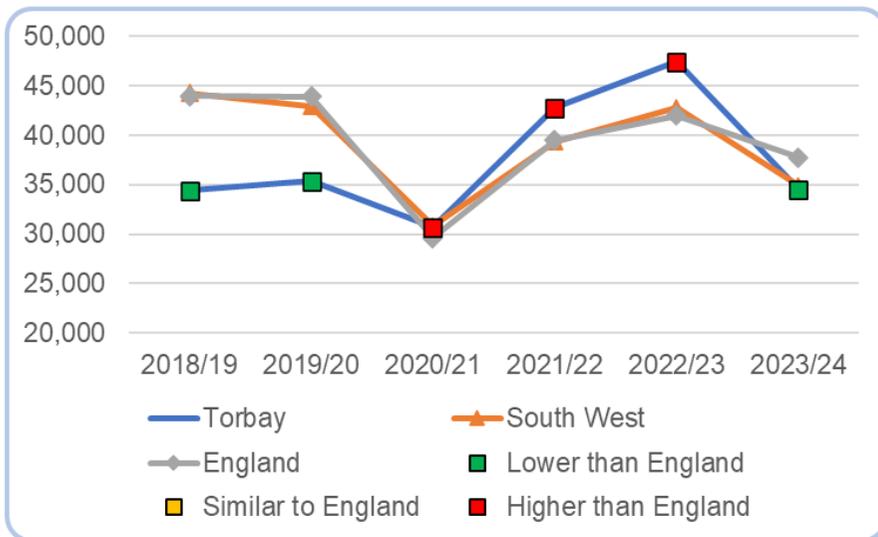
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Falls are a common cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year (Falls in older people: assessing risk and prevention – NICE, 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 (Fig 263) [Note on Hospital admissions and SDEC – page 9](#). For 2023/24, rates rose in Torbay to be significantly higher than England for the first time since 2015/16. These rates are age standardised to allow areas with significantly different age profiles to be compared. Further information on falls can be found in the 2 page subject profile at [2-Page Subject Profiles - Torbay Knowledge and Intelligence](#).

For planned admissions amongst those aged 65 and over, Torbay rates fell significantly in 2023/24 to be lower than England after 3 years of being significantly higher than England (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 increased and was significantly higher than England for 2023/24 after 5 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](#).

**Fig 264: Planned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)**  
Source: Hospital Episode Statistics

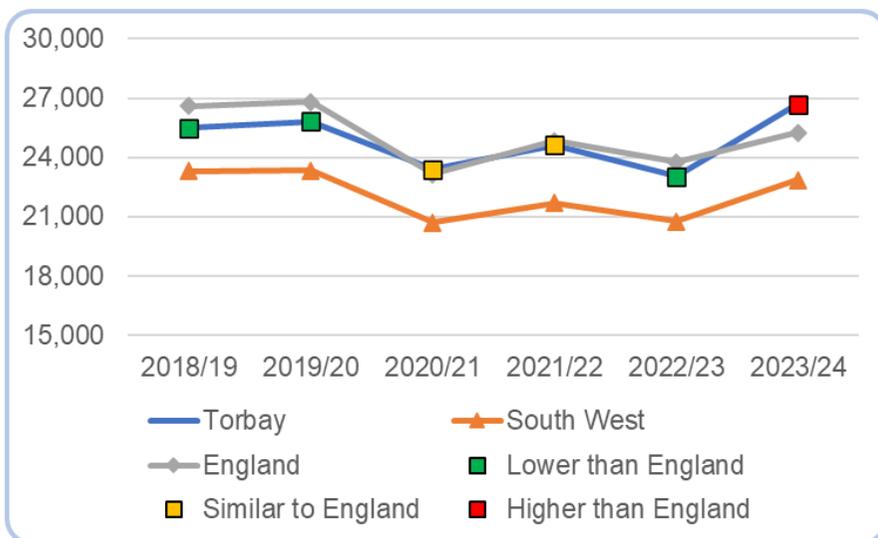


Ambulatory care sensitive (ACS) conditions are conditions where hospital admissions may be prevented by interventions in primary care. Common types of ACS conditions are Influenza, Diabetes complications, COPD and Asthma.

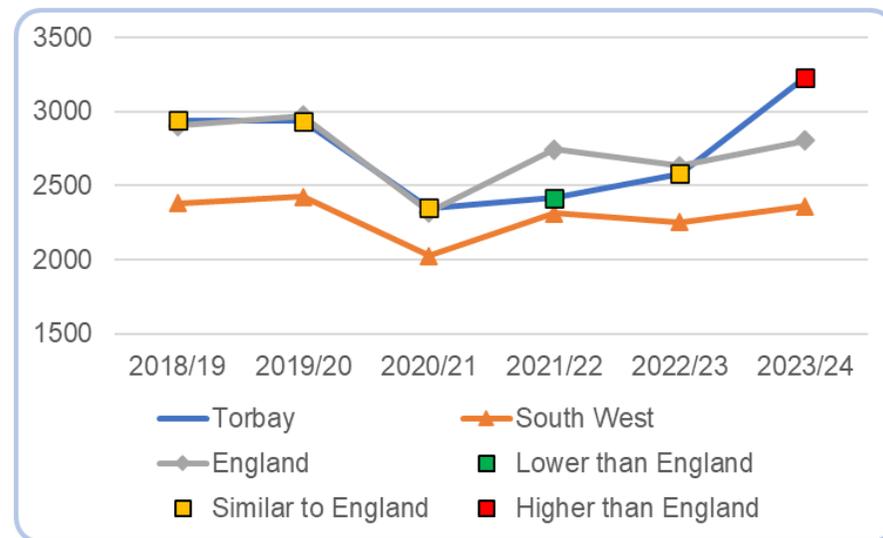
The rate of admissions for ACS conditions for those aged 65 and over have mostly been broadly in line with England but above the South West. For 2023/24, Torbay rates increased substantially and were significantly higher than England for the first time in the 6 years shown (Fig 266). These rates are age standardised to allow areas with significantly different age profiles to be compared [Note on Hospital admissions and SDEC – page 9.](#)

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**Fig 265: Unplanned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)**  
Source: Hospital Episode Statistics



**Fig 266: Emergency hospital admissions for ACS conditions for those aged 65 and over, per 100,000 (Age Standardised)**  
Source: Hospital Episode Statistics

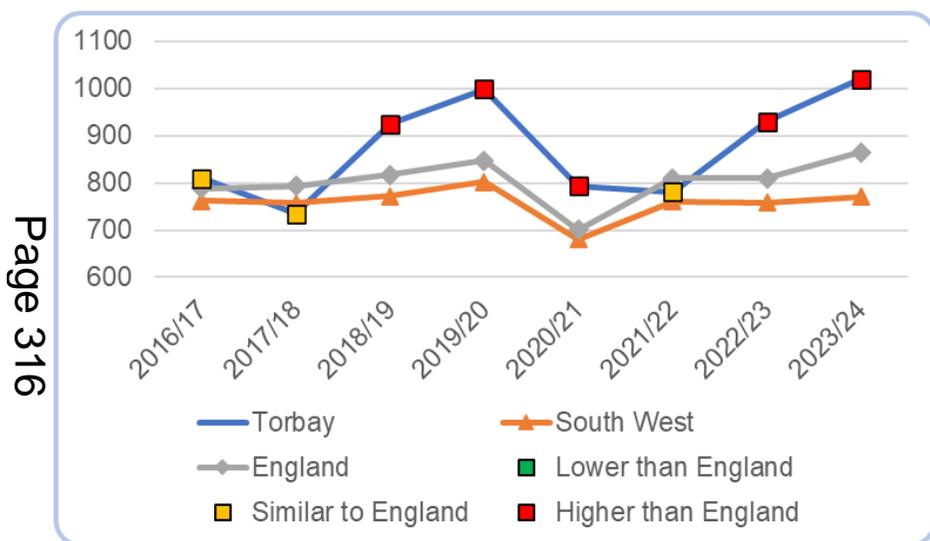


For 5 of the last 6 years, Torbay has had a significantly higher rate of alcohol-related admissions to hospital than England for those aged 65 and over (Fig 267). Rates are significantly higher in males when compared to females, for 2023/24 they are approximately triple

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 had been broadly similar for those aged 65+ when compared to the England average until the last 2 years, for the last 2 years rates are significantly higher than England. Rates have been consistently significantly higher than the South West (Fig 268).

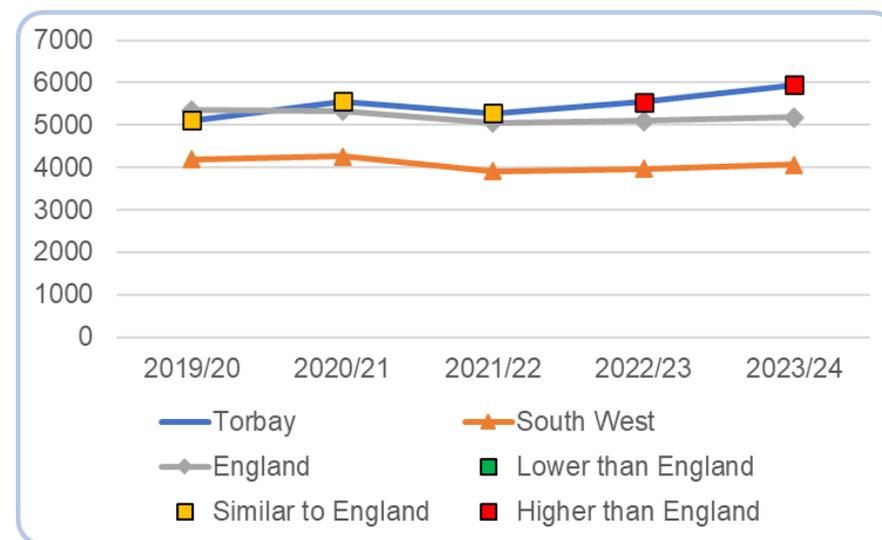
Among those aged 65+, the largest primary support reason by far is Personal Physical Care (18% higher than England). Rates are also significantly higher than the South West. Over the last 5 years,

Mental Health rates have increased significantly whilst Learning Disability rates have fallen slightly.

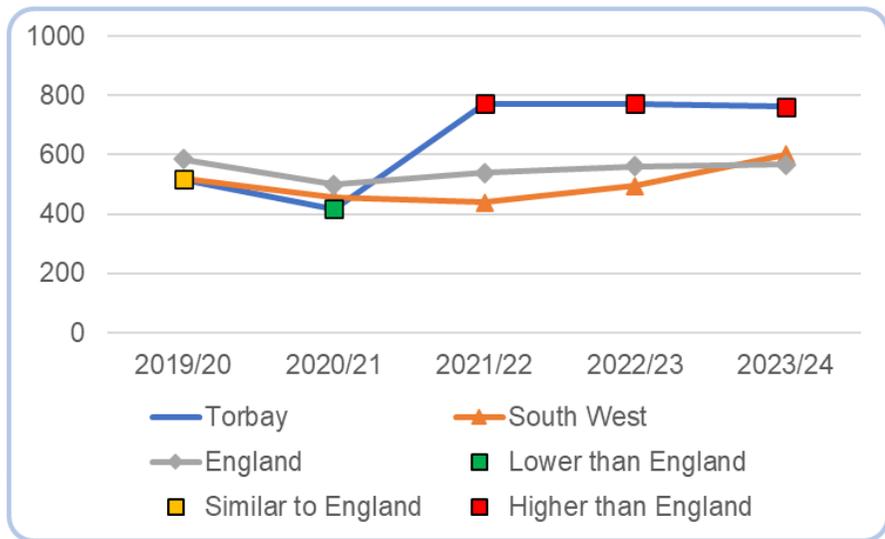
For rates of long-term support being met by permanent admission to residential and care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 269). For 2021/22, 2022/23 and 2023/24, an average of 288 older people were permanently admitted annually, this is more than 100 above the average of the previous 3 years.

**Fig 268: Rate of long-term support for those aged 65+, per 100,000**

Source: Adult Social Care Activity & Finance Report



**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 Activity & Finance Report



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Whilst this section brought together key information around Torbay’s 65 and over population, information that is also relevant to older people is contained within the majority of chapters within the JSNA.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year) *	Direction of travel compared to previous period
Life expectancy at age 65 - Female (2021 - 23)	Years	21.2	21.1	21.8	21.1	●	↓
Life expectancy at age 65 - Male (2021 - 23)	Years	18.6	18.7	19.3	18.7	●	↓
Healthy life expectancy at age 65 - Female (2021 - 23)	Years	12.1	11.1	12.3	11.2	●	↓
Healthy life expectancy at age 65 - Male (2021 - 23)	Years	10.8	10.1	11.1	10.1	●	↓
Pension Credit claimants (May 2024)	%	12.4%	8.0%	8.4%	10.7%	●	↓
Flu vaccination coverage - 65+ (2023/24) *	%	75.6%	79.4%	81.3%	77.8%	●	↓
Prevalence of Dementia - 65+ (Dec 2024)	%	4.4%	4.5%	4.2%	4.5%	●	↑
Emergency admissions due to falls - 65+ (2023/24)	DSR per 100,000	2334	2066	1827	1984	●	↑
Long term support - 65+ (2023/24)	Rate per 100,000	5948	5520	4064	5186	●	↑

\*RAG rating for Flu vaccination coverage is against the 75% target, not against England.

## Unpaid Carers

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### 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

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

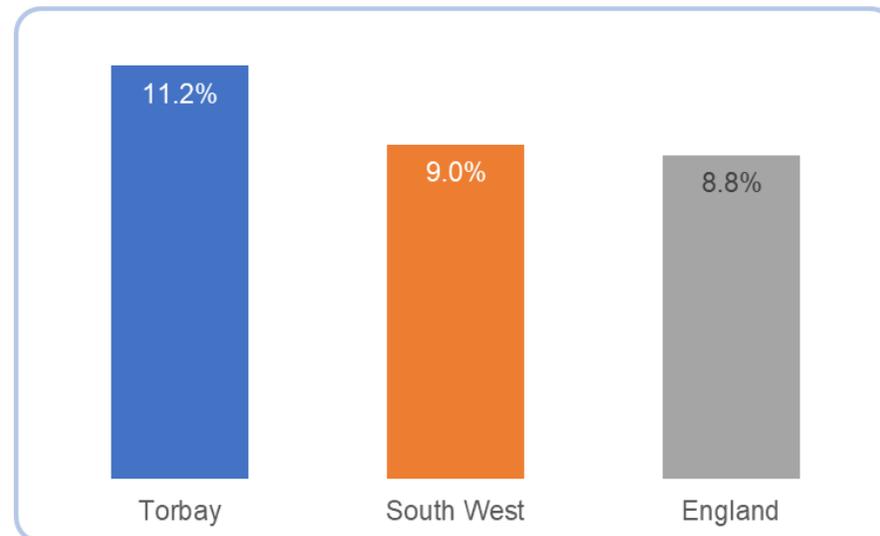


Fig 271: Number who are unpaid carers by age group - Torbay

Source: Census 2021

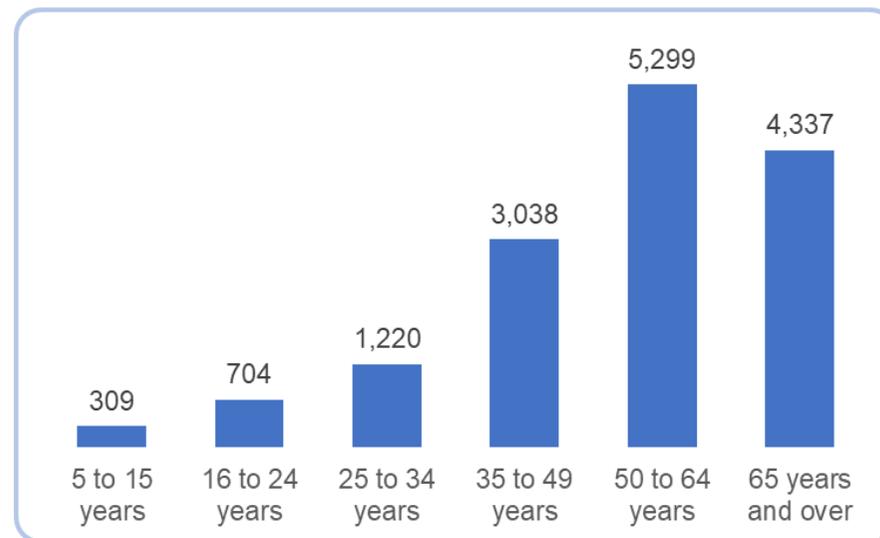


Fig 272: Percentage who are unpaid carers by age group

Source: Census 2021

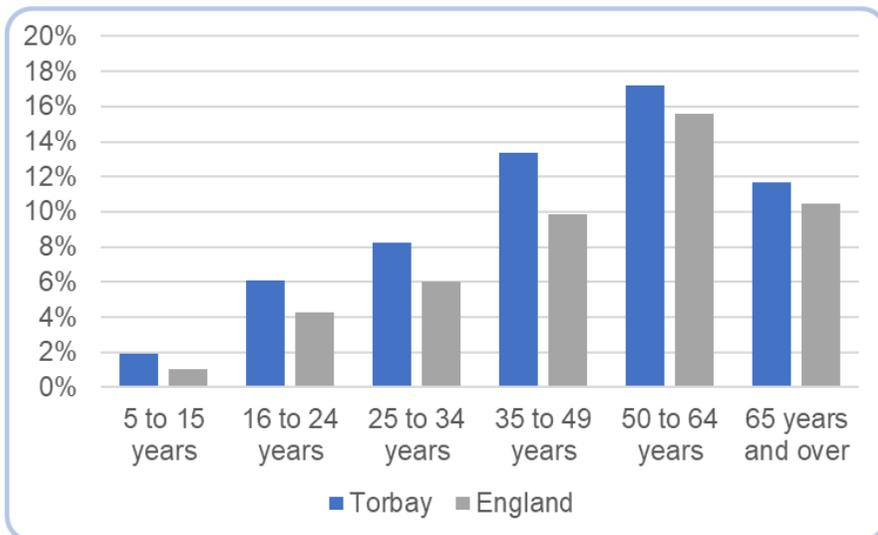


Fig 273: Percentage of economically active for those providing or not providing unpaid care - Torbay

Source: Census 2021

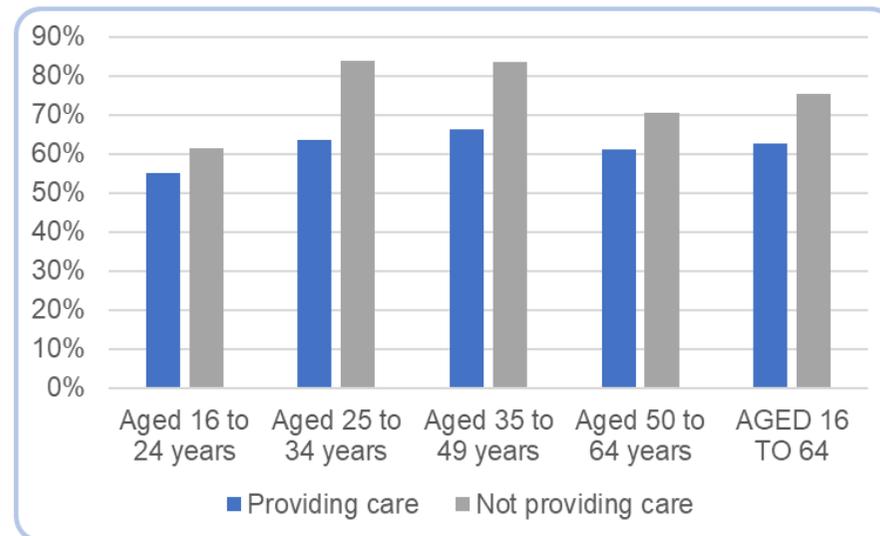


Fig 274: Percentage who are unpaid carers, by sex - Torbay

Source: Census 2021

	19 hours or less	20 to 49 hours	50 hours or more	Total
<b>Female</b>	5.7%	2.8%	4.6%	<b>13.0%</b>
<b>Male</b>	4.2%	2.1%	3.3%	<b>9.5%</b>

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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 275: Percentage who are unpaid carers, by age group, by sex - Torbay

Source: Census 2021

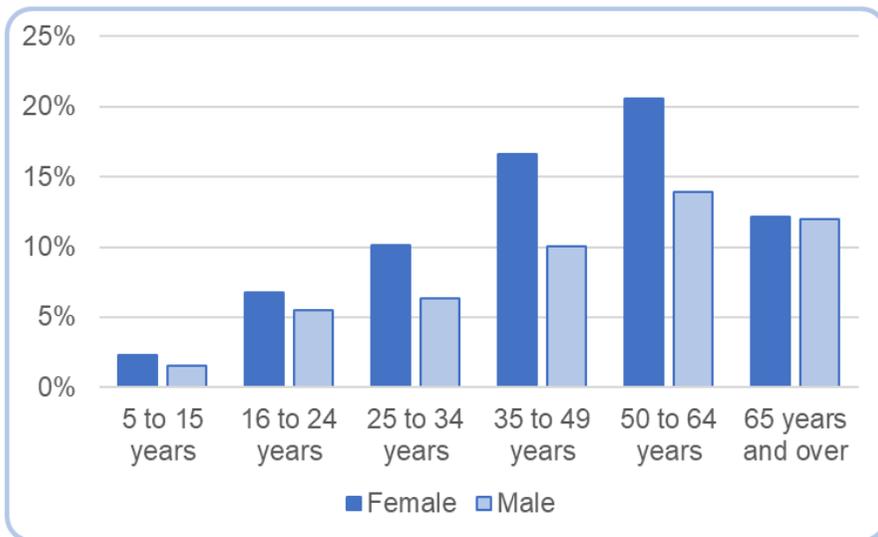
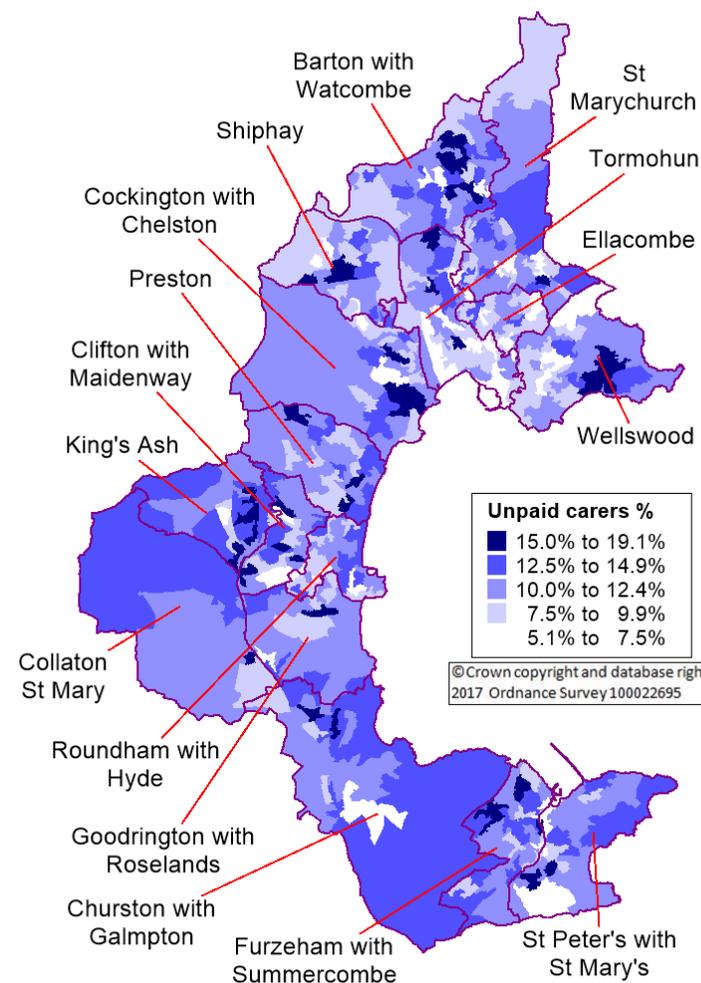


Fig 276: Percentage who are unpaid carers, by output area

Source: Census 2021



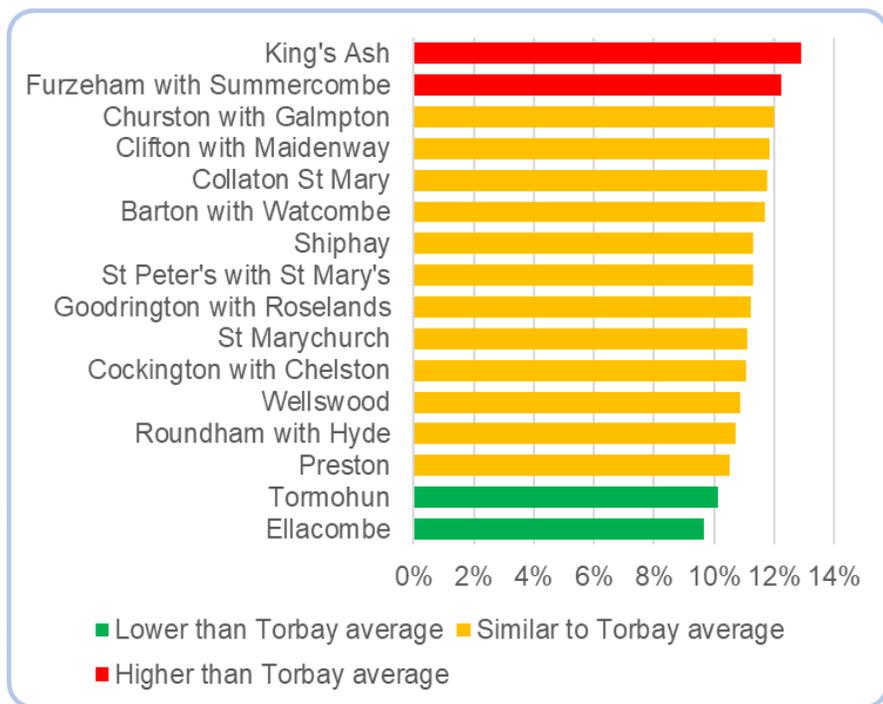
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There are significant differences between areas of Torbay in relation to the number of usually resident unpaid carers. For instance, rates are lowest in the Torquay town centre area (Fig 276).

There are higher concentrations of unpaid carers in wards such as King's Ash and Furzeham with Summercombe (Fig 277).

Fig 277: Percentage who are unpaid carers, by ward

Source: Census 2021



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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

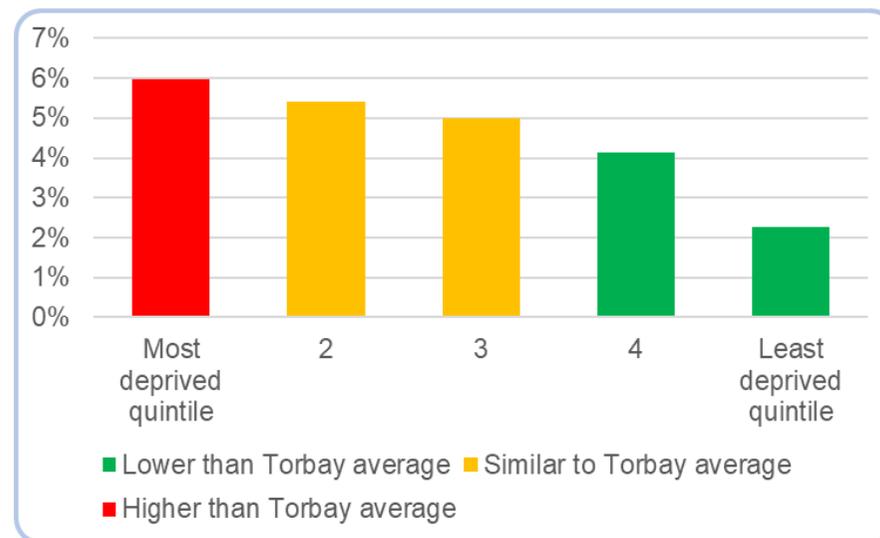
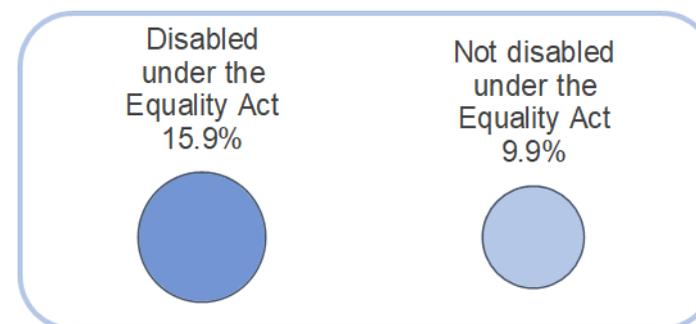


Fig 279: Percentage who are unpaid carers, by disability status - Torbay

Source: Census 2021



### 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%.

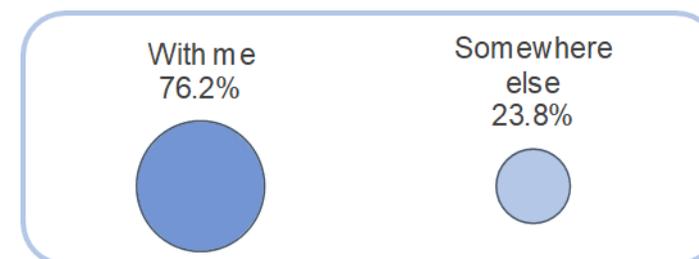
Fig 280: Care Needs of person cared for – Torbay (2023/24)

Source: Personal Social Services Survey of Adult Carers, 2023/24

Care Need	Percentage
<b>A physical disability</b>	50.6%
<b>Long-standing illness</b>	37.9%
<b>Dementia</b>	34.2%
<b>Problems connected to ageing</b>	33.3%
<b>Sight or hearing loss</b>	29.4%
<b>A mental health problem</b>	21.8%
<b>A learning disability or difficulty</b>	16.1%
<b>Terminal illness</b>	6.1%
<b>Alcohol or drug dependency</b>	0.9%

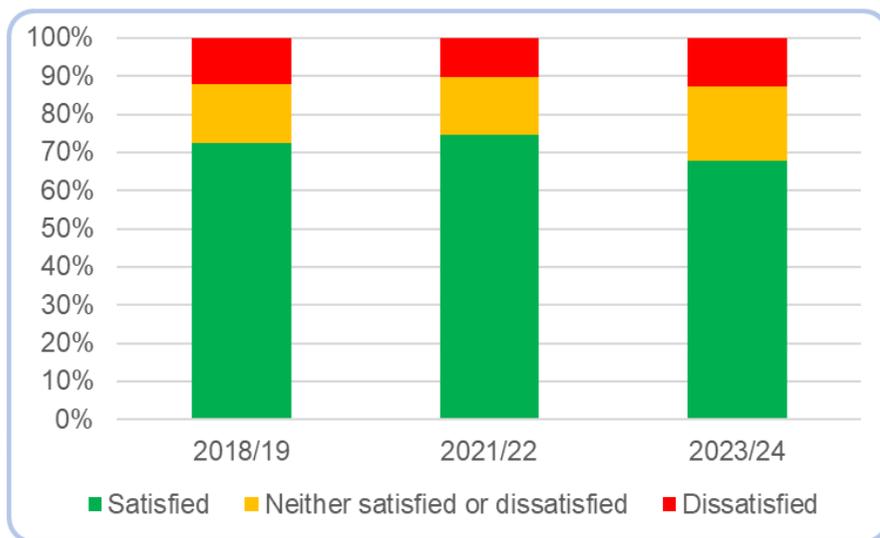
Fig 281: Where does the person you care for usually live? – Torbay (2023/24)

Source: Personal Social Services Survey of Adult Carers, 2023/24



**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



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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.

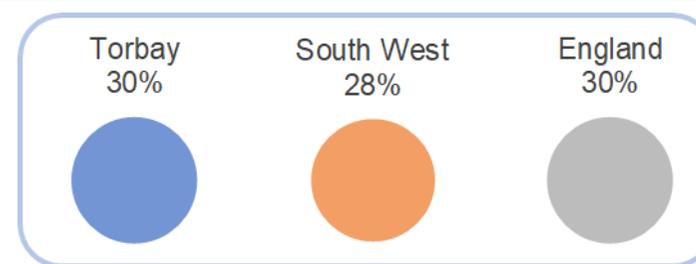
For Torbay, 30% of adult social carers stated that they had as much social contact as they would like, which was slightly lower than the last survey in 2021/22 (34.4%). Rates were broadly similar to England and the South West (Fig 283). 21.3% of Torbay carers stated that they had little social contact 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.

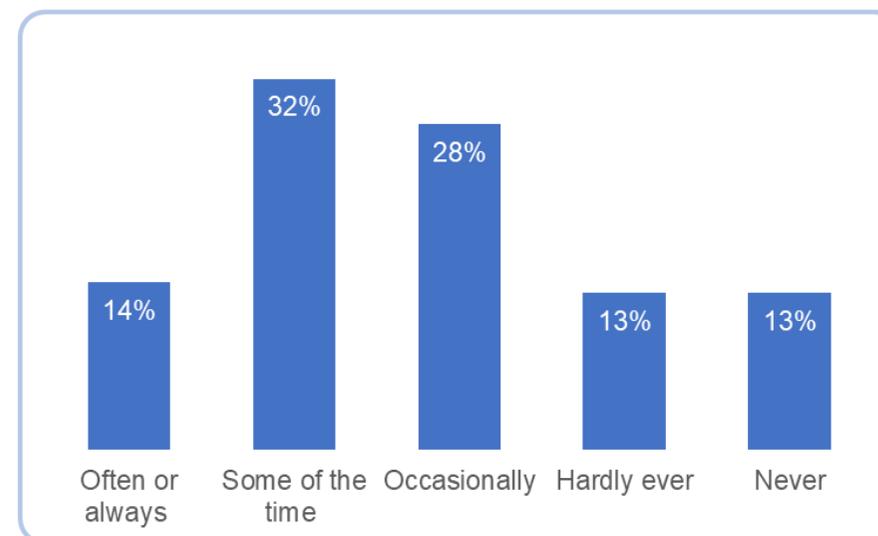
**Fig 283: Percentage of adult social carers who have as much social contact as they would like – Torbay (2023/24)**

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



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%

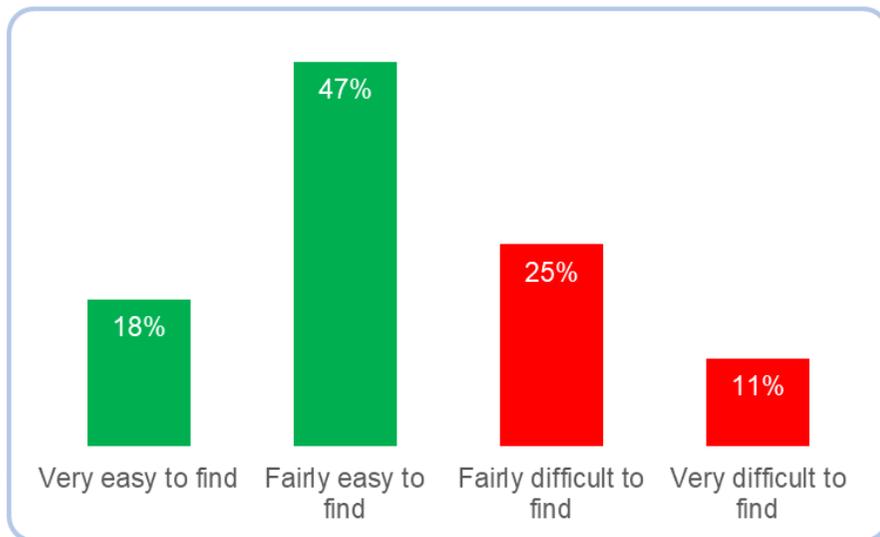
For the period 2023/24, adult social carers were asked if caring had caused them any financial difficulties in the previous 12 months, approximately 45% (figures in graph rounded to nearest percent) said that it caused some or a lot of financial difficulties (Fig 286). These figures are broadly in line 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

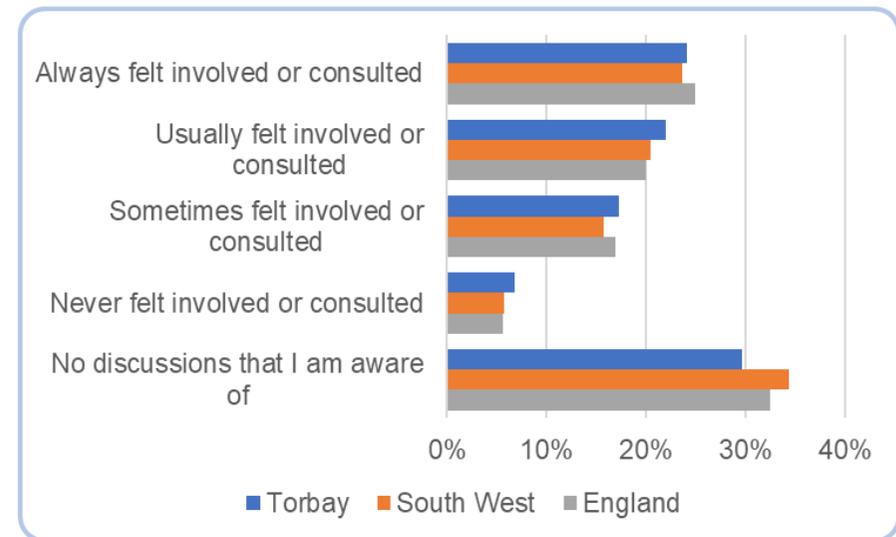


Being able to access information and advice about support, services and benefits quickly and easily helps not only with practical outcomes but can also help to reduce levels of stress and anxiety around someone’s caring duties. Of those Torbay adult social carers in 2023/24 who attempted to access this 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.

**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



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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](#)

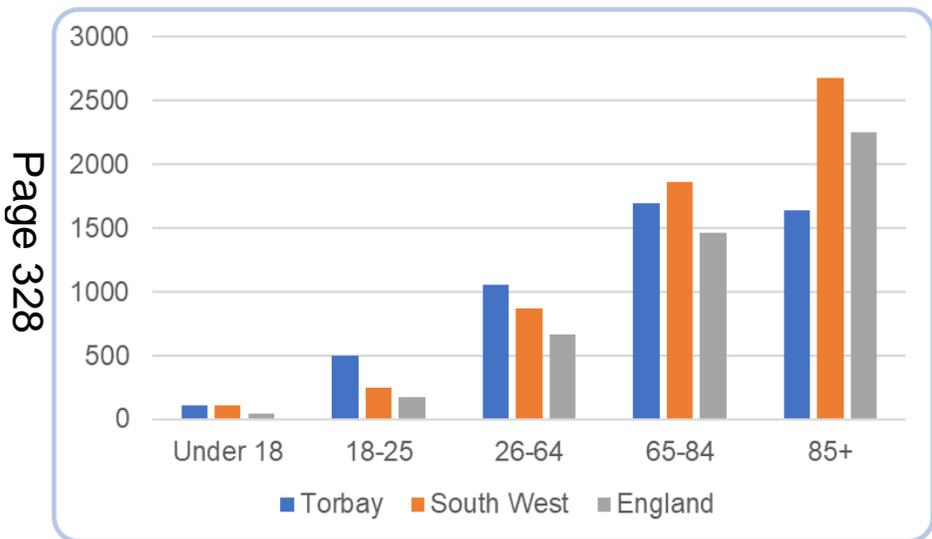
**Support provided to carers**

For 2023/24, the number of carers of adult social care clients supported by Torbay Council during the year was 1,685, an increase

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



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**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.

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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](#)

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
<b>Census - Unpaid carers aged 5 and above (2021)</b>	%	11.2%	9.8%	9.0%	8.8%	●	Not comparable
<b>Census - Unpaid carers for 50 hours or more (2021)</b>	%	3.9%	3.0%	2.7%	2.6%	●	Not comparable
<b>Census - Disabled under the equality act who are also unpaid carers (2021)</b>	%	15.9%	14.4%	14.1%	13.8%	●	Not comparable
<b>PSSSAC - Satisfied with support and services from adult social services (2023/24)</b>	%	68%	69%	66%	67%	●	↓
<b>PSSSAC - Carers who have as much social contact as they like (2023/24)</b>	%	30%	30%	28%	30%	●	↓
<b>PSSSAC - Caring has caused financial difficulties in the last 12 months (2023/24)</b>	%	45%	42%	47%	47%	●	↑
<b>PSSSAC - Carers who have found it easy to find information and advice (2023/24)</b>	%	65%	63%	61%	59%	●	↑
<b>PSSSAC - Caring for 100 hours or more per week (2023/24)</b>	%	44%	36%	35%	36%	●	↓

## Preventable Mortality

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### 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 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)

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

**Preventable deaths - All causes**

Preventable deaths among those aged under 75 have been broadly in line with England and significantly above the South West over the latest 3 year periods available (Fig 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 in both sexes over recent years; 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 close to double the rate among females under 75.

Within Torbay, over the 6 year period 2018 – 23, just over 3 out of 4 preventable deaths related to either cancer, cardiovascular disease, liver disease or respiratory disease. 45% of deaths amongst those aged under 75 in Torbay, for 2018 - 23, were considered preventable, this is in line with England.

Those living in the most deprived areas of Torbay are significantly more likely to die of preventable causes under the age of 75 when compared to the Torbay average. Those who live in the less deprived parts of Torbay are significantly less likely to die of preventable causes before the age of 75 when compared to the Torbay average (Fig 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)

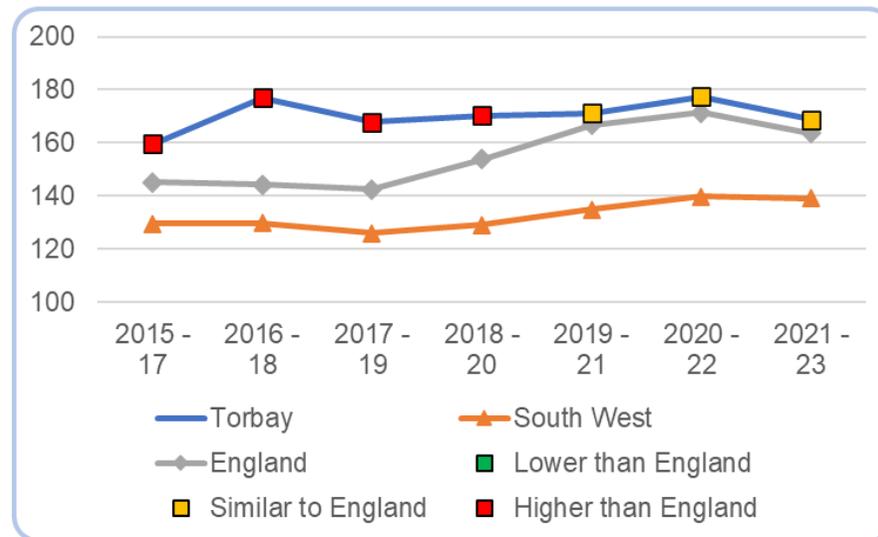


Fig 291: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Female

Source: OHID – Public Health Profiles (Fingertips)

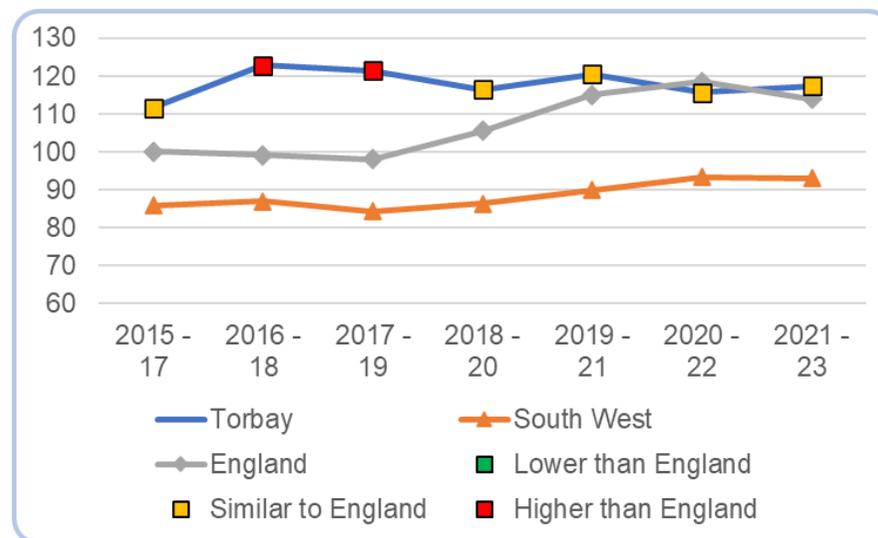
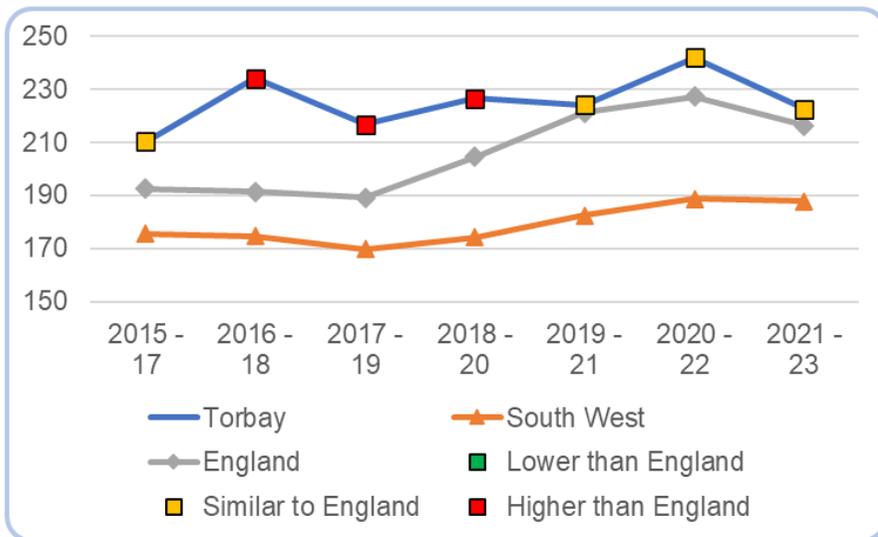


Fig 292: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Male

Source: OHID – Public Health Profiles (Fingertips)



Preventable deaths - Cancer

Over the period 2021 – 23, 1 in 3 (35%) 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 294). Males have been significantly more likely than females to have a preventable cancer death in Torbay, female and male rates have been broadly steady over the last decade.

Over the 6 year period 2018 to 2023, those who live in the most deprived areas of Torbay are significantly more likely than the Torbay average to die prematurely from Cancer that was considered preventable (Fig 295). 43% 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 50% of the preventable cancer deaths in Torbay during 2018 to 2023 had an underlying cause of lung cancer.

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Fig 293: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) – Torbay (2018–2023)

Source: Primary Care Mortality Database

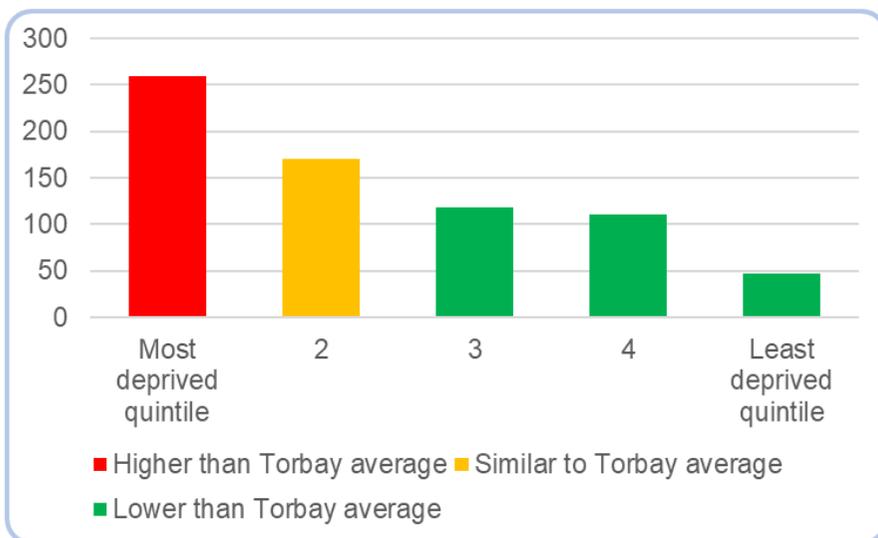
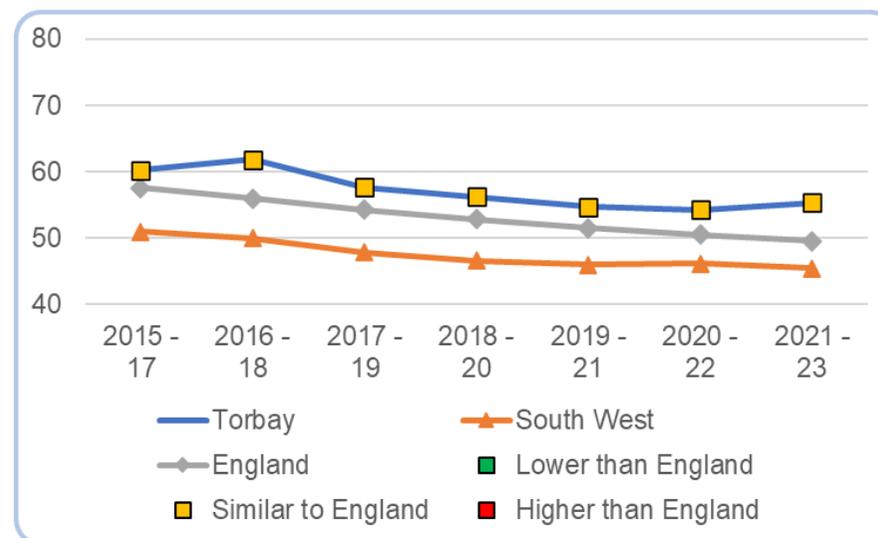
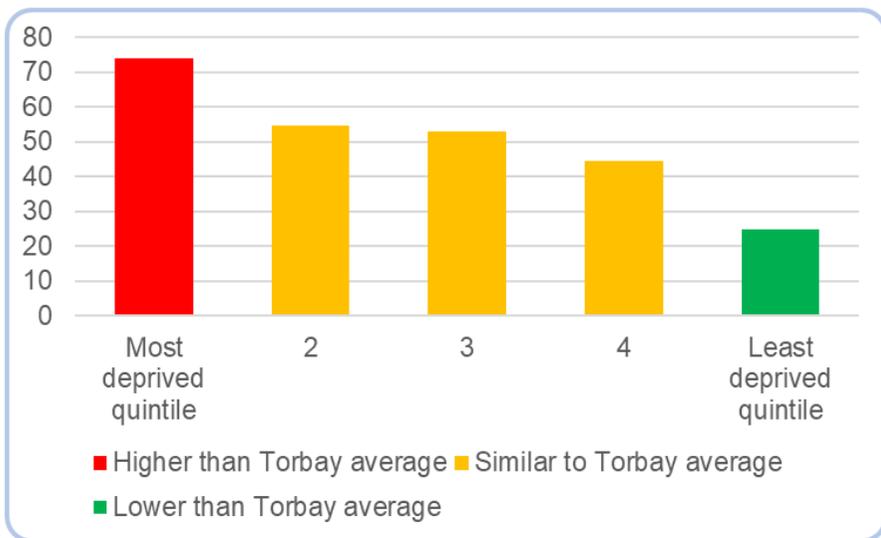


Fig 294: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)

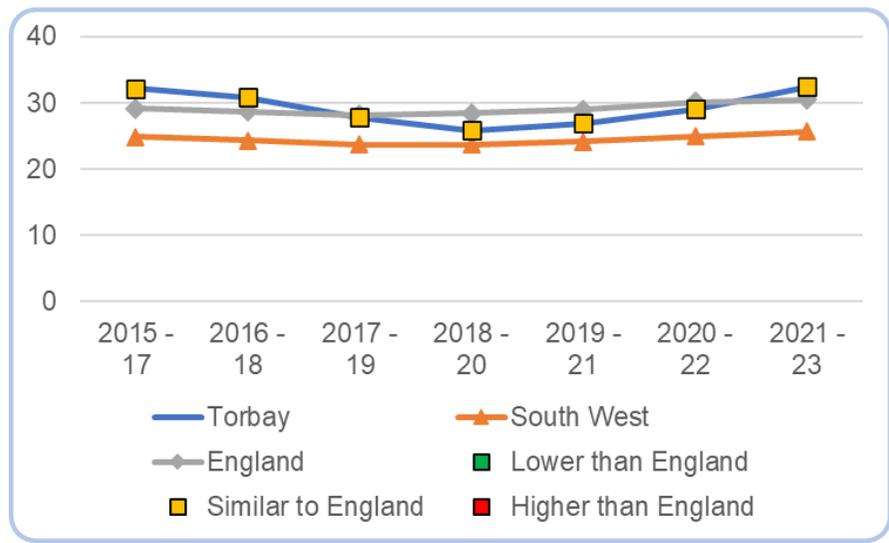


**Fig 295: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2023)**  
 Source: Primary Care Mortality Database



Rates in the least deprived area are in line with the Torbay average because of the uncertainty introduced by the smaller size of that population. 38% 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. Almost 7 out of 10 (68%) of the preventable cardiovascular disease deaths in Torbay during 2018 to 2023 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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**Preventable deaths – Cardiovascular diseases**

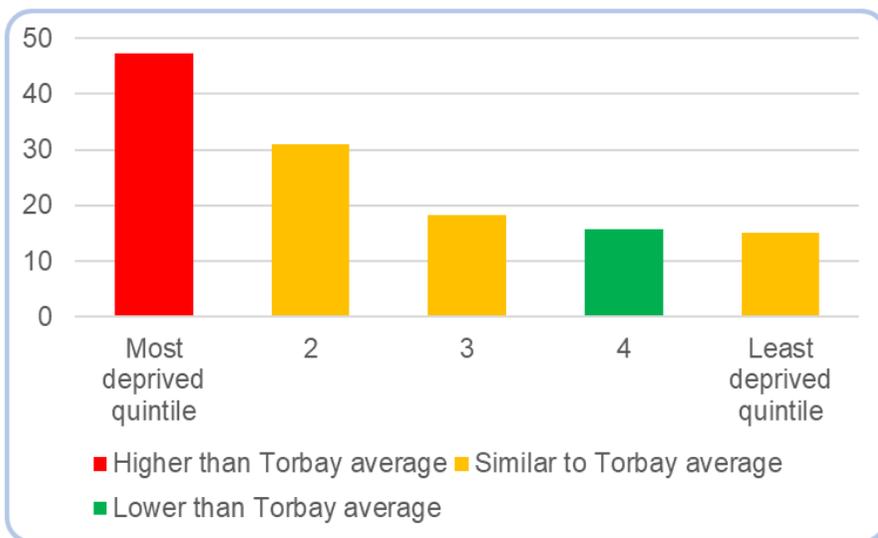
After Cancer, the next largest area of preventable deaths during 2021 - 23 in Torbay belonged to cardiovascular disease which accounted for 1 in 5 (20%) preventable deaths amongst those aged under 75. Over the last decade, rates have been broadly in line with England but higher than the South West (Fig 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 other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Fig 297).

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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 (2018 – 2023)

Source: Primary Care Mortality Database



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Preventable deaths – Liver disease

During 2021 – 23, over 1 in 8 (13%) 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 to be broadly similar to England for the first time since 2015 -17 (Fig 298). Rates among males are higher than females although the difference has narrowed slightly, both female and male rates have consistently been higher than England and the South West.

In line with other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Fig 299). More than 9 in 10 (93%) 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 2018 – 23 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 almost twice as many 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)

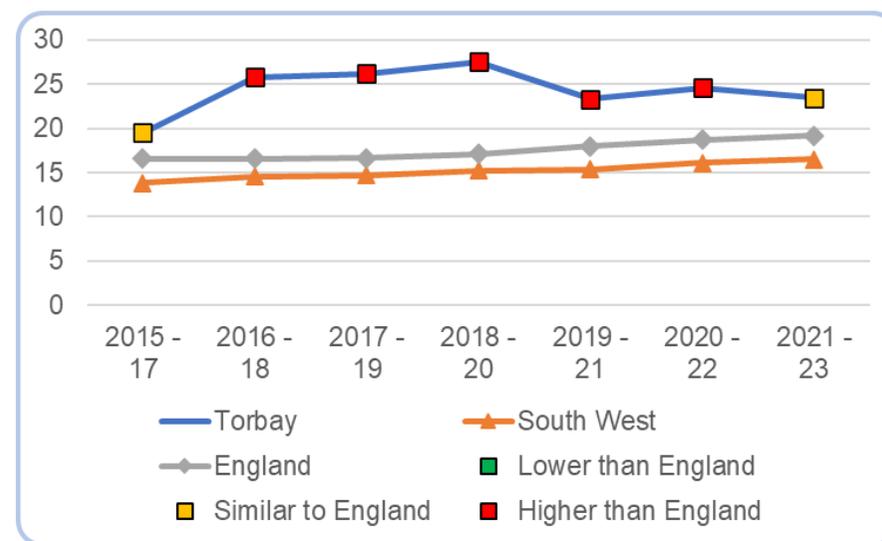
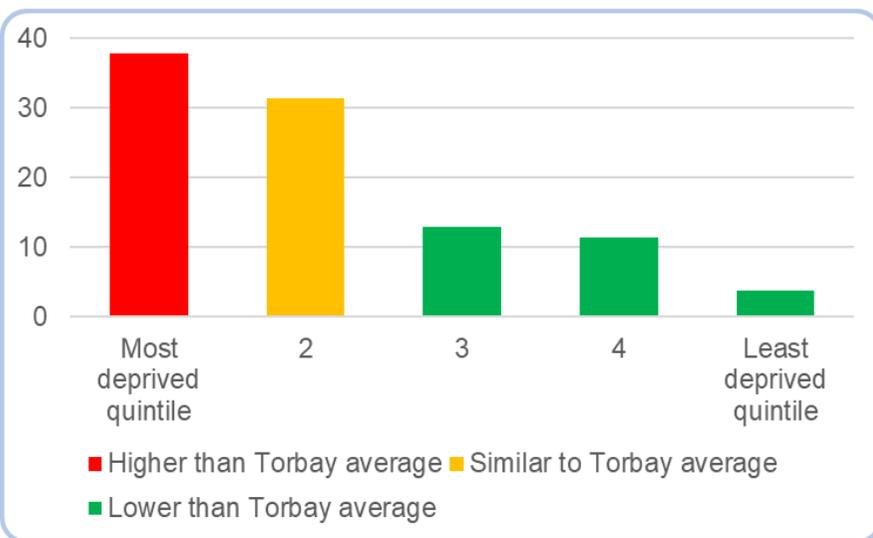


Fig 299: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2023)

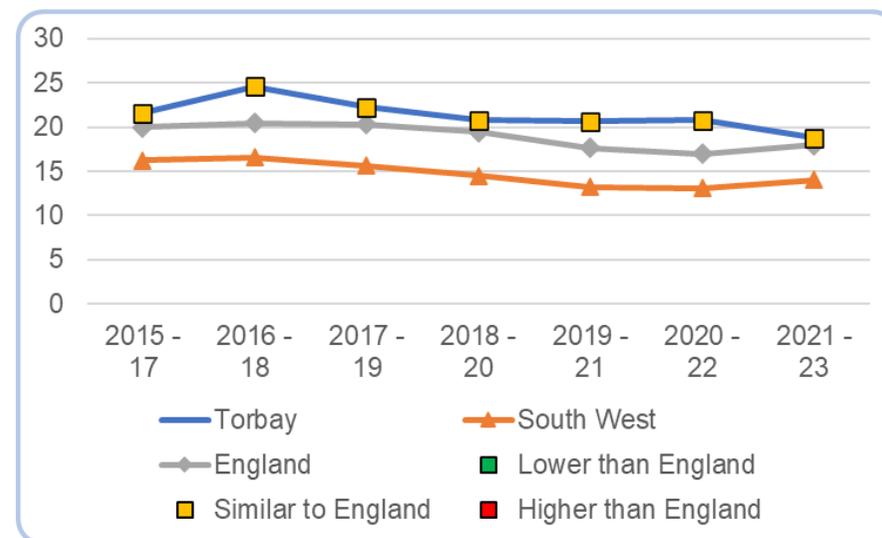
Source: Primary Care Mortality Database



respiratory disease is significantly influenced by smoking. 7 out of 8 preventable respiratory disease deaths in Torbay during 2018 - 23 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)



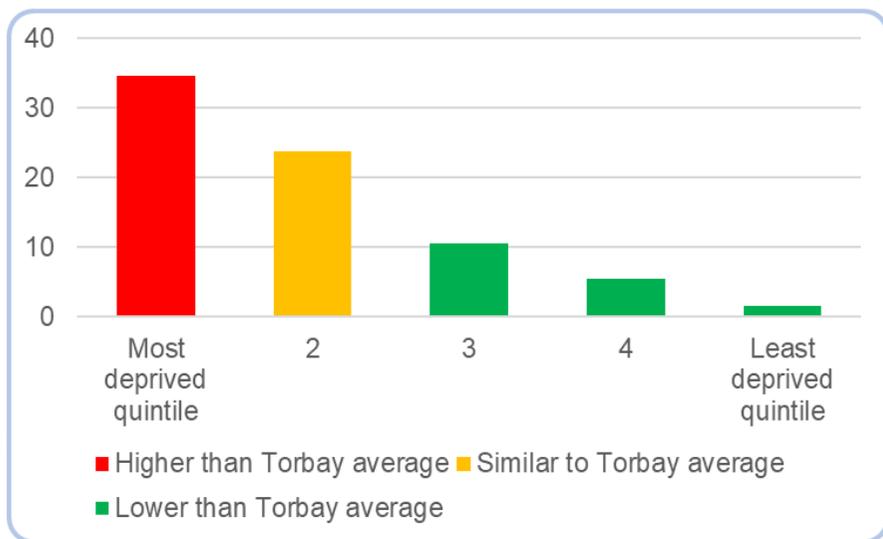
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Preventable deaths – Respiratory disease

During 2021 – 23, approximately 1 in 8 (12%) preventable deaths for those aged under 75 had an underlying cause of respiratory disease. Rates have been broadly smooth over the last decade (Fig 300). Rates among males are higher than females over the last decade although the difference has narrowed, 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

**Fig 301: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2023)**  
 Source: Primary Care Mortality Database



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**Preventable deaths – Other causes**

Looking at Torbay data for 2018 to 2023 in relation to those under 75 years, just over 3 out of 4 deaths that were considered preventable related to cancer, cardiovascular disease, liver disease and respiratory disease. Of deaths outside of those 4 areas, 29% related either to suicide or potential suicide (classified as intentional self-harm or undetermined intent), 23% related to accidental poisoning and 20% related to COVID-19. Torbay has consistently had a suicide rate that is significantly higher than England since the middle of the last decade.

Self-harm or undetermined intent was the most common preventable death in Torbay among those aged under 50 years, 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](#).

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 (2021 - 23)	DSR per 100,000	169	172	139	164	●	↓
Preventable mortality - All causes (Female) (2021 - 23)	DSR per 100,000	117	119	93	114	●	↑
Preventable mortality - All causes (Male) (2021 - 23)	DSR per 100,000	223	227	188	216	●	↓
Preventable mortality - Cancer (2021 - 23)	DSR per 100,000	55	52	45	50	●	↑
Preventable mortality - Cardiovascular disease (2021 - 23)	DSR per 100,000	32	30	26	30	●	↑
Preventable mortality - Liver disease (2021 - 23)	DSR per 100,000	23	21	16	19	●	↓
Preventable mortality - Respiratory disease (2021 - 23)	DSR per 100,000	19	20	14	18	●	↓

## Diabetes, Heart Disease, Stroke and Respiratory Disease

### Overview

- 8.2% of Torbay GP patients aged 17 and over have recorded diabetes. 10,290 patients have recorded diabetes, over 90% relate to Type 2 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

- 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

- 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 has risen in the latest year to be higher than England.

Source: OHID – Public Health Profiles (Fingertips)

- Almost 1 in 3 adults are classified as obese in Torbay.

Source: OHID – Public Health Profiles (Fingertips)

### Diabetes

Diabetes is a lifelong condition that causes a person’s blood sugar level to become too high as your body is unable to break down glucose into energy. Over a period of time these high glucose levels can seriously damage your heart, eyes, feet and kidneys. There are two main types of diabetes, for Type 1 diabetes there are no lifestyle changes that you can make to lower your risk. For Type 2 diabetes which accounts for around 90% of cases in the UK, you can help reduce your risk by controlling your weight, exercising regularly, stopping smoking, limiting alcohol and eating a balanced healthy diet.

Diabetes prevalence as recorded by the Quality Outcomes Framework has shown the prevalence of diabetes recorded by GP practices to be significantly higher than national and regional rates. For 2023/24, 8.2% of those aged 17 and over on Torbay GP Practice lists were recorded as having Diabetes as opposed to 7.7% across England (Fig 302). Since 2013/14, numbers for Torbay have increased from 7,831 in 2013/14 to 10,290 for 2023/24 (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 Digital in partnership with Diabetes UK. For Torbay in 2023/24, 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 2023/24, 57% were for males and 43% 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)

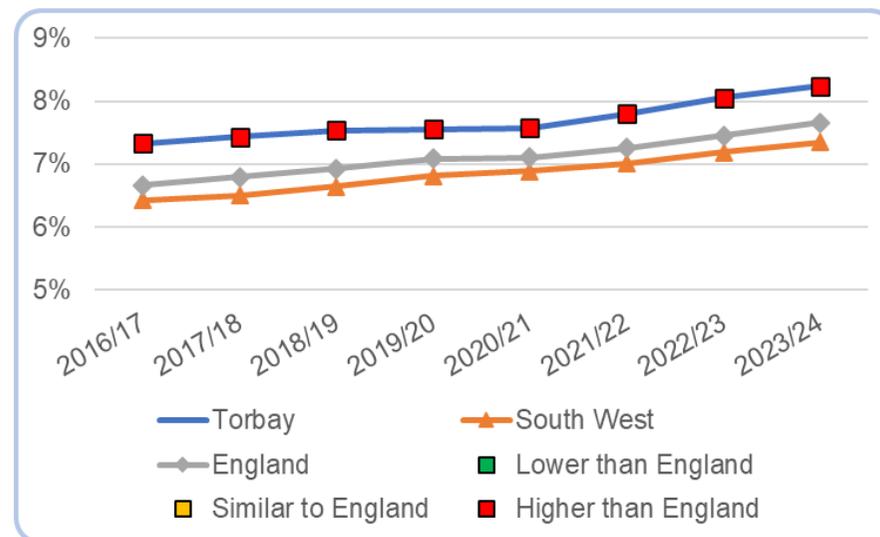


Fig 303: Number of patients recorded as having Diabetes (17+) - Torbay

Source: OHID – Public Health Profiles (Fingertips)

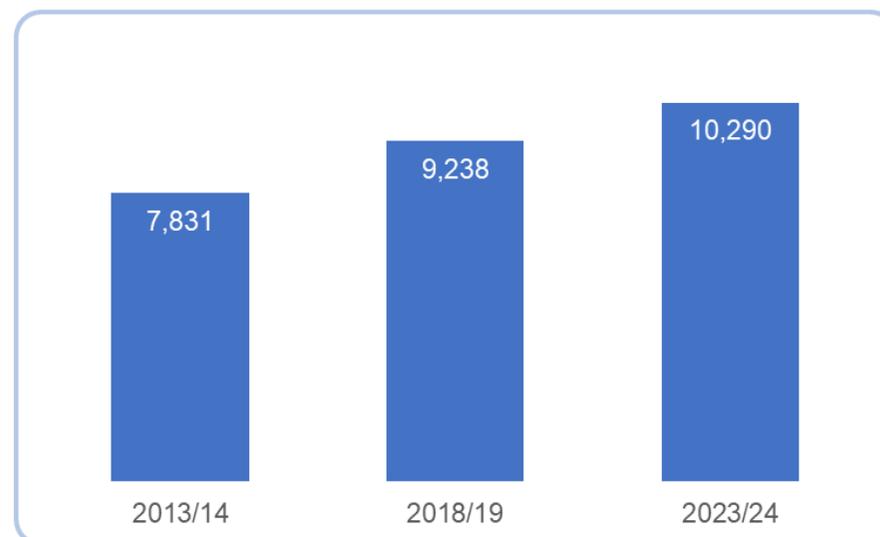


Fig 304: Number of patients with Type 2 and other diabetes (Not Type 1) by age group – Torbay (2023/24)

Source: National Diabetes Audit

Type 2 registrations	
<b>Aged under 40</b>	266 (3%)
<b>Aged 40 to 64</b>	3,485 (38%)
<b>Aged 65 to 79</b>	3,810 (41%)
<b>Aged 80 and over</b>	1,689 (18%)

The Royal National Institute of Blind People (RNIB) offer a sight loss data tool that provides data at a local level at [Sight Loss Data Tool | RNIB](#), the data tool can be downloaded at the bottom of the webpage link above which gives some information around rates of Diabetic eye screening and Diabetic eye disease.

There is further information around diabetes at [National Diabetes Audit - NHS Digital](#) and [Context | Diabetic foot problems: prevention and management | Guidance | NICE](#)

### Heart Disease

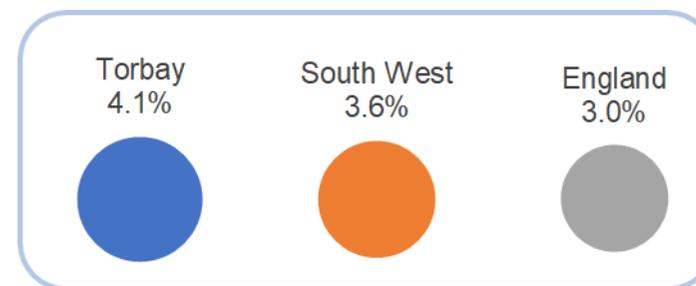
Heart Disease is a cardiovascular disease such as heart failure or coronary heart disease. Coronary heart disease is the single most common cause of premature death in the UK (OHID – Fingertips).

Coronary heart disease (also known as Ischaemic heart disease) accounts for the single largest percentage (8.5%) of Disability-Adjusted Life Years (DALYs) within Torbay according to the Global Burden of Disease 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 2023/24, 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 (2023/24)

Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay’s rate of emergency admissions for coronary heart disease is broadly in line with England and the South West, it has been broadly steady over the last 6 years (Fig 306). Within Torbay, the rate of admissions is significantly higher among the most deprived areas of Torbay 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 (1,715 admissions) when compared to females (885 admissions) over the 6 year period 2018/19 to 2023/24 [Note on Hospital admissions and SDEC – page 9](#).

Fig 306: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised)

Source: Hospital Episode Statistics

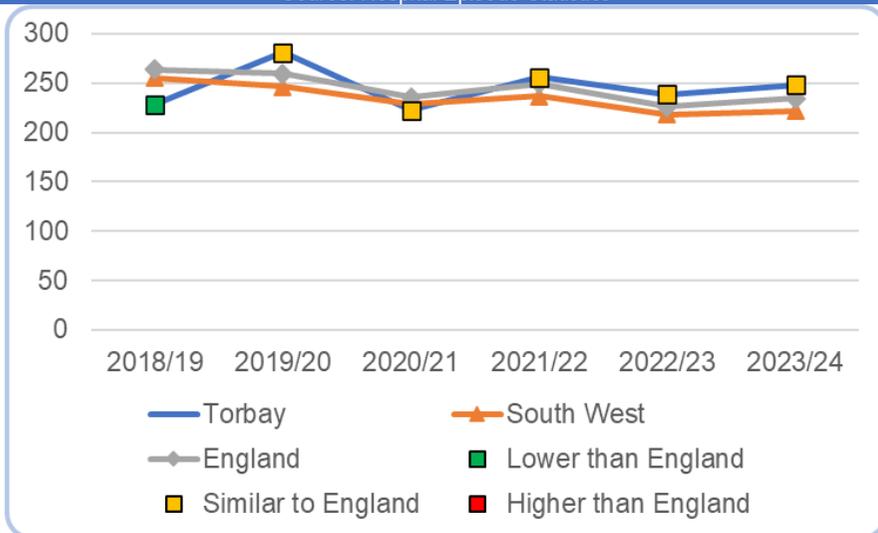


Fig 308: Number of emergency hospital admissions for coronary heart disease by age group – Torbay (2018/19 to 2023/24)

Source: Hospital Episode Statistics

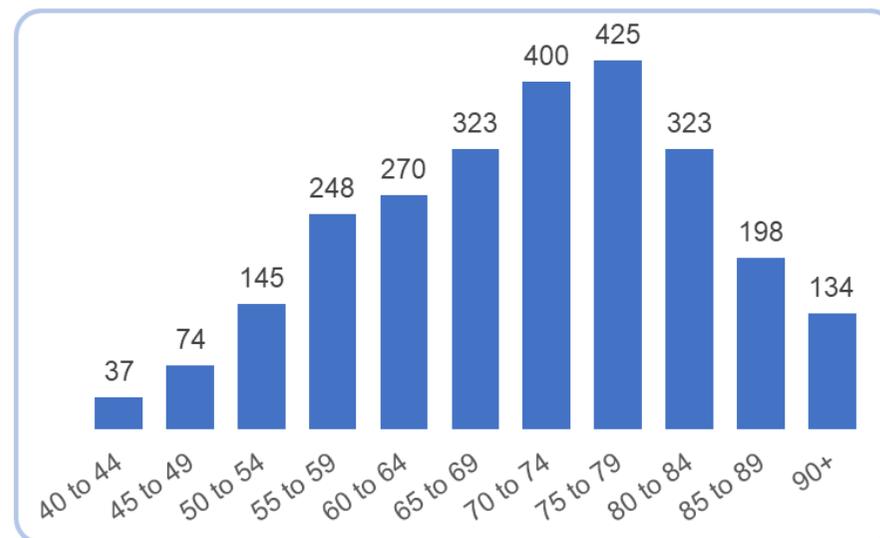
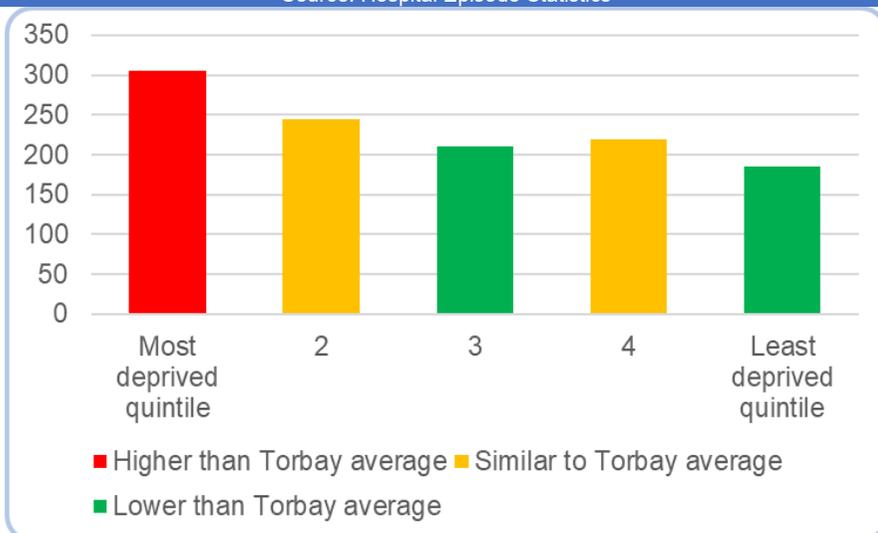


Fig 307: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2018/19 to 2023/24)

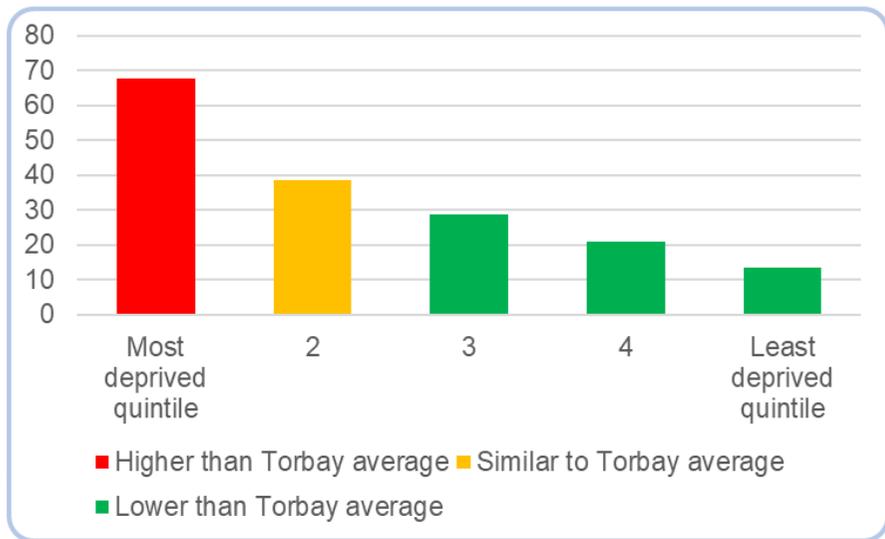
Source: Hospital Episode Statistics



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 127 female and 463 male deaths over the 10 year period 2014-2023 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 (2014 to 2023)**  
 Source: Primary Care Mortality Database



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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 2023/24, 19.2% of patients on Torbay GP Practice lists were recorded as having hypertension as opposed to 14.8% 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 – Fingertips), it is a long-term condition that tends to get gradually

worse over time, but symptoms can often be controlled for many years.

Heart failure prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by Torbay GP practices to be rising and significantly higher than national rates and in line with regional rates. For 2023/24, 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)

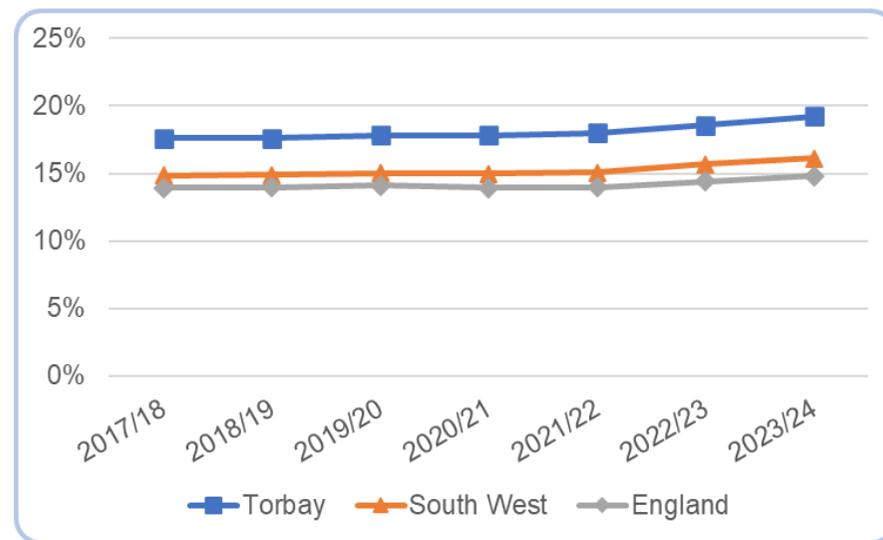
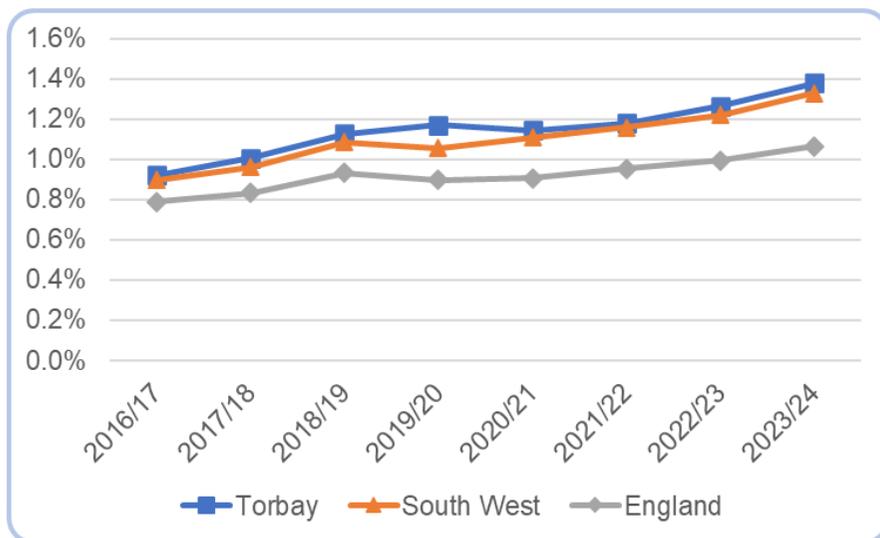


Fig 311: Heart Failure Prevalence

Source: OHID – Public Health Profiles (Fingertips)

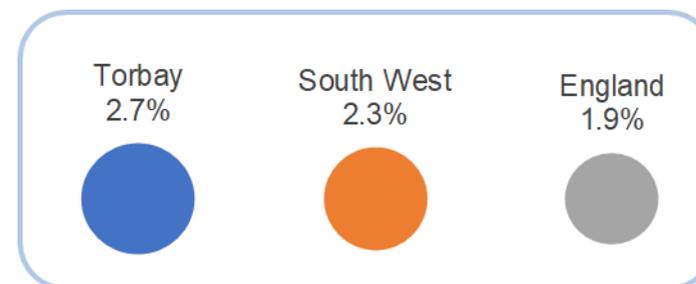


which are often referred to as mini strokes, recorded by GP practices, to be significantly higher than national and regional rates. For 2023/24, 2.7% of patients on Torbay GP Practice lists were recorded as having strokes or TIA as opposed to 1.9% across England (Fig 312).

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate, it is associated with a five fold increase in the risk of a stroke (OHID-Fingertips). For 2023/24, 4,972 patients at Torbay GP Practices were recorded as having atrial fibrillation which equates to 3.3% of the practice population, this is significantly higher than the England rate of 2.2%.

Fig 312: Stroke Prevalence (2023/24)

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 7 years (Fig 313).

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 314) [Note on Hospital admissions and SDEC – page 9.](#)

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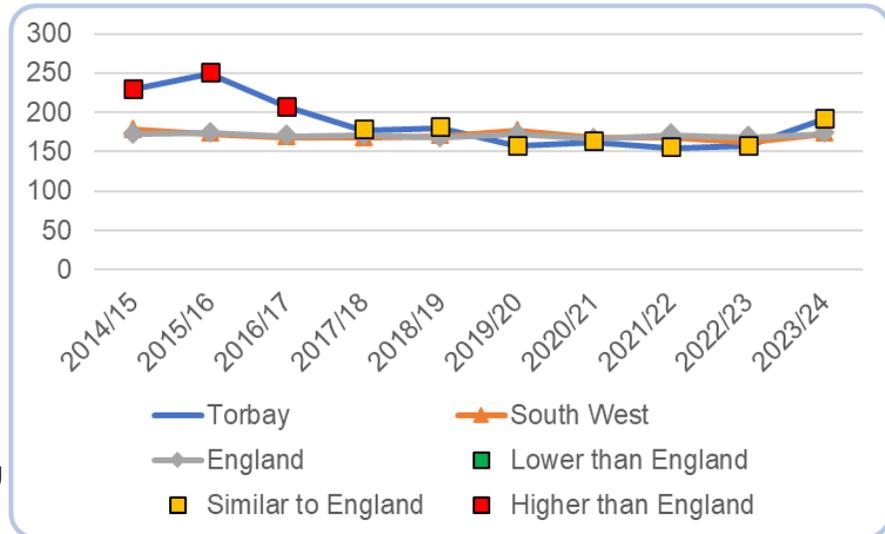
Stroke

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

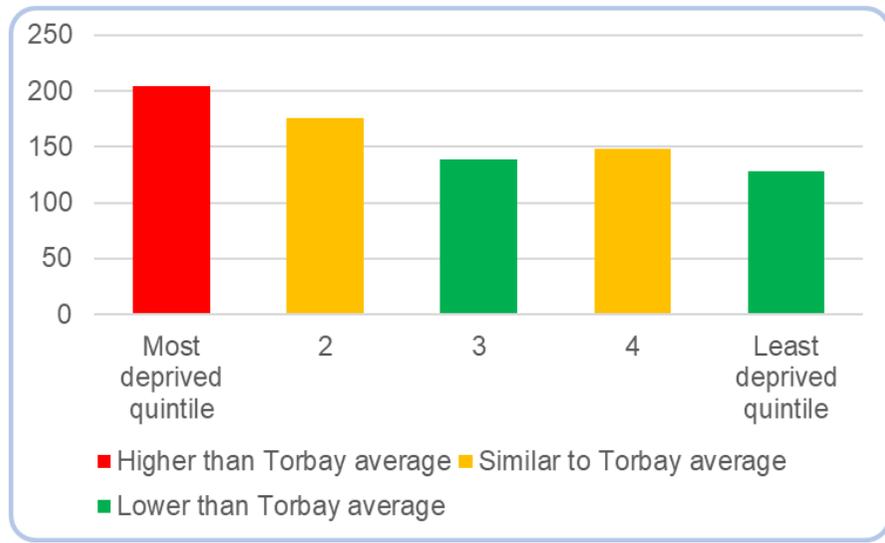
**Fig 313: Rate of hospital admissions for strokes per 100,000 (Age Standardised)**  
 Source: OHID – Public Health Profiles (Fingertips)



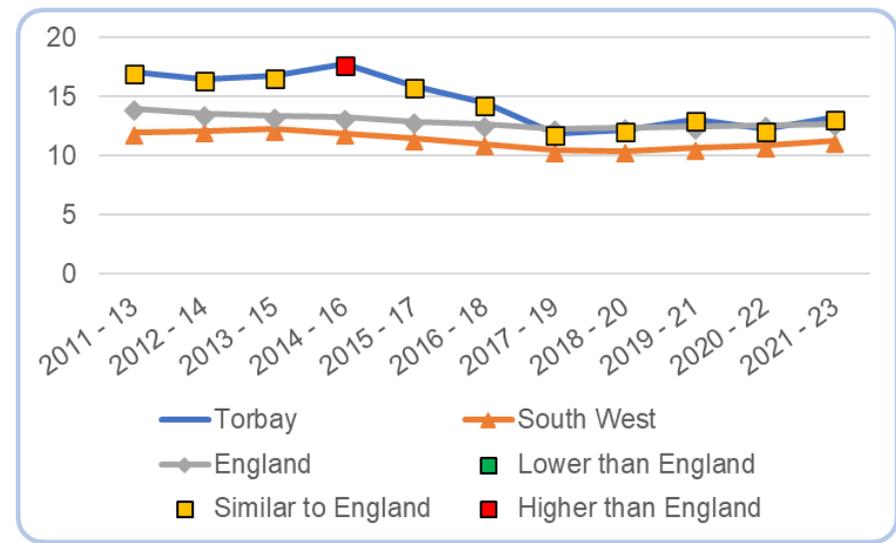
Allowing for age, Torbay’s under 75 mortality rate for strokes has fallen from the start of the last decade and has been broadly in line with England and the South West (Fig 315). Falls in the mortality rate attributed to strokes have occurred in England but at a less steep rate.

Over the last 14 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate due to strokes than those who live in the less deprived areas of Torbay. Those in the most deprived quintile are almost twice as likely to die from strokes before the age of 75 than those in the middle quintile of deprivation (Fig 316). Overall, there were 141 female and 158 male deaths over the 14 year period 2010-2023 of Torbay residents under the age of 75 from strokes. Rates in the least deprived quintile are similar to the Torbay average due to the relatively small population within Torbay who live in those areas.

**Fig 314: Rate of hospital admissions for strokes per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017/18 to 2023/24)**  
 Source: Hospital Episode Statistics



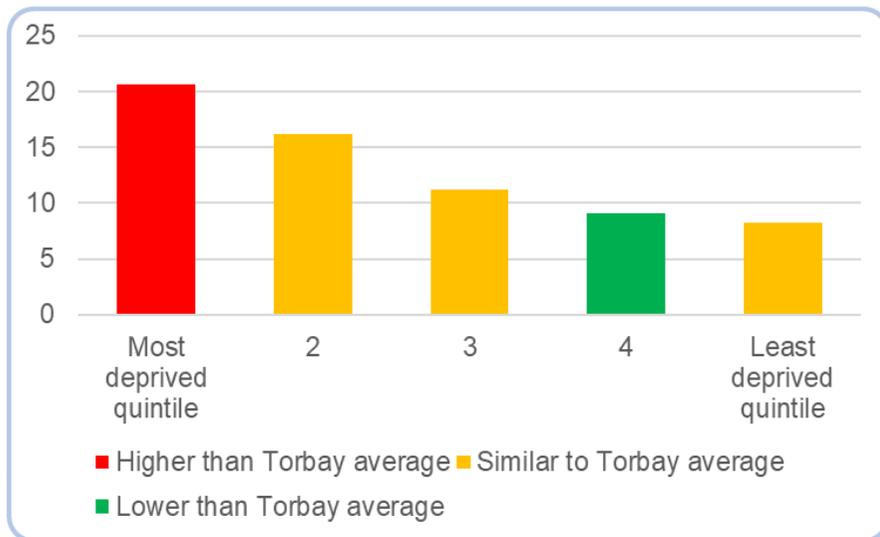
**Fig 315: Rate of under 75 mortality from strokes per 100,000 (Age Standardised)**  
 Source: OHID – Public Health Profiles (Fingertips)



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Fig 316: Rate of under 75 mortality from strokes per 100,000 (Age Standardised) – Torbay (2010 to 2023)

Source: Primary Care Mortality Database



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### Respiratory Disease

Respiratory disease affects 1 in 5 people and is the 3<sup>rd</sup> biggest cause of death in England after cancer and cardiovascular disease.

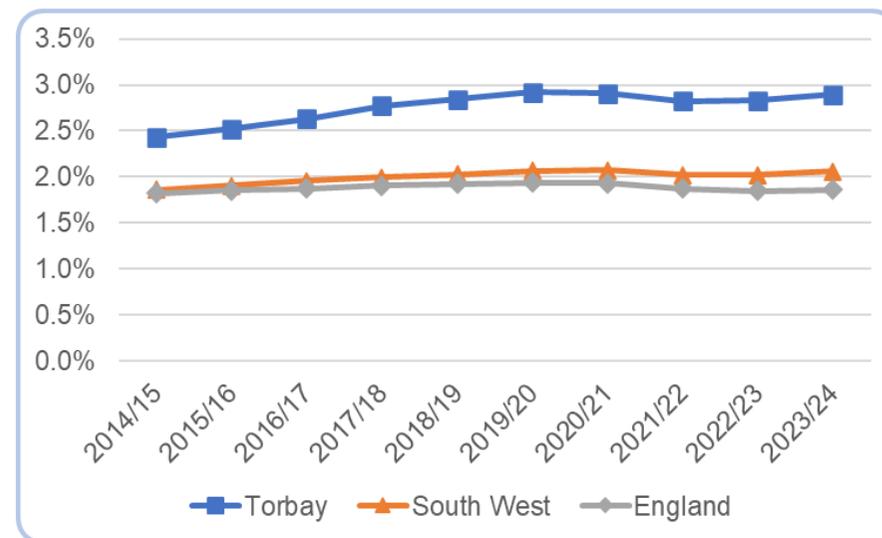
Respiratory diseases are a major factor in winter pressures faced by the NHS. In total, all lung conditions directly cost the NHS £11 billion annually. Among the main causes of respiratory disease are smoking, exposure to higher levels of air pollution and poor housing conditions [NHS England » Respiratory 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 2023/24, 2.9% of patients on Torbay GP Practice lists were recorded as having COPD as opposed to 1.9% across England (Fig 317). Torbay would be expected to have a higher COPD prevalence than England given its older age profile.

Fig 317: COPD Prevalence

Source: OHID – Public Health Profiles (Fingertips)

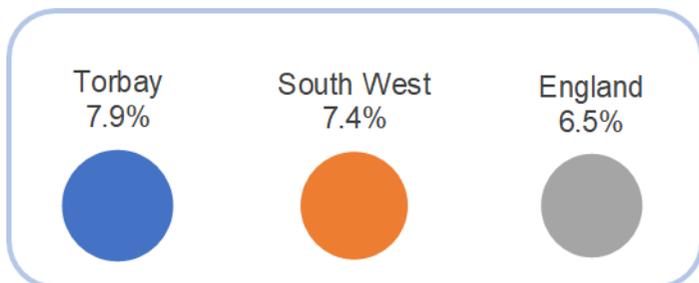


Asthma is a common lung condition that causes occasional breathing difficulties. Common asthma triggers include allergies, smoke, pollution, infections such as cold or flu, mould and damp [Asthma - Causes - NHS](#).

Asthma prevalence as recorded by the Quality Outcomes Framework shows Torbay to have significantly higher rates than national and regional rates. For 2023/24, 7.9% of patients aged 6 and over on Torbay GP Practice lists were recorded as having Asthma as opposed to 6.5% across England (Fig 318).

Fig 318: Asthma Prevalence (2023/24)

Source: OHID – Public Health Profiles (Fingertips)



Allowing for age, Torbay’s rate of emergency admissions for respiratory disease has been significantly higher than England and the South West for 3 of the last 4 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 319). Within Torbay, the rate of admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 320).

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 321). 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 319: Rate of emergency hospital admissions for respiratory disease per 100,000 (Age Standardised)

Source: Hospital Episode Statistics

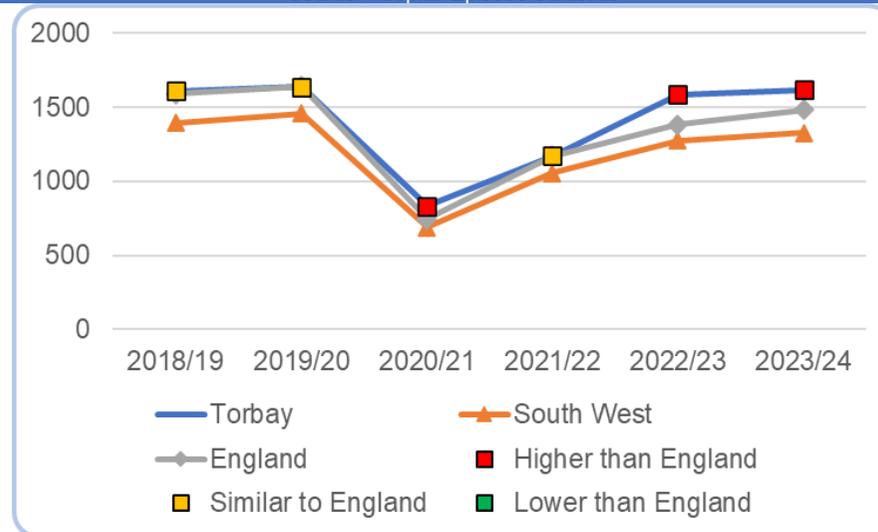


Fig 320: Rate of emergency hospital admissions for respiratory disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2018/19 to 2023/24)

Source: Hospital Episode Statistics

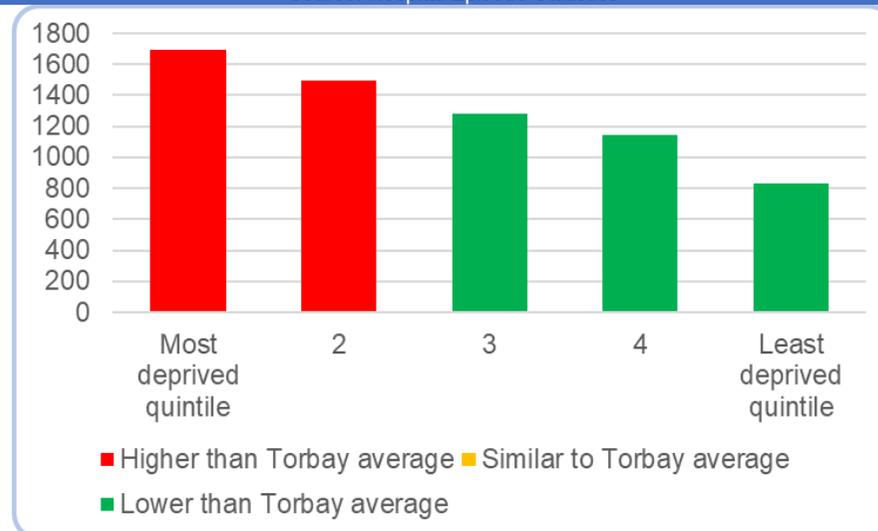


Fig 321: Number of emergency hospital admissions for respiratory disease by age group – Torbay (2018/19 to 2023/24)

Source: Hospital Episode Statistics

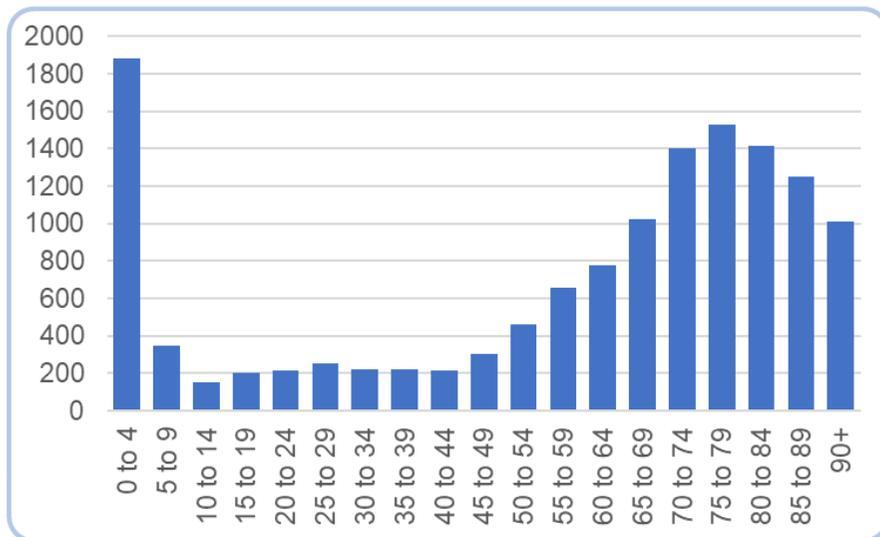
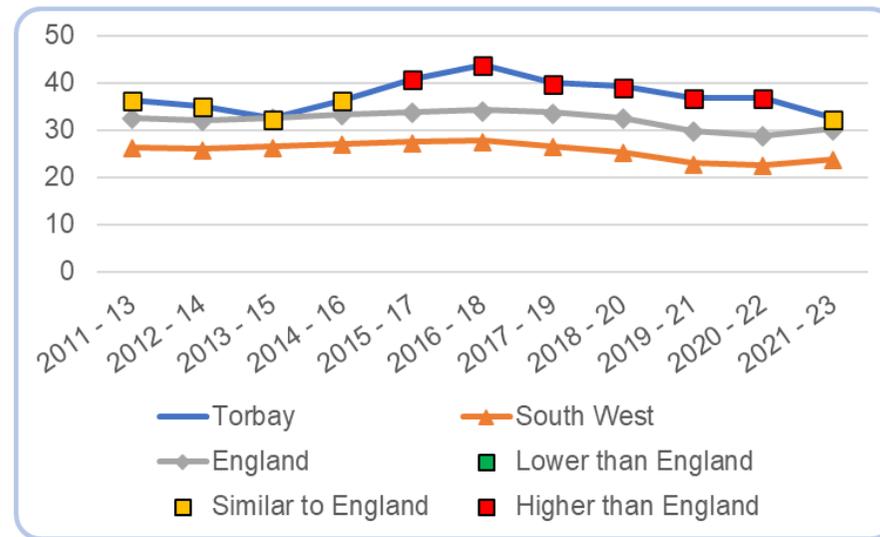


Fig 322: Rate of under 75 mortality from respiratory disease per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)



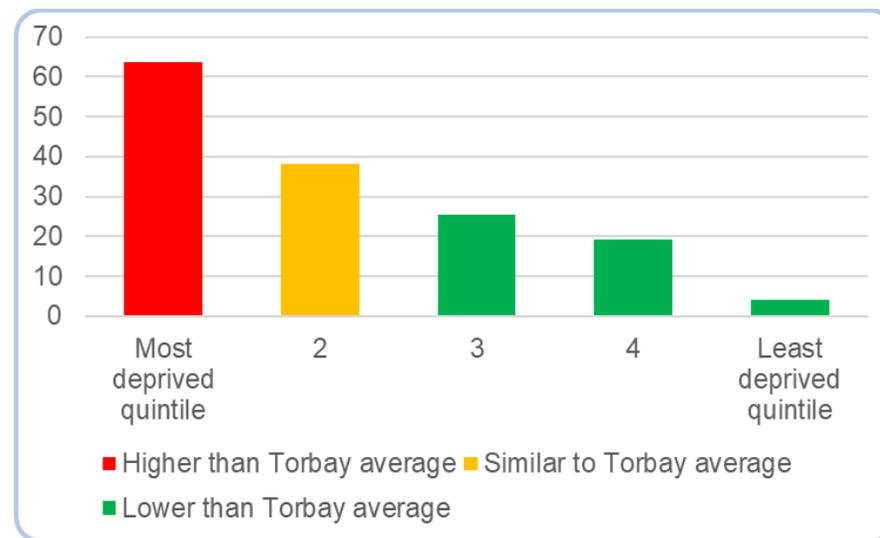
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Allowing for age, Torbay’s under 75 mortality rate for respiratory disease had been significantly higher than England for 6 periods until the latest period (Fig 322) with a fall in the male rate being the primary driver. Males are more likely to die 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 323). Overall, there were 235 female and 325 male deaths between 2014 and 2023 of Torbay residents under the age of 75 from respiratory disease.

Fig 323: Rate of under 75 mortality from respiratory disease per 100,000 (Age Standardised) – Torbay (2014 to 2023)

Source: Primary Care Mortality Database



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 194 female and 257 male deaths with an underlying cause of lung cancer in those aged under 75.

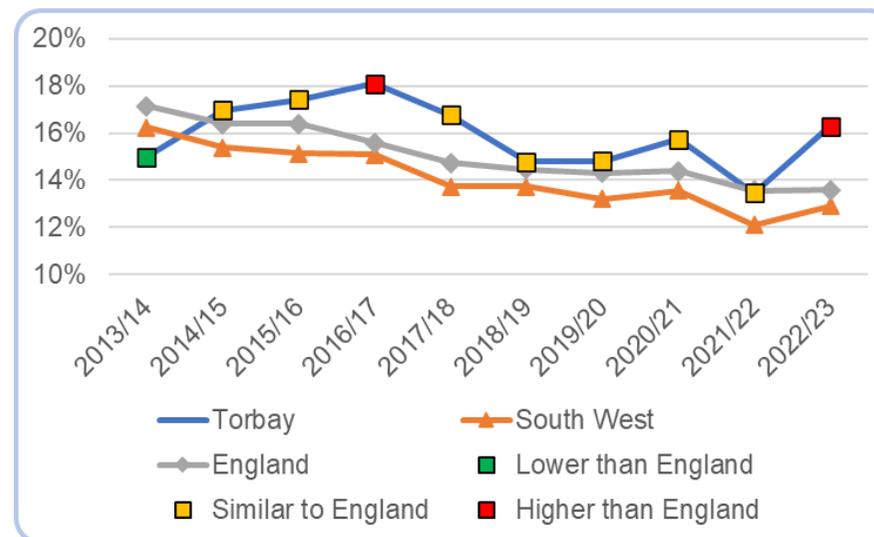
### Selected Actionable Risk factors

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 GP Patient Survey was 16.3% for 2022/23 which is significantly higher than England for the first time since 2016/17, rates had been on a broadly downward trend since 2016/17 in Torbay until the most recent year (Fig 324).

Fig 324: Smoking Prevalence in adults – GP Patient 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 an increasing rate of adults classified as obese with rates generally significantly higher than the South West and England. For 2022/23, Torbay rates of adult obesity were almost 1 in 3 (32.6%) (Fig 325). 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 326). There is almost no difference between females and males in relation to obesity rates over the last 8 years. However, across the last 8 years, males are 10 to 13 percentage points more likely to be classified as overweight (including obese) when compared to females, for 2022/23, 69% 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 2022/23 across England, 36% of those in the most deprived decile in England were classified as obese compared to 21% in the least deprived decile. A lack of access to items such as fresh fruit and vegetables combined with highly processed food which is often a much cheaper option and significantly more calorific exacerbate this deprivation link.

Fig 325: Percentage of adults classified as obese

Source: OHID – Public Health Profiles (Fingertips)

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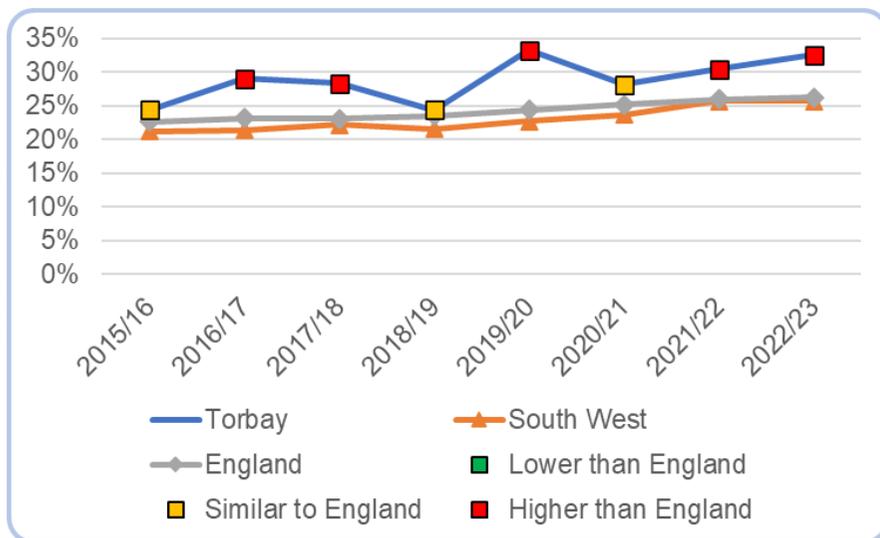
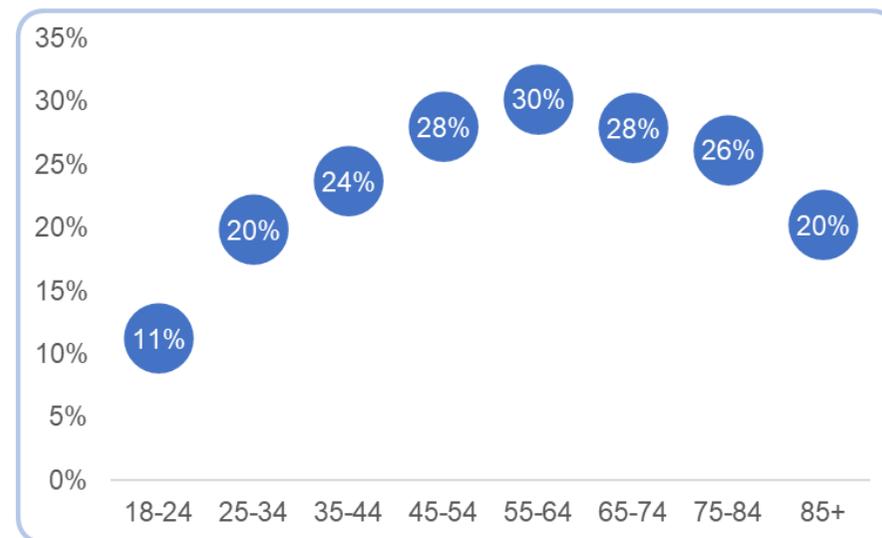


Fig 326: Percentage of adults classified as obese by age band - England (2015/16 to 2022/23)

Source: OHID – Public Health Profiles (Fingertips)



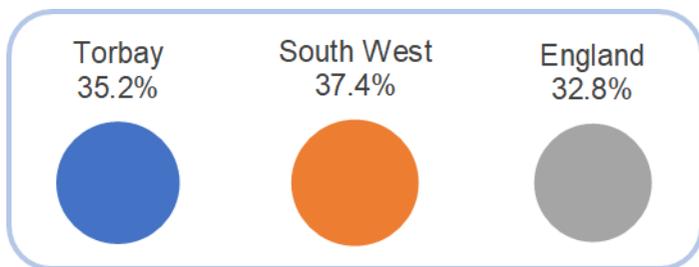
The proportion of those adults eating 5 portions of fruit and vegetables on a ‘usual day’ as reported by the Active Lives Survey is 35.2% (2020/21 to 2022/23), this is broadly in line with England and the South West (Fig 327). Across England, there are significant differences between the most and least deprived areas, for 2022/23, 20% of those in the most deprived decile in England had their ‘5-a-day’ compared to 37% of those in the least deprived decile.

Rates from 2020/21 onwards are much lower than the rates quoted before 2020/21. This is due to a change in the way that the question was asked. Previously 2 separate questions asked how many portions of fruit did you eat yesterday and how many portions of vegetables did you eat yesterday. From 2020/21, there was the single question of how many portions of fruit and vegetables did you eat yesterday. This had led to falls of around 20 percentage points

for those who state that they eat 5 portions of fruit and vegetables a day across England.

**Fig 327: Percentage of adults eating 5 portions of fruit and vegetables on a 'usual day' (2020/21 to 2022/23)**

Source: OHID – Public Health Profiles (Fingertips)

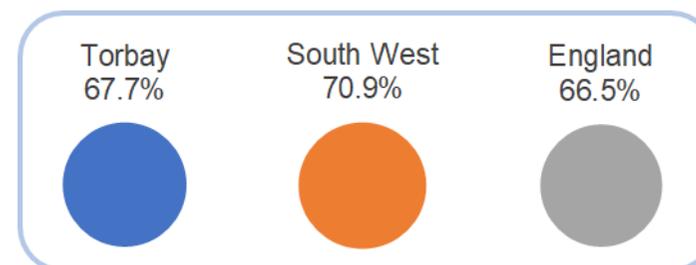


Data from the 'Active Lives Survey' undertaken by Sport England asks questions about a person's level of physical activity over the previous 28 days. 68% of Torbay respondents over the last 8 years said that they were physically active (150 minutes of moderate intensity physical activity per week over the last 28 days), this is broadly in line with England and lower than the South West (Fig 328). 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 329). Rates of being physically active were significantly higher if you were in employment.

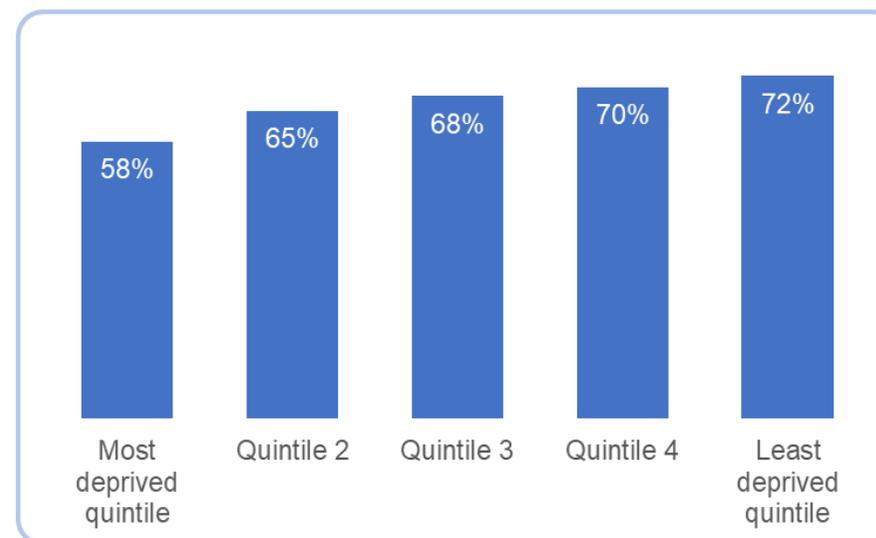
**Fig 328: Percentage of adults classified as physically active (2015/16 to 2022/23)**

Source: OHID – Public Health Profiles (Fingertips)



**Fig 329: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2022/23)**

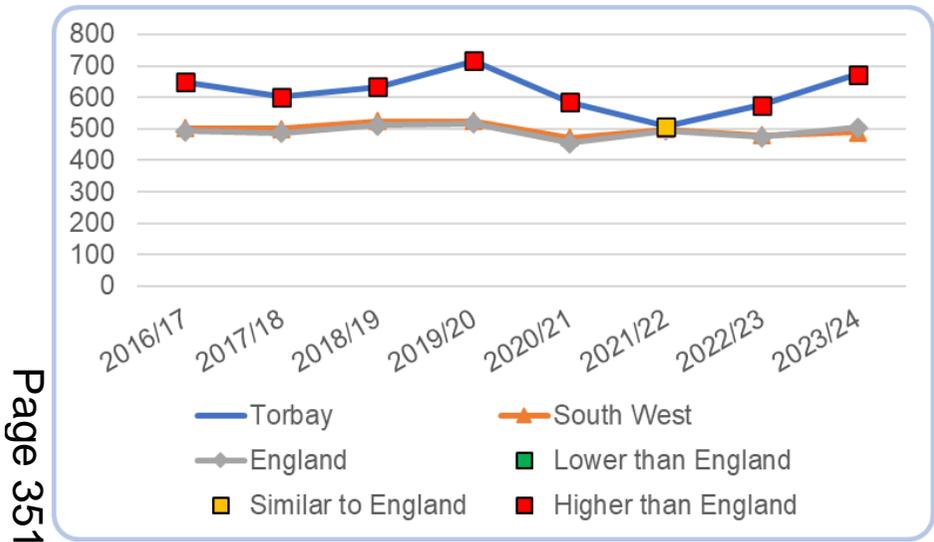
Source: OHID – Public Health Profiles (Fingertips)



Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital than England (Fig 330). 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 330: 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
<b>Diabetes Prevalence (17+) (2023/24)</b>	%	8.2%	7.9%	7.4%	7.7%	●	↑
<b>Coronary Heart Disease Prevalence (2023/24)</b>	%	4.1%	3.8%	3.6%	3.0%	●	↑
<b>Heart Failure Prevalence (2023/24)</b>	%	1.4%	1.4%	1.3%	1.1%	●	↑
<b>Hypertension Prevalence (2023/24)</b>	%	19.2%	17.4%	16.1%	14.8%	●	↑
<b>Stroke Prevalence (2023/24)</b>	%	2.7%	2.4%	2.3%	1.9%	●	↓
<b>COPD Prevalence (2023/24)</b>	%	2.9%	2.4%	2.1%	1.9%	●	↑
<b>Asthma Prevalence (2023/24)</b>	%	7.9%	7.3%	7.4%	6.5%	●	↑
<b>Smoking Prevalence (2022/23)</b>	%	16.3%	13.2%	12.9%	13.6%	●	↑
<b>Adults classified as obese (2022/23)</b>	%	32.6%	28.1%	25.7%	26.2%	●	↑
<b>Adults classified as physically active (2015/16 to 2022/23)</b>	%	67.7%	66.8%	70.9%	66.5%	●	↓

# Cancer

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## 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, just over 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 more than doubled over the last decade but rates of those referrals leading to a diagnosis of cancer have fallen by over 40%.

Source: OHID – Public Health Profiles (Fingertips)

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy healthy tissue including organs. 1 in 2 people will develop some form of cancer during their lifetime. The most common forms of cancer in the UK are breast, lung, prostate and bowel [Cancer - NHS](#).

### Early diagnosis and screening

Diagnosing a cancer in the earlier stages increases the chance of a better outcome for the patient. A stage at diagnosis is a measure of how much the cancer has grown and spread (OHID). Cancers at stages 1 are small and haven't spread, at stage 2 the cancer has grown but not spread. By comparison, stage 4 means that the cancer has spread from where it started to at least 1 other body organ [What do cancer stages and grades mean? - NHS](#)

([www.nhs.uk](http://www.nhs.uk)).

The percentage of cancers diagnosed at Stages 1 and 2 for Torbay residents are broadly in line with England over the last decade with just over half of cancers diagnosed at Stages 1 and 2 (Fig 331). Across England over the last 7 years, those in the most deprived areas of England are less likely than those in the least deprived to have their cancer diagnosed at Stages 1 and 2 (52.0% compared to 57.6%).

The latest year was the first since 2016/17 that breast screening coverage for Torbay females aged 53 to 70 years was lower than England. 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 67% compared to 77% for 2019/20 (Fig 332).

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 (72.5% compared to 61.5%).

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 (67.5%) Torbay GP patients had a breast screening test result recorded within 6 months of receiving a screening invitation, this is slightly higher than the England rate of 66.4% and below the South West rate of 69.0%. Uptake rates fell during the COVID-19 period and continue to be lower in Torbay when compared to the pre Covid-19 period.

Fig 331: Percentage of Cancers diagnosed at Stages 1 and 2

Source: OHID – Public Health Profiles (Fingertips)

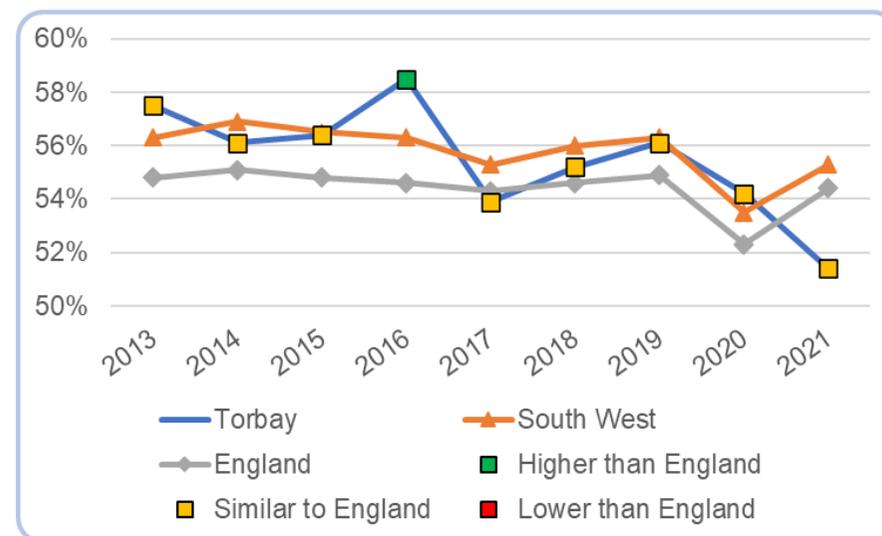
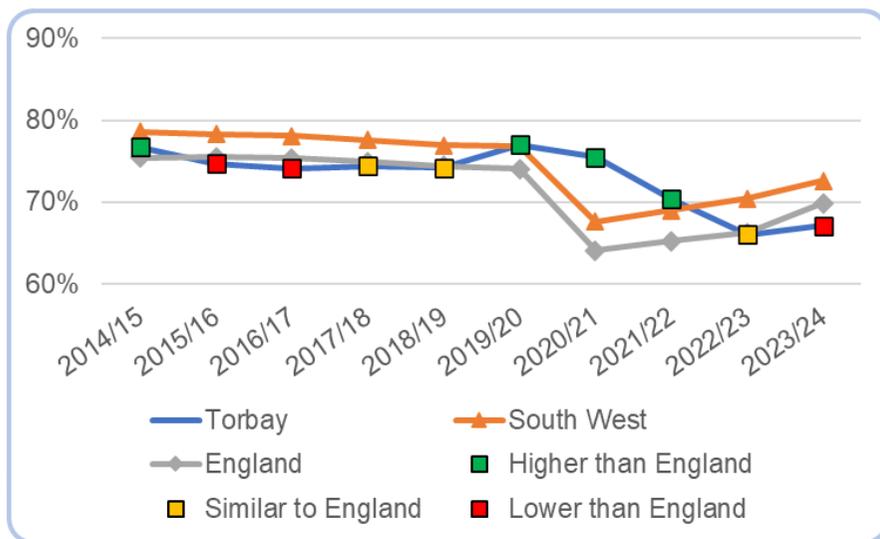


Fig 332: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years

Source: OHID – Public Health Profiles (Fingertips)



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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 333). Unlike breast screening there was no fall during the COVID-19 period, bowel cancer screening can be done from home and the sample posted.

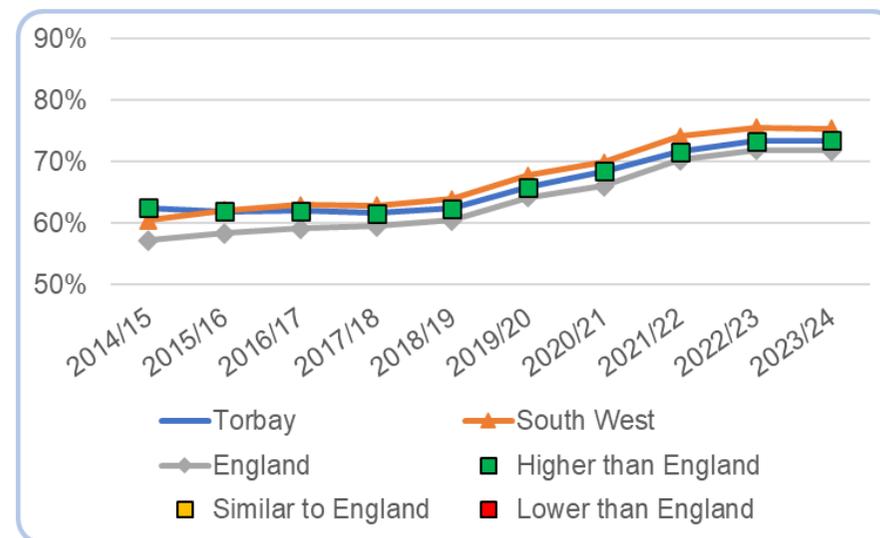
Across England over the last 5 years, those eligible for bowel screening who lived in the least deprived areas of England were more likely to have had a test than those who lived in the most deprived areas by a factor of approximately 9 percentage points (71.5% compared to 62.0%).

Over the last 5 years, 7 out of 10 (71.0%) Torbay GP patients had a bowel screening test result recorded within 6 months of receiving a screening invitation, this is significantly higher than the England rate

of 69.4% and below the South West rate of 73.4%. Uptake rates have been steadily improving over the last decade.

Fig 333: 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)

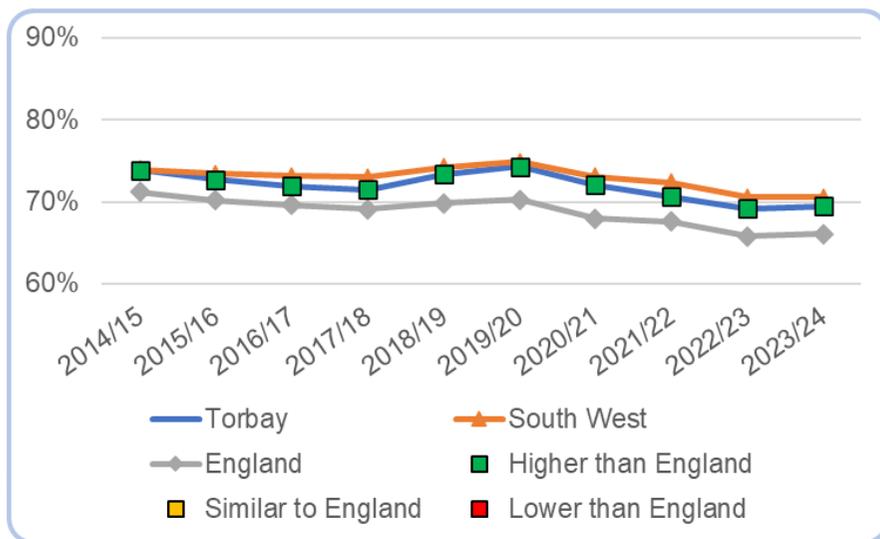


Cervical cancer screening is estimated to save around 4,500 lives a year (OHID). The proportion of those women aged 25 to 49 who were eligible for cervical screening that received a test (technically adequate screen) during the last 3½ years has consistently been higher in Torbay than England, since COVID-19 there have been falls in these screening rates in Torbay and across England (Fig 334).

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 335).

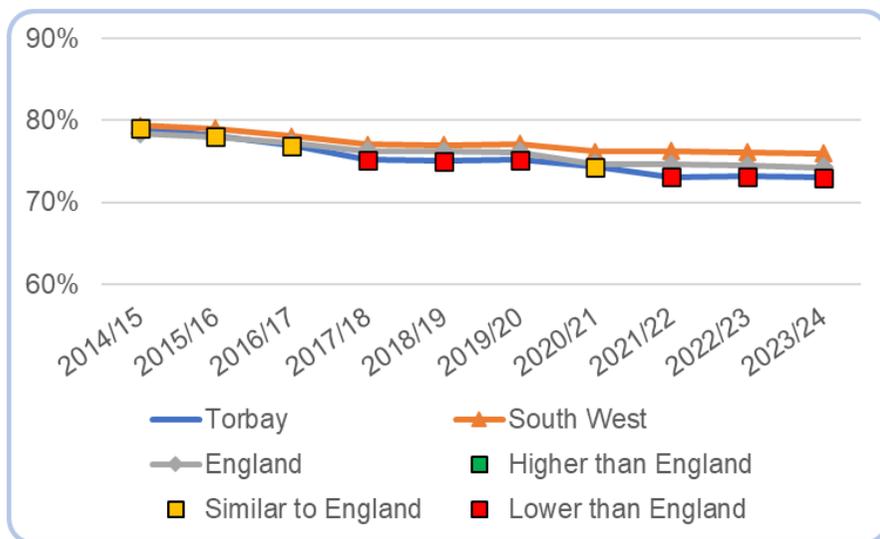
**Fig 334: Percentage of women eligible for cervical screening who have had a test in the previous 3½ years – Aged 25 to 49 years**

Source: OHID – Public Health Profiles (Fingertips)



**Fig 335: 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)



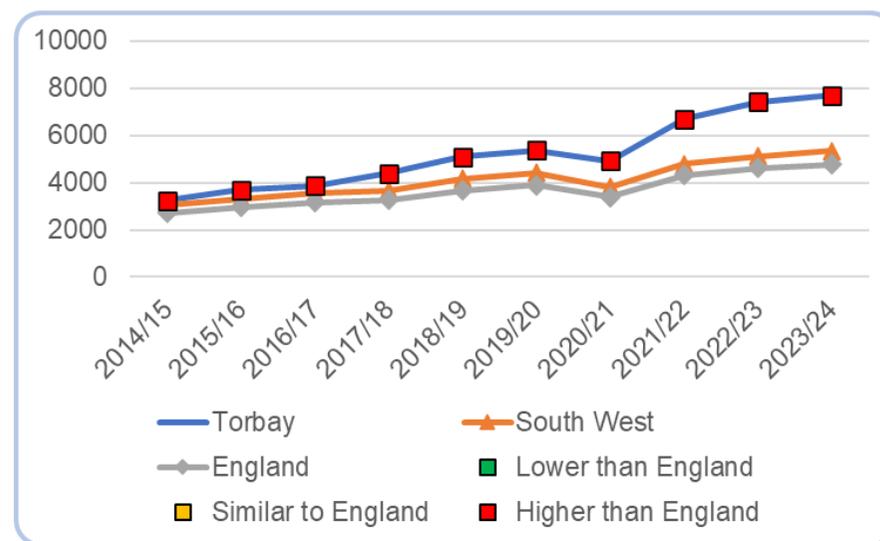
**Urgent referrals**

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.

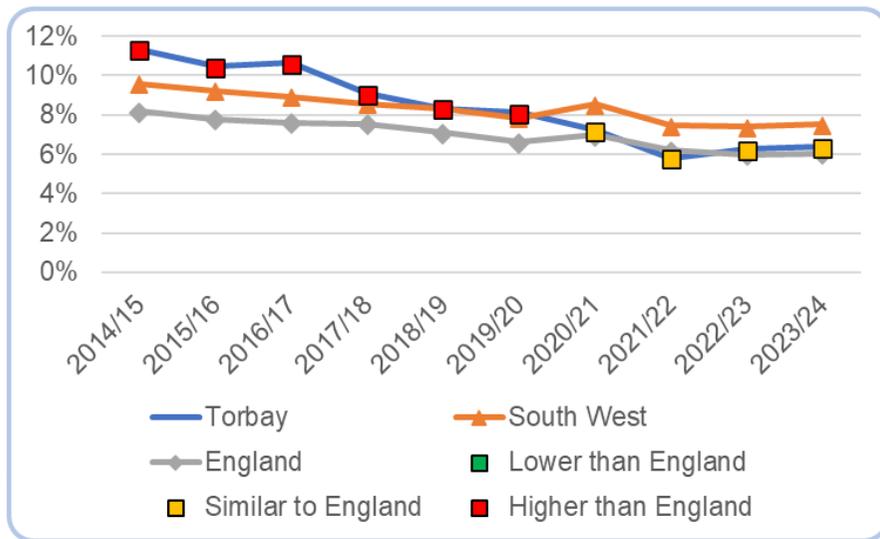
The level of urgent suspected cancer referrals for patients at Torbay GP practices has more than doubled over the last decade, at a far steeper rate than England or the South West (Fig 336). However, it should be noted that the percentage of referrals resulting in a diagnosis of cancer for Torbay GP patients have reduced by over 40% during the same period (Fig 337). So, the large rise in urgent suspected cancer referrals does not fully translate into a large rise in the number of cancers diagnosed.

**Fig 336: Rate of urgent suspected cancer referrals per 100,000**

Source: OHID – Public Health Profiles (Fingertips)



**Fig 337: Percentage of urgent suspected cancer referrals resulting in a diagnosis of cancer**  
Source: OHID – Public Health Profiles (Fingertips)



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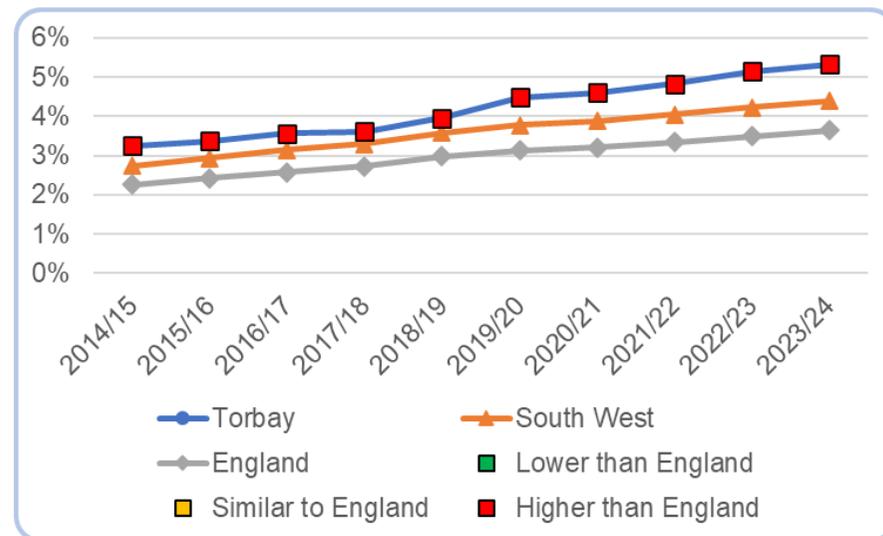
When looking at urgent suspected cancer referrals for differing cancer types, Torbay has consistently had much higher rates of suspected cancer referrals in relation to suspected skin cancer. During the latter period of the last decade into this decade, Torbay urgent referral rates for suspected lung 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.

**Prevalence**

Cancer prevalence as recorded by the Quality Outcomes Framework has shown prevalence recorded by GP practices to be significantly higher than national and regional rates, this is not surprising in light of Torbay’s older population profile. Cancer prevalence in Torbay has risen over the last decade from 3.3% of Torbay GP patients to

5.3% of Torbay GP patients (Fig 338). The number of Torbay GP patients recorded with cancer for 2023/24 was over 7,900 compared to over 6,600 in 2019/20. Increases in the average age of populations and better survival rates would lead to increases in Cancer prevalence.

**Fig 338: 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 339), this is unsurprising given Torbay’s older age profile. On average, over the last 4 years, almost 1,100 new cancer cases are estimated to be diagnosed among Torbay GP patients every year. Please note that South West data has only been made available for the last 3 years.

Fig 339: Rate of new cancer cases per 100,000

Source: OHID – Public Health Profiles (Fingertips)

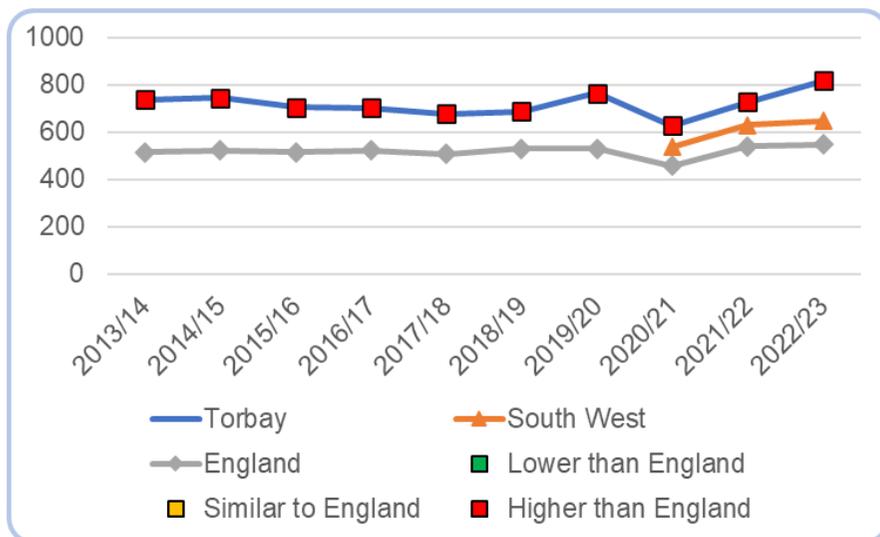
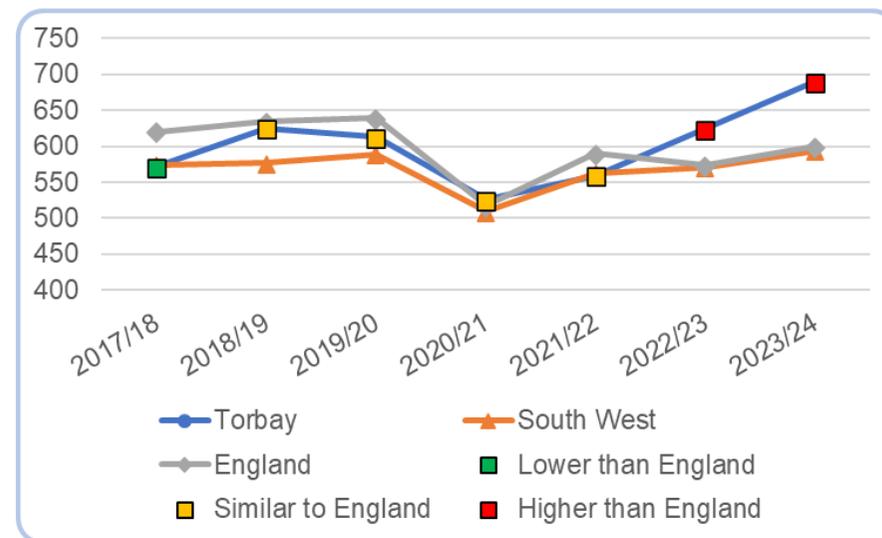


Fig 340: Rate of emergency admissions for cancer per 100,000 (Age-Standardised)

Source: Hospital Episode Statistics



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### 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 2 years after previously being broadly in line with England for the 5 years previous (Fig 340). 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 unlike England, rates have not fallen significantly in Torbay (Fig 341). Levels of mortality are higher amongst males. Male rates were significantly higher than England for 2021-23, this was the first time in the last decade that this rate was significantly higher for either sex than England over a 3 year period.

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 342). Rates in the least deprived area are in line with the Torbay average because of the uncertainty introduced by the smaller size of that population.

When looking at individual cancer types adjusted for differing area age structures, rates of under 75 deaths from lung cancer over the last decade have broadly fallen across Torbay, 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 significant closing of the mortality gap between males and females in relation to lung cancer. Those in the most deprived areas of England are approximately twice as likely to die from lung cancer before the age of 75 than those who live in the least deprived areas.

Under 75 deaths (adjusted for local age structure) for Torbay residents in relation to breast cancer have been broadly in line with 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 2018 to 2023, there were 2,906 deaths with an underlying cause of cancer, of these 1,206 (42%) deaths occurred before the age of 75 with 1,700 (58%) occurring among those aged 75 and over. 45% of deaths with an underlying cause of lung cancer occurred before the age of 75, this compares to prostate cancer for which 27% of deaths occur before the age of 75.

Fig 341: Under 75 mortality rate with underlying cause of cancer, per 100,000 (Age Standardised)

Source: OHID – Public Health Profiles (Fingertips)

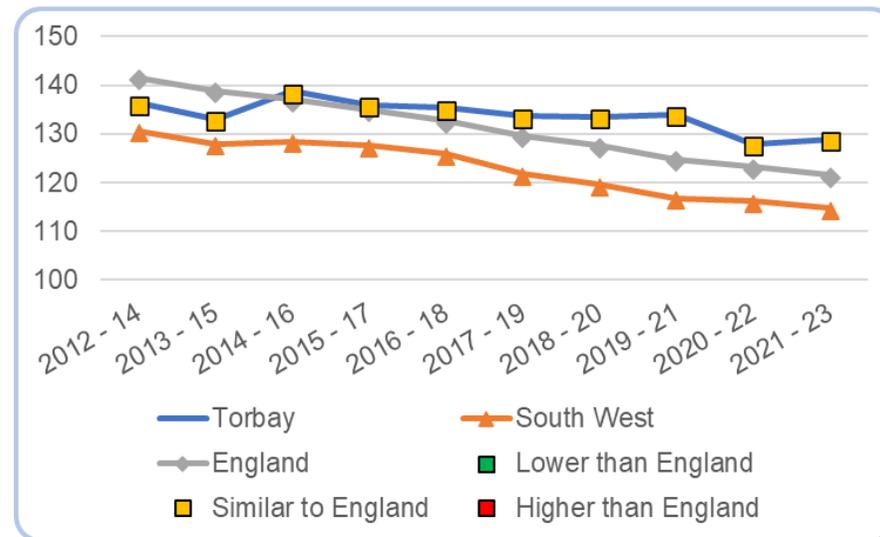
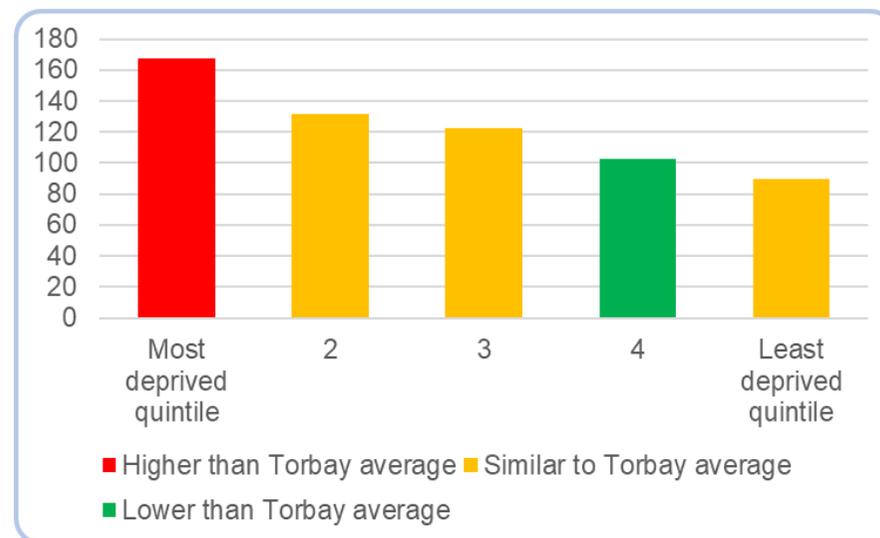


Fig 342: Under 75 mortality, underlying cause of cancer per 100,000 (Age Standardised) by deprivation quintile – Torbay (2018 to 2023)

Source: Primary Care Mortality Database

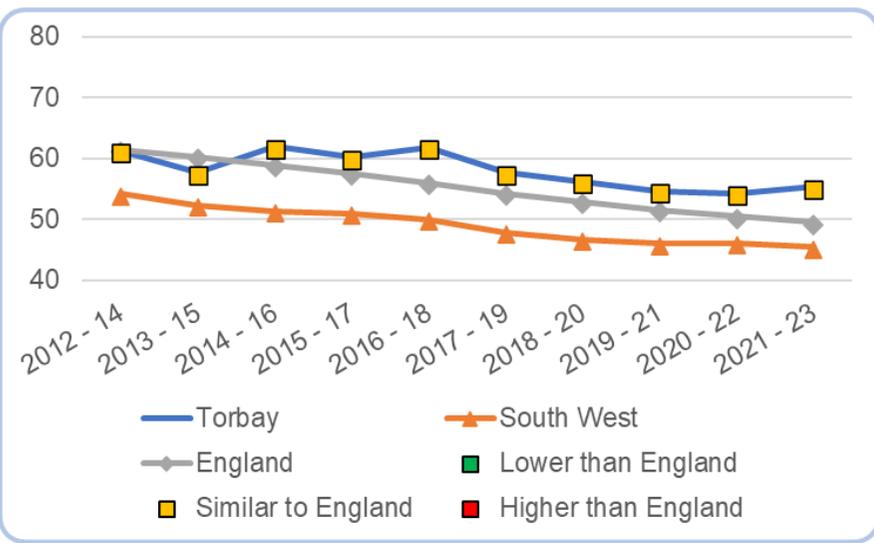


The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through 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 2021 – 23, 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 343). 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.

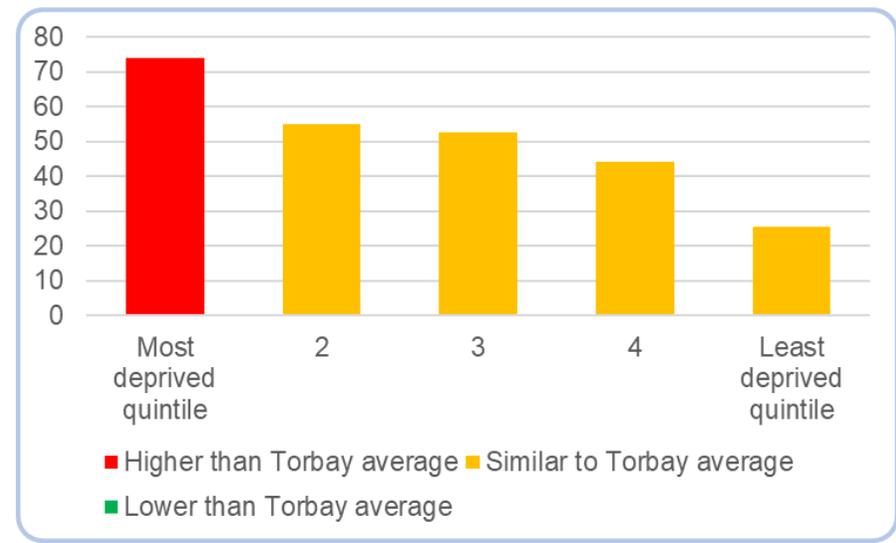
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Fig 343: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2023)



Over the 6 year period 2018 to 2023, those who live in the most deprived areas of Torbay are significantly more likely than the Torbay average to die prematurely from Cancer that was considered preventable (Fig 344). 43% of cancer deaths amongst those aged 75 and under in Torbay, for the last 6 time periods, were considered preventable, this is broadly in line with England (41%). Just over 50% of the preventable cancer deaths in Torbay during 2018 to 2023 had an underlying cause of lung cancer.

Fig 344: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2023)



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Cancers diagnosed at Stages 1 & 2 (2021)	%	51%	55%	55%	54%	●	↓
Breast screening coverage - 53 to 70 years (2023/24)	%	67%	72%	73%	70%	●	↑
Bowel screening coverage - 60 to 74 years (2023/24)	%	73%	73%	75%	72%	●	↑
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 (2023/24)	%	5.3%	Cannot calculate	4.4%	3.6%	●	↑
Emergency admissions for cancer (2023/24)	DSR per 100,000	690	583	594	599	●	↑
Preventable mortality - Cancer (2021 - 23)	DSR per 100,000	55	52	45	50	●	↑

## Health Protection

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### 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 2<sup>nd</sup> consecutive year. Previously rates had not been below 90% since 2014/15.

Source: OHID – Public Health Profiles (Fingertips)

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- The all new sexually transmitted infection diagnosis rate sharply increased in Torbay for 2022 and remains elevated in 2023 although 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 have been higher than the target rate of 75% for the last 4 years.

Source: OHID – Public Health Profiles (Fingertips)

- Antibiotic prescribing in NHS primary care has been on a downward trend but rates for 2022 did rise across Torbay, the South West and England when compared to the COVID-19 affected years of 2020 and 2021.

Source: OHID – Public Health Profiles (Fingertips)

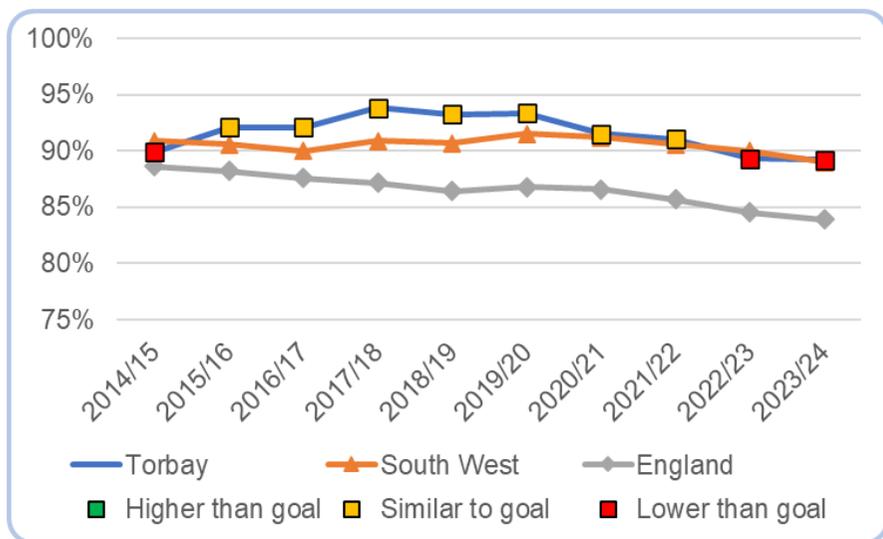
Health Protection is the protection of populations to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats [Oxford Academic \(oup.com\)](https://oup.com). This chapter will deal almost exclusively with infectious disease prevention.

### MMR

The MMR vaccine is a safe, effective vaccine that protects against measles, mumps and rubella. First dose is usually given within a month of a child’s 1<sup>st</sup> birthday with the second given between the 3<sup>rd</sup> and 5<sup>th</sup> 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 2022/23 and 23/24 it was rated as red with a rate below 90% for the first time since 2014/15. Torbay currently has a rate of 89.2%, this is in line with the South West rate and significantly above the England rate of 83.9% (Fig 345). 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 345: MMR vaccination coverage for 5 year olds (2 doses)

Source: OHID – Public Health Profiles (Fingertips)



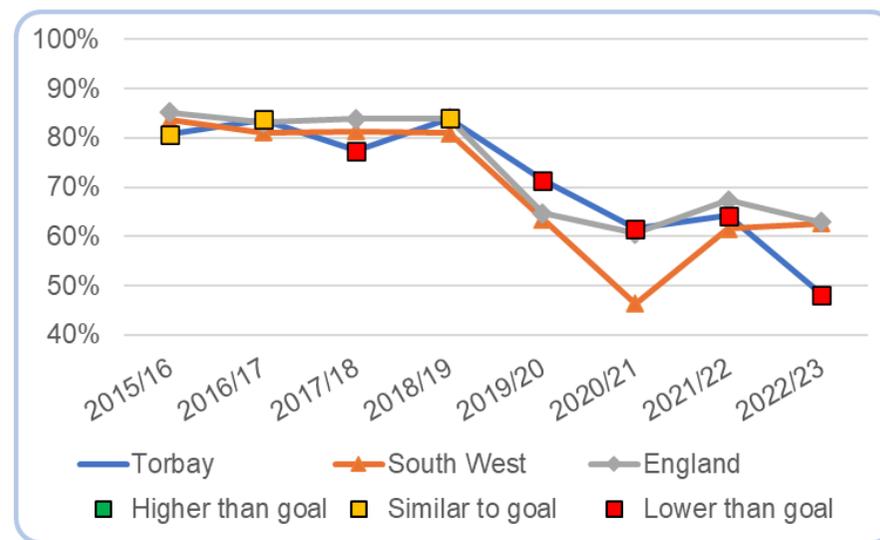
### HPV

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

A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 academic year for females. Two-dose female rates across Torbay, the South West and England have not yet recovered to pre COVID-19 levels (Fig 346). Torbay rates for females have fallen very significantly from 83.9% in 2018/19 to 48.2% in 2022/23. Current rates are well below the goal of 90% vaccination (England- 62.9% and South West- 62.7%).

Fig 346: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years

Source: OHID – Public Health Profiles (Fingertips)



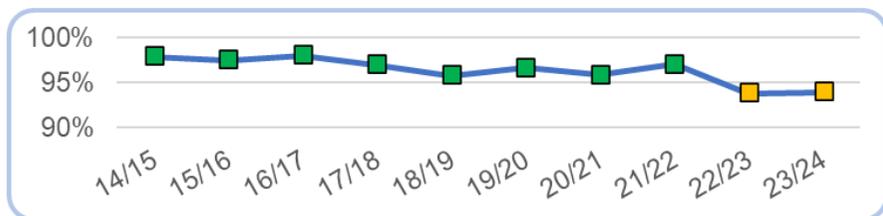
From September 2019 boys were offered the HPV vaccine. Both doses were received by 41.4% of 13 to 14 year old boys in 2022/23 which was significantly lower than the rate of 60.1% the year before. Torbay rates are significantly lower than England for 2022/23.

### Other Childhood immunisations

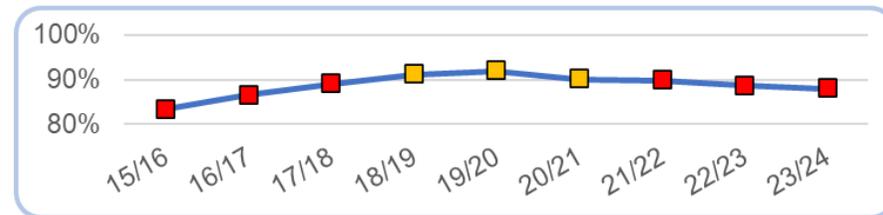
Aside from MMR and HPV there are a significant number of vaccinations offered to babies and children, a number of these will be outlined over the next 3 pages.

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 have been above the 95% target during the last decade but these rates have fallen to 94% in the last 2 years (Fig 347). It shows how many children received 3 doses of DTaP IPV Hib HepB at any time before their 2<sup>nd</sup> birthday. Torbay has been below 90% for 6 of the last 9 years, including the last 3 years in relation to the DTaP and IPV booster for 5 year olds (Fig 348). Rates are consistently significantly higher in Torbay than England amongst those aged 2 years and 5 years (booster).

**Fig 347: 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)

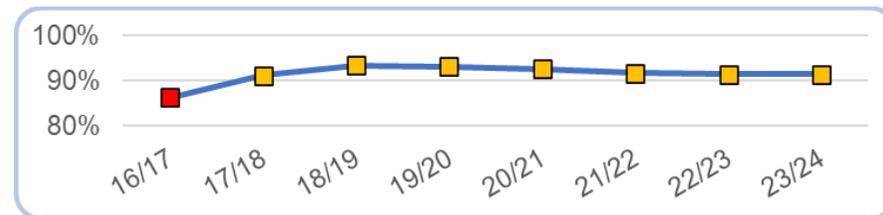


**Fig 348: Percentage receiving the DTaP and IPV booster aged 5 years – Torbay**  
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more  
 Source: OHID – Public Health Profiles (Fingertips)



The rotavirus vaccine protects against gastroenteritis. Torbay has been rated as amber (between 90 and 95%) for the last 7 years (Fig 349), 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 349: 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)

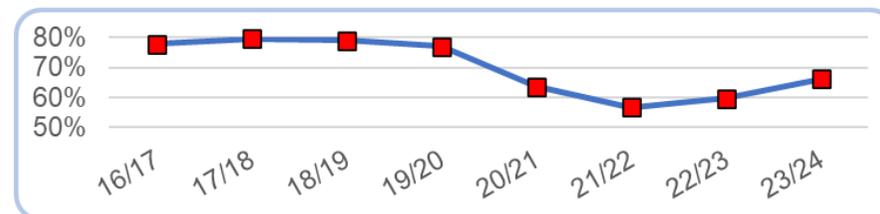


The MenB vaccine protects against invasive meningococcal disease capsule group B which most commonly presents as either septicaemia or meningitis, or a combination of both (OHID). Rates of Torbay 1 year olds with vaccination coverage have either been rated green or amber for the last 7 years. For 2023/24 the rate was 92.4% which is the lowest rate in the last 7 years (Fig 350), rates are consistently higher than England. The measure indicates children who received 2 doses of MenB at any time before their 1<sup>st</sup> birthday.

Rates of the MenB booster given to Torbay children by their 2<sup>nd</sup> birthday have been just below 90% for the last 2 years (Fig 351). 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 352). This steep fall was not mirrored across England which fell more gradually, England’s rate for 2023/24 is 73.0%.

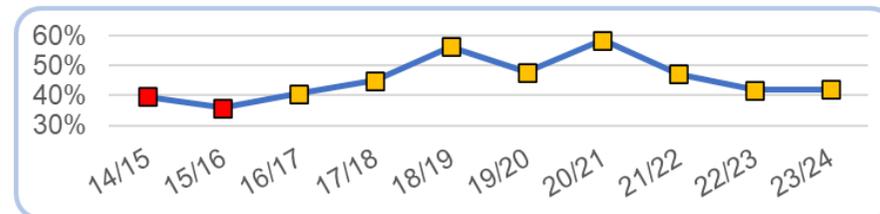
**Fig 352: Percentage receiving the MenACWY vaccine aged 14 to 15 years – Torbay**  
 Red – Less than 80%, Amber – 80% to 90%, Green 90% or more  
 Source: OHID – Public Health Profiles (Fingertips)



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 353). Torbay’s 2022/23 and 23/24 rates of 42% were the lowest since 2016/17, combining the last 3 years gives Torbay (43.8%) a significantly lower rate than England (46.1%).

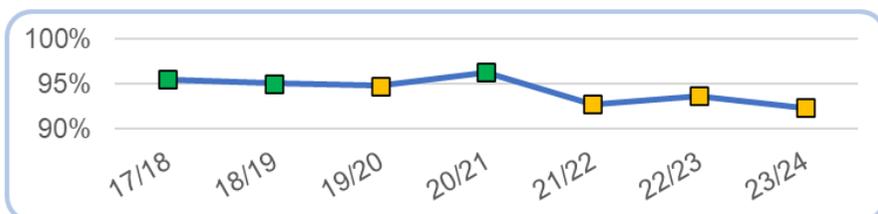
Similar levels of volatility are seen among flu vaccination rates for primary school pupils, for 2023, 52.5% of Torbay primary school pupils received a flu vaccination during the year (Fig 354). This rate was significantly lower than England, it has been significantly lower than England for 3 of the 5 years shown.

**Fig 353: 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)

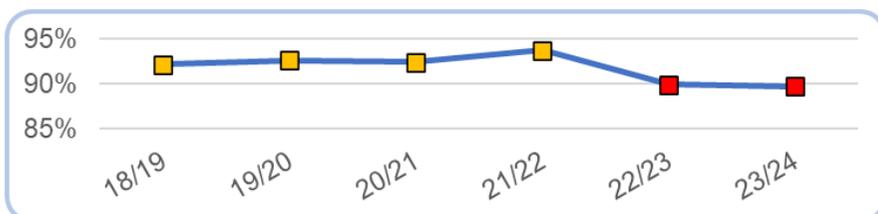


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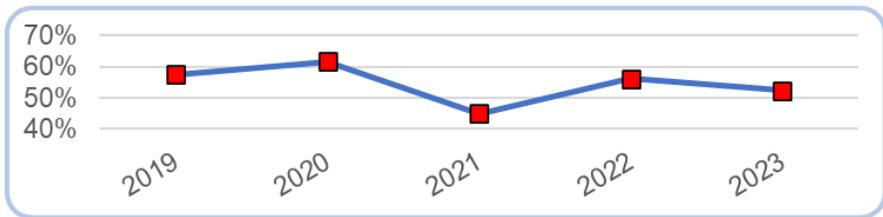
**Fig 350: Percentage receiving the MenB vaccine aged 1 year – Torbay**  
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more  
 Source: OHID – Public Health Profiles (Fingertips)



**Fig 351: 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)



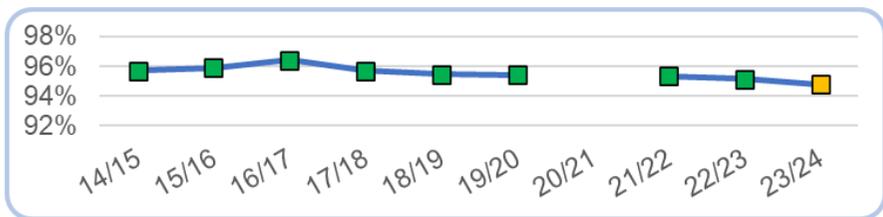
**Fig 354: Percentage receiving the Flu vaccine (Primary School pupils) – Torbay**  
 Red – Less than 65%, Green 65% or more  
 Source: OHID – Public Health Profiles (Fingertips)



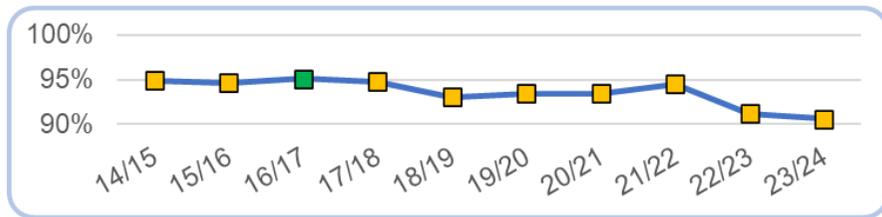
The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis (OHID). Torbay consistently had rates of PCV vaccination above 95% for those who have received 2 doses before their 1<sup>st</sup> birthday until 2023/24 when the rate was 94.8% (Fig 355). Rates have been consistently higher than England over the last decade. Data was not available across England for 2020/21 due to a change in the vaccine schedule.

Rates of Torbay children who have received a PCV booster before their 2<sup>nd</sup> birthday have been rated as amber (between 90 and 95%) for the last 7 years (Fig 356). Rates have been consistently higher than England over the last decade although Torbay rates have fallen significantly over the last 2 years.

**Fig 355: 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 356: 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)

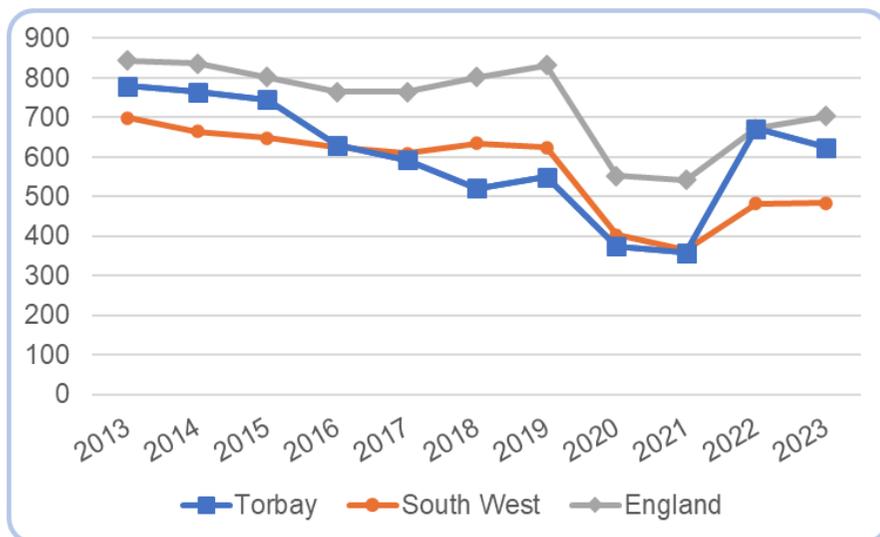
STIs can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important.

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 9 years until a sharp increase of not far off double in 2022 brought it level with England, the rate has remained broadly at this higher level for 2023 (Fig 357). For 2023, the Torbay rate is significantly lower than the England average and is 625 per 100,000 as opposed to 359 per 100,000 in 2021.

Testing rates (excluding chlamydia in those under 25) have been significantly lower than England over the last decade although testing rates have been increasing.

Fig 357: All new STI diagnosis rate, all ages, per 100,000  
Source: OHID – Public Health Profiles (Fingertips)



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Some specific STIs (amongst people accessing sexual health services):

- Gonorrhoea - Torbay's number of diagnoses during 2023 of 86 is almost the same as the year before (89). Numbers in 2022 and 2023 are higher than the pre COVID-19 levels. The rate per 100,000 has been far lower than England for at least 12 years. England has also increased in 2022 and 2023.
- Genital herpes (first episode) - Torbay's rate per 100,000 equates to 70 diagnoses in 2023. The years 2022 and 2023 are level. 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 58 diagnoses in 2023 and is on a generally decreasing trend. It is similar to the England rate in this year. Torbay's rate is broadly similar for the last 4 years.

### Chlamydia

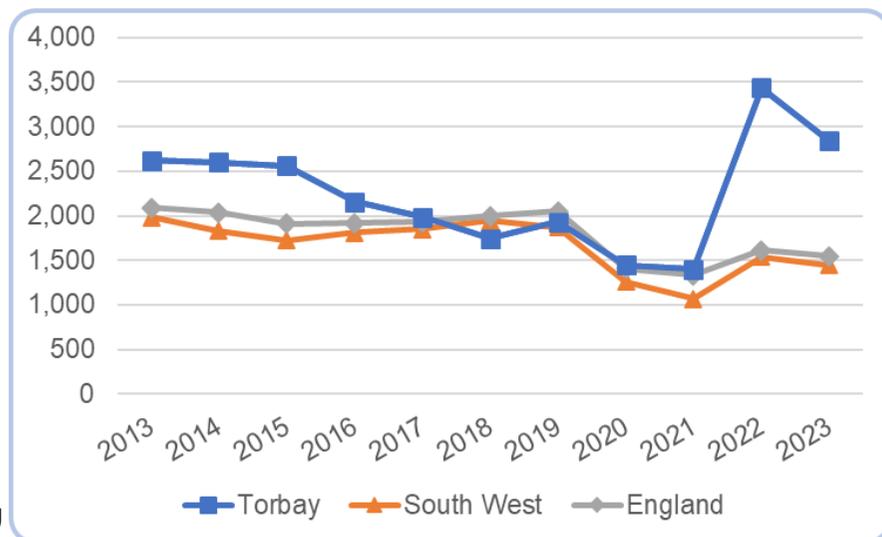
Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID SRH profiles).

Torbay has had a significantly higher rate of chlamydia testing among 15 to 24 year old females than England over the last 3 years of data made available. Torbay's rate was 29.0% for 2023 compared to 20.4% for England.

The chlamydia detection rate (Fig 358) is a measure of control activity (i.e. screening) in the population not morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay's detection rate more than doubled in 2022 from the year before and then in 2023 slightly reduced, these 2 years are far above the England rate. Torbay's detection rate was previously on a reducing trend. Torbay's rate equates to 367 diagnoses in 2023 compared to 183 in 2021. This encompasses young people accessing sexual health services and community-based settings.

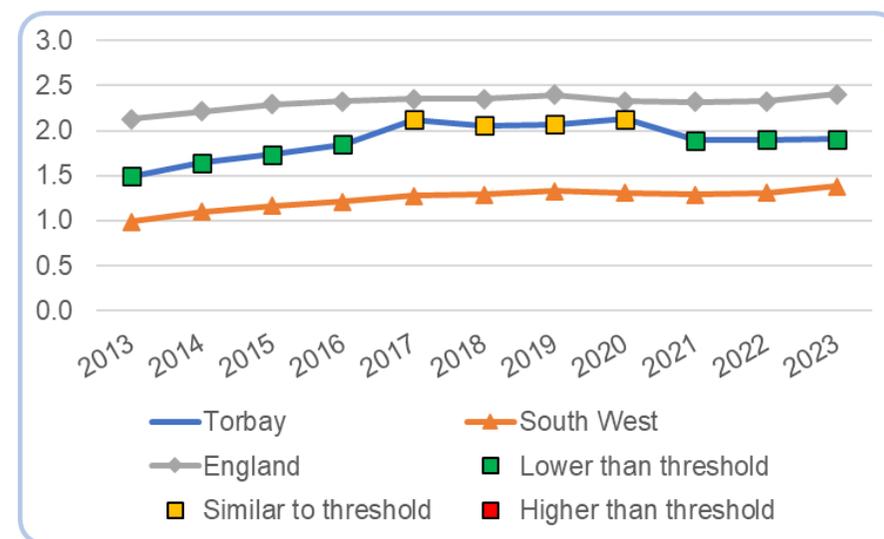
Detection rates are significantly higher among females than males. This is largely due to the National Chlamydia Screening Programme's focus on reducing reproductive harm which largely focuses on the female population.

Fig 358: Chlamydia detection rate, aged 15 to 24, per 100,000  
Source: OHID – Public Health Profiles (Fingertips)



Torbay’s diagnosed prevalence rate of those aged 15-59 (Fig 359) is 1.91 per 1,000 in 2023 so slightly below the definition of high prevalence (2 to 5), as well as lower than the England rate. In Torbay this equates to 135 people. There are 196 Torbay residents of all ages living with diagnosed HIV, meaning that 61 Torbay residents aged 60 and over are living with diagnosed HIV which reflects that people with HIV are living longer lives.

Fig 359: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000  
Source: OHID – Public Health Profiles (Fingertips)



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### 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.

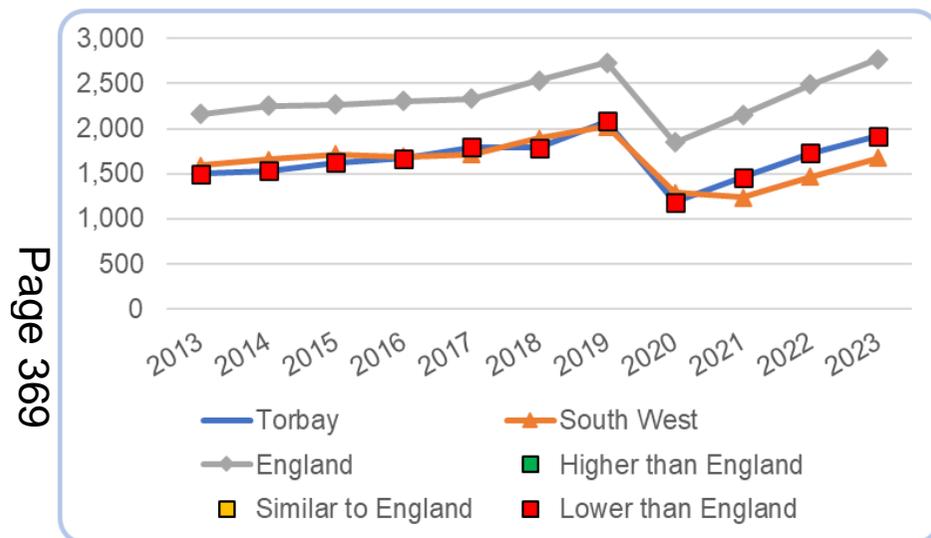
Fig 360 shows the HIV testing rate, these are tests taken by people accessing sexual health services. Rates dropped significantly in 2020, likely affected by the COVID-19 pandemic. Torbay has been on an upward trend for the last 3 years and has broadly returned to rates similar to the period immediately 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

(7 diagnoses for 2022 and 2023), Torbay has a rate of late diagnoses first made in the UK of 50% for 2021 to 2023. 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 2021 to 2023, there were 4 diagnoses first made in the UK for Torbay residents.

Fig 360: HIV testing rate, all ages, per 100,000

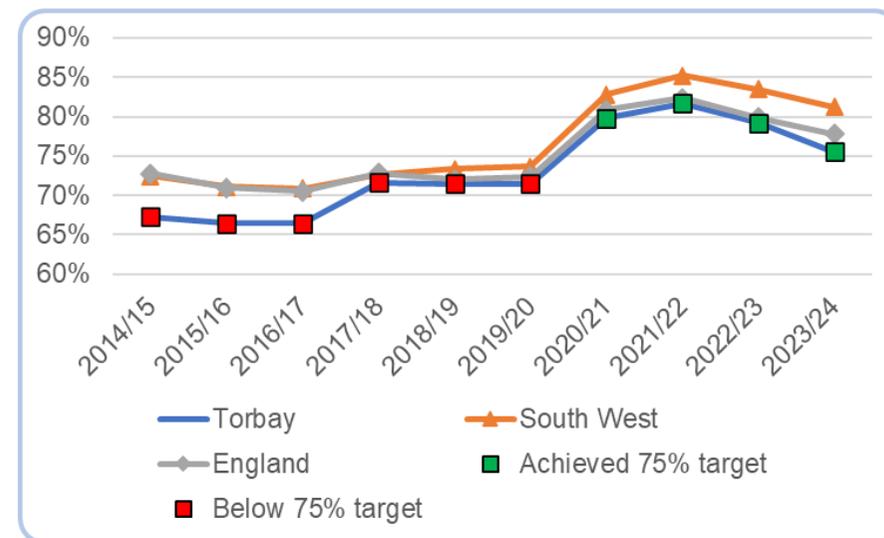
Source: OHID – Public Health Profiles (Fingertips)



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Fig 361: 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 latest year rates fell significantly across all 3 areas, falling to 42% for Torbay (Fig 362).

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 is closer than during the middle of the last decade (Fig 361). The World Health Organisation (WHO) target is 75% coverage although the national ambition for 2021 to 2022 was to reach 85% coverage. For the last 4 years, the WHO target was reached but not the 85% national ambition.

Fig 362: Percentage of ‘at-risk’ individuals who have received a flu vaccination

Source: OHID – Public Health Profiles (Fingertips)

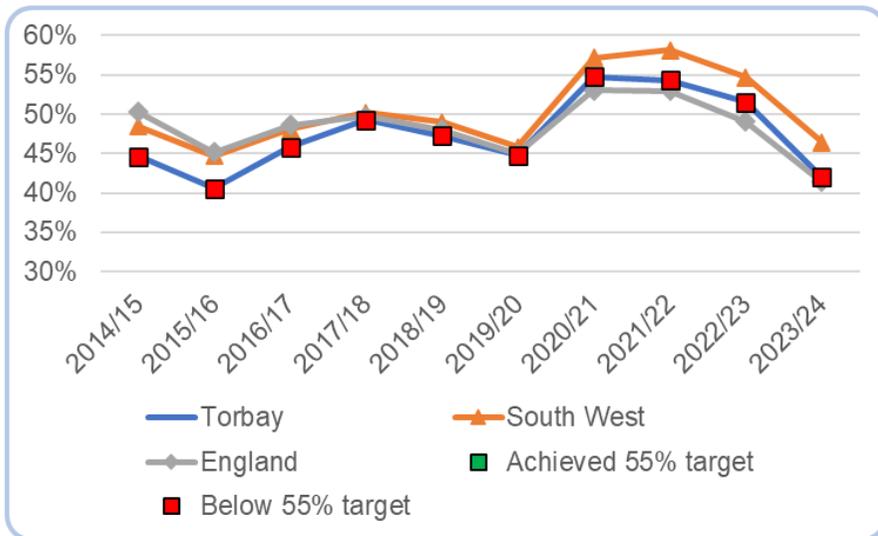
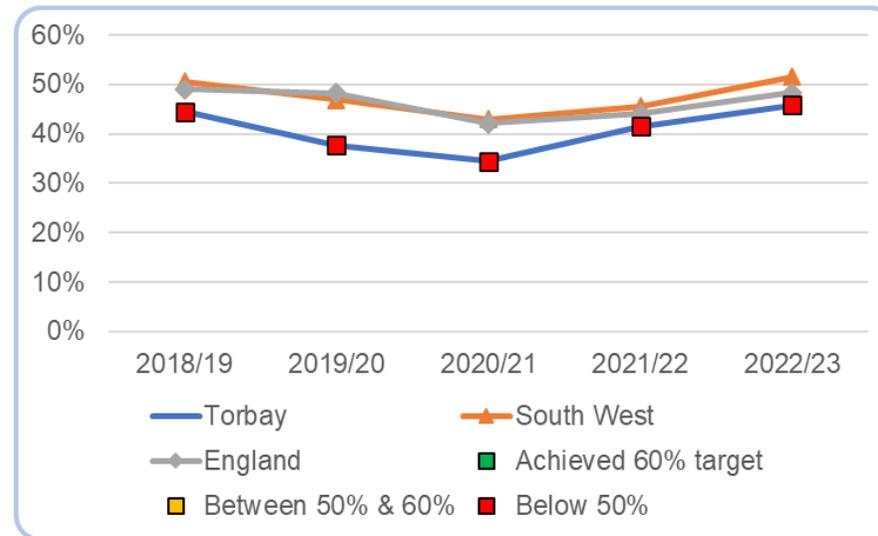


Fig 363: Percentage of those aged 71 who have received a shingles vaccination

Source: OHID – Public Health Profiles (Fingertips)



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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 363). 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 1<sup>st</sup> September 2023, those aged 65 became eligible for the vaccination [Shingles vaccine - NHS \(www.nhs.uk\)](https://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 had increased with some narrowing in 2023 (Fig 364). It should be noted that for 2023, only 1 English local authority was higher than the 1.161 target and Torbay’s rate was the highest in the South West.

Fig 364: Adjusted antibiotic prescribing in primary care by the NHS, per STAR-PU

Source: OHID – Public Health Profiles (Fingertips)

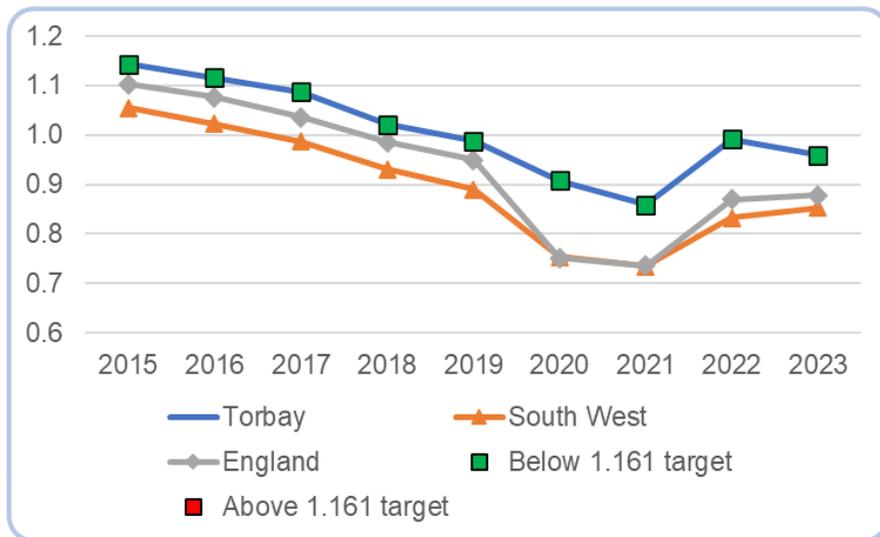
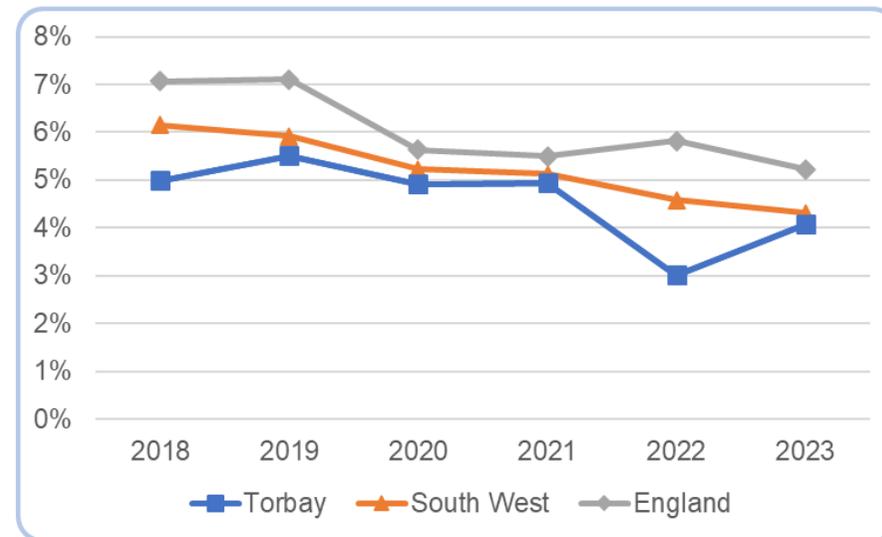


Fig 365: Fraction of mortality attributable to particulate air pollution (new method), age 30+

Source: OHID – Public Health Profiles (Fingertips)



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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 365 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.

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

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 (2023/24)	%	89.2%	88.2%	89.0%	83.9%	●	↓
HPV coverage for 13 to 14 year old females - 2 doses (2022/23)	%	48.2%	62.8%	62.7%	62.9%	●	↓
DTaP IPV Hib HepB coverage for 2 year olds - 3 doses (2023/24)	%	93.9%	94.2%	94.8%	92.4%	●	↑
MenB booster coverage for 2 year olds (2023/24)	%	89.8%	90.6%	91.3%	87.3%	●	↓
All new STI diagnosis rate (2023)	Rate per 100,000	625	529	484	704	Not relevant	↓
Chlamydia screening coverage for 15 to 24 year old females (2023)*	%	29.0%	20.2%	19.6%	20.4%	●	↓
HIV testing coverage (2023)*	Rate per 100,000	1921	1950	1676	2771	●	↑
Flu vaccination coverage - 65+ (2023/24)	%	75.6%	79.4%	81.3%	77.8%	●	↓
Antibiotic prescribing in NHS primary care (2023)	Rate per STAR-PU	0.96	0.94	0.85	0.88	●	↓

\*RAG ratings for Chlamydia Screening and HIV testing are against England, not a goal

## Appendix

The following shows the sources of data for the RAG rated summary pages at the end of many of the chapters. There was not sufficient room to quote sources on those pages.

### Demographics (Page 21)

Average Age: ONS mid-year population estimate, 2023

Dependency Ratio: ONS mid-year population estimate, 2023– *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): OHID – Public Health Profiles

(Fingertips)

### Children & Young People's Education and Health (Page 45)

Children meeting expected standard in reading, writing and maths at Key Stage 2: Department for Education – explore education statistics

16 & 17 years not in education, employment or training: Department for Education – explore education statistics

Children with SEN – State primary & secondary schools: Department for Education – explore education statistics

Persistent absence – State Primary and secondary schools: Department for Education – explore education statistics

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

Overweight (inc obese) children – Reception and Year 6: OHID – Public Health Profiles (Fingertips)

2 doses HPV coverage – Females aged 13 to 14: 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: OHID – Public Health Profiles (Fingertips), Hospital Episode Statistics

### Children's Social Care (Page 53)

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 60)

All measures from Adult Social Care Activity & Finance Report apart from

Services have made them feel safe: Personal Social Services Adult Social Care Survey

### Women's Health (Page 75)

Healthy life expectancy at birth: Office for National Statistics

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 – Public Health Profiles (Fingertips)

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 86)

16 to 64 year old population: ONS mid-year population estimate, 2023

16 to 64 year olds who are economically active: NOMIS (Annual Population Survey)  
 Of those employed, in full-time employment: NOMIS (Business Register and Employment Survey)  
 Unemployment: NOMIS (Claimant count)  
 16 and 17 year olds not in education, employment or training: Department for Education – explore education statistics  
 Median full-time salary – Residents: NOMIS (Annual Survey of Hours and Earnings)  
 Level 4+ Qualification: Census 2021  
 Children in relative low income families: OHID – Public Health Profiles (Fingertips)  
 Individual Insolvency Rate: Insolvency Service

### Sexual and Reproductive Health (Page 119)

All measures from OHID – Public Health Profiles (Fingertips) apart from  
 Abortion rate: Department of Health and Social Care abortion statistics, OHID

### Substance Misuse, Gambling and Dependency (Page 132)

All measures from OHID – Public Health Profiles (Fingertips)

### Weight, Exercise and Diet (Page 148)

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): OHID – Public Health Profiles (Fingertips)

### Oral Health (Page 156)

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 claims (NHS) (0 to 17, 18+): NHS Dental Statistics – NHS Business Services Authority  
 Mortality from oral cancer: OHID – Public Health Profiles (Fingertips)

### Mental Health (Page 167)

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 & Finance 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 180)

Life expectancy at age 65 (Female, Male): OHID – Public Health Profiles (Fingertips)  
 Healthy life expectancy at age 65 (Female, Male): OHID – Public Health Profiles (Fingertips)  
 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+: OHID – Public Health Profiles (Fingertips)  
 Long term support – 65+: Adult Social Care Activity & Finance Report

### Unpaid Carers (Page 191)

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 199)

All measures from OHID – Public Health Profiles (Fingertips)

### Diabetes, Heart Disease, Stroke and Respiratory Disease (Page 214)

All measures from OHID – Public Health Profiles (Fingertips)

### Cancer (Page 223)

All measures from OHID – Public Health Profiles (Fingertips) apart from

Emergency admissions for cancer: Hospital Episode Statistics

### Health Protection (Page 234)

All measures from Fingertips

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### 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](mailto:statistics@torbay.gov.uk)

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# PROVISIONAL TORBAY JSNA BY WARD - 2025/26

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## Introduction

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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.

### Comparisons

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.

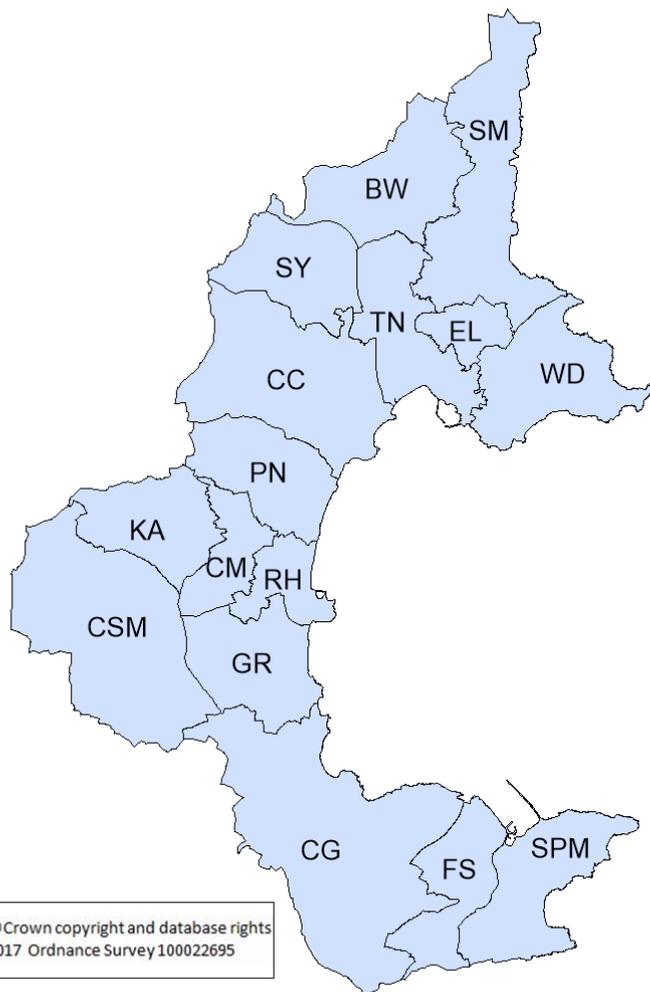
Some NHS Trusts have previously reported this activity as an admission, no longer reporting these as admissions may reduce the number of admissions reported for some indicators. As of 2023/24, this has not affected figures from the local NHS Trust which make up the bulk of admissions for Torbay residents, however there may have been a downward effect on national data for the most recent year. 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.

# Ward Area Map

Fig 1: Map of Torbay Wards

Source: Office for National Statistics



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2017 Ordnance Survey 100022695

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

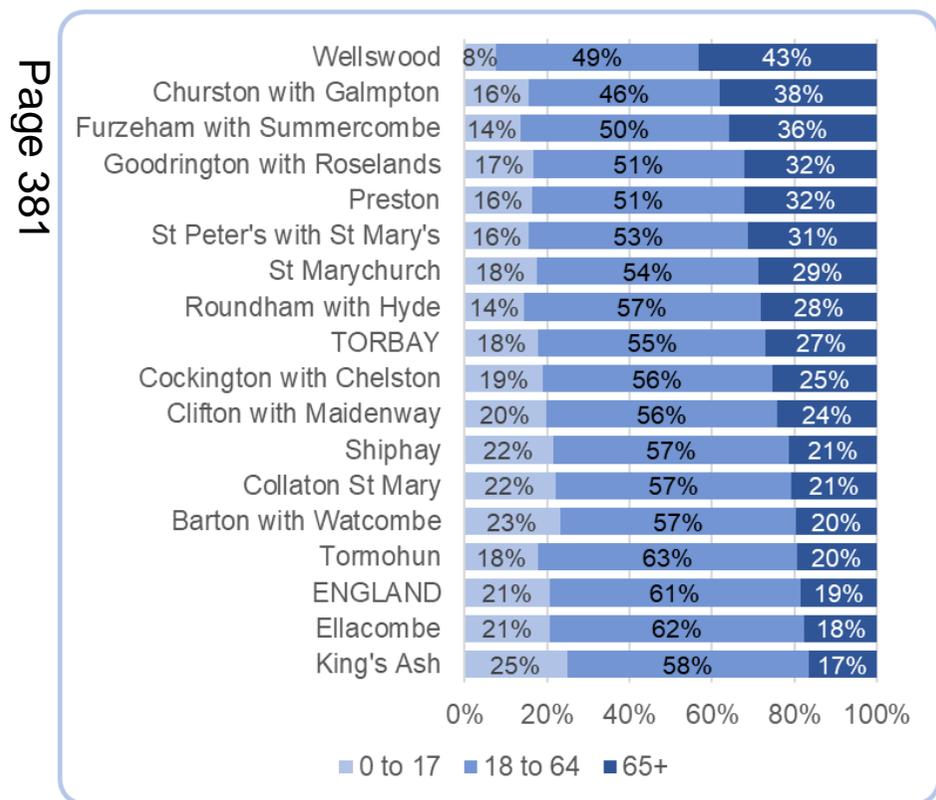
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## Demographics and Deprivation

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 or similar to England. The largest proportion of under 18s is found in King's Ash where they represent 25% of the population compared to 8% in Wellswood (Fig 2).

**Fig 2: Ward population breakdown – Largest to smallest proportion of 65+ population**

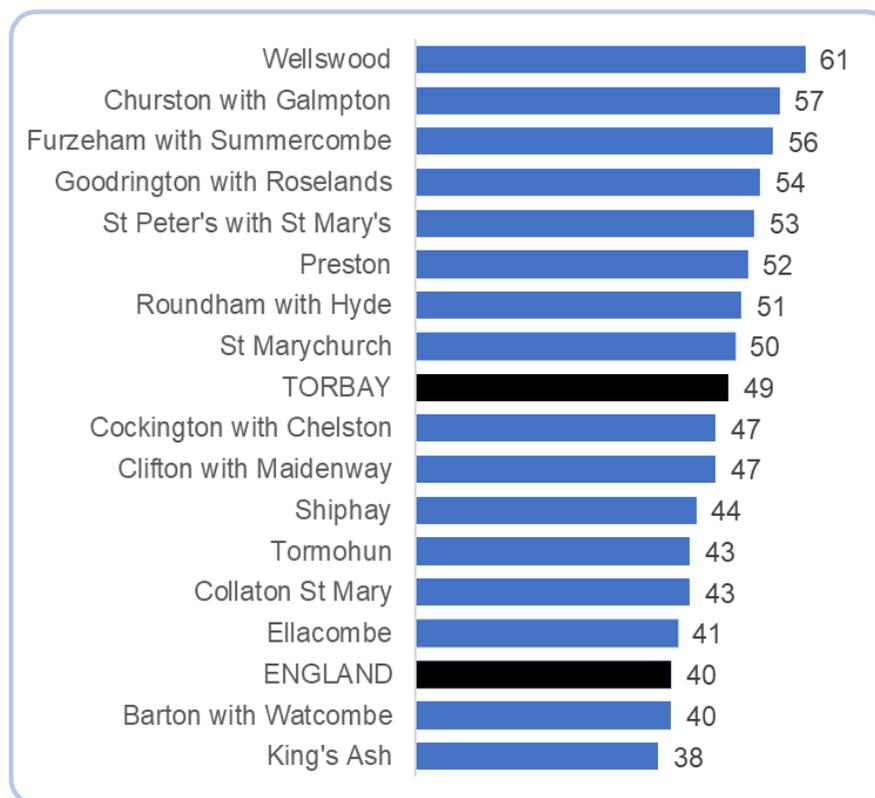
Source: 2022 ONS mid-year population estimate



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 Ellacombe (Fig 3).

**Fig 3: Ward average (median) age**

Source: 2022 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

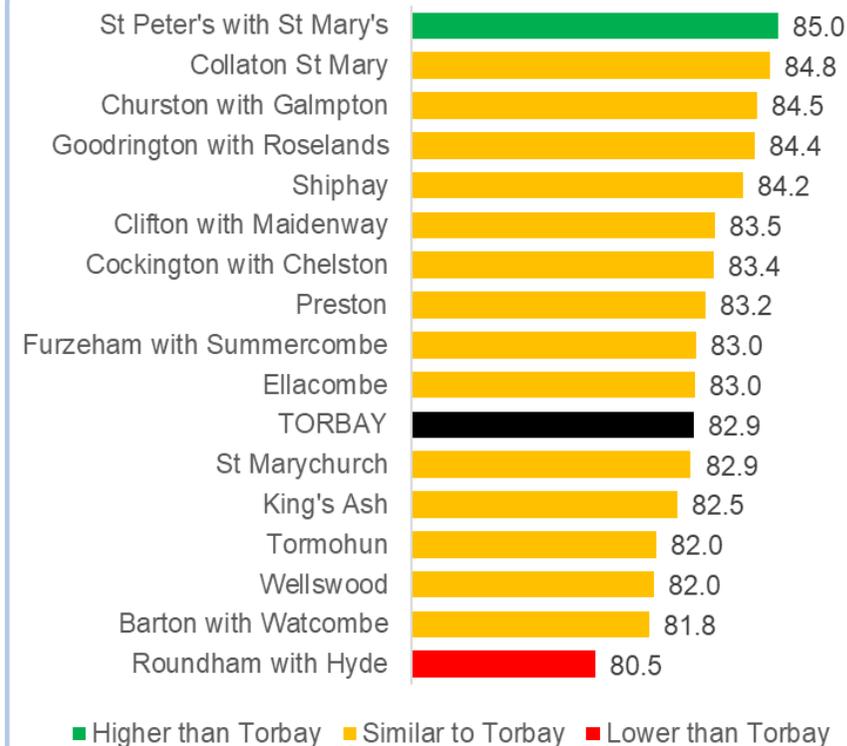
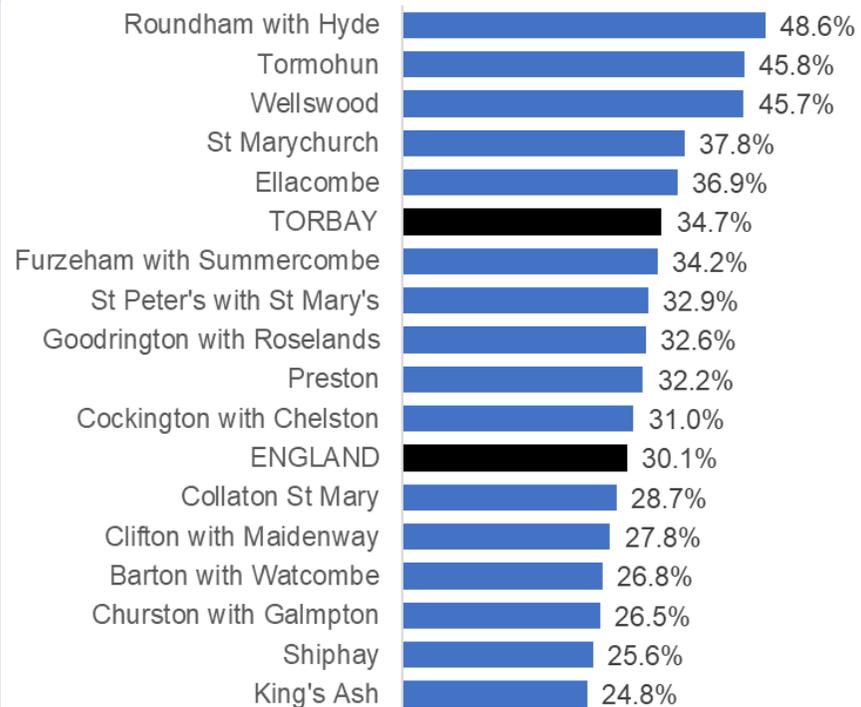
quarter in wards such as King’s Ash, Shiphay and Churston with Galmpton (Fig 4)

Fig 5: Life expectancy at birth (2019 to 2023) - Female

Source: Primary Care Mortality Database, ONS population estimates

Fig 4: Percentage of households that are 1 person households

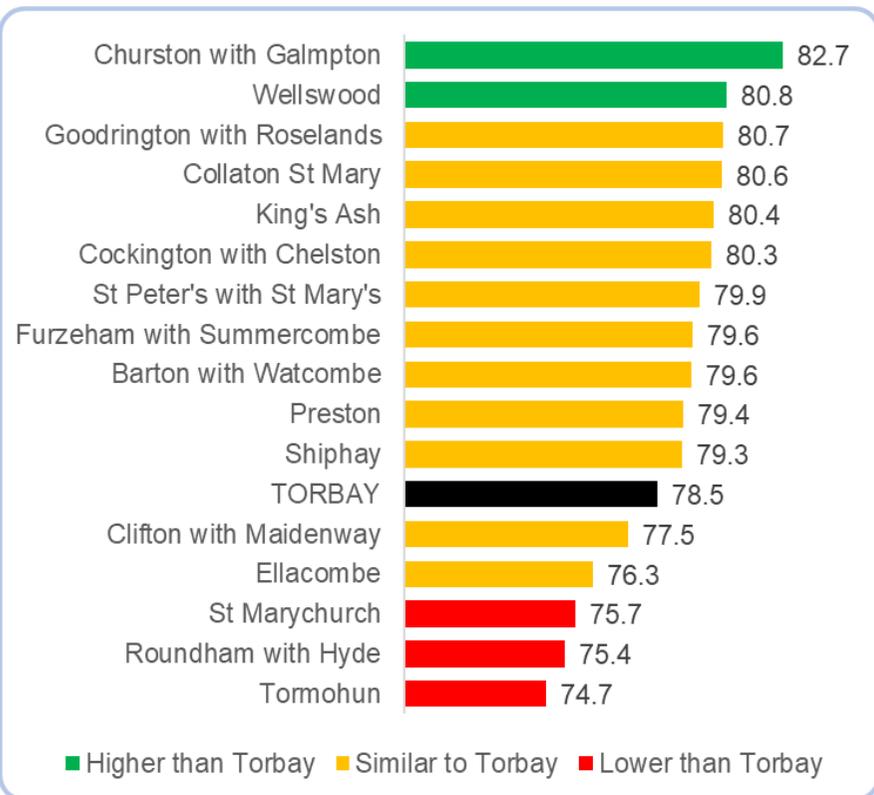
Source: 2021 Census



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 3<sup>rd</sup> highest life expectancy for females and the highest life expectancy for males. Roundham with Hyde has the lowest life expectancy for females and the 2<sup>nd</sup> lowest level of life expectancy for males.

Fig 6: Life expectancy at birth (2019 to 2023) - Male

Source: Primary Care Mortality Database, ONS population estimates



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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

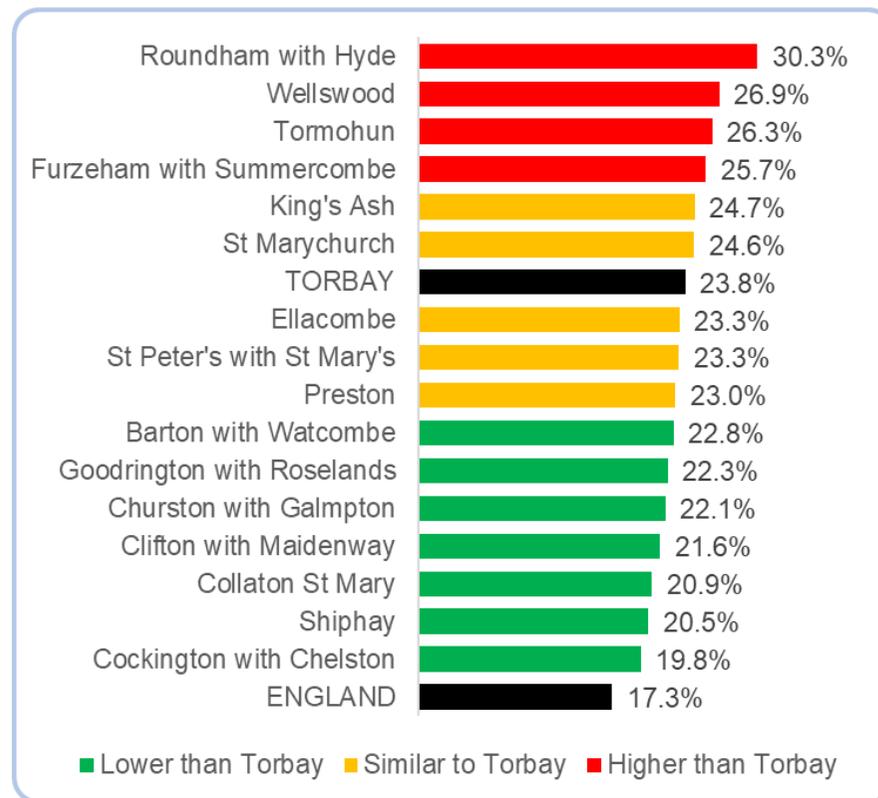


Fig 8: Percentage of population under the age of 65 who have a disability

Source: 2021 Census

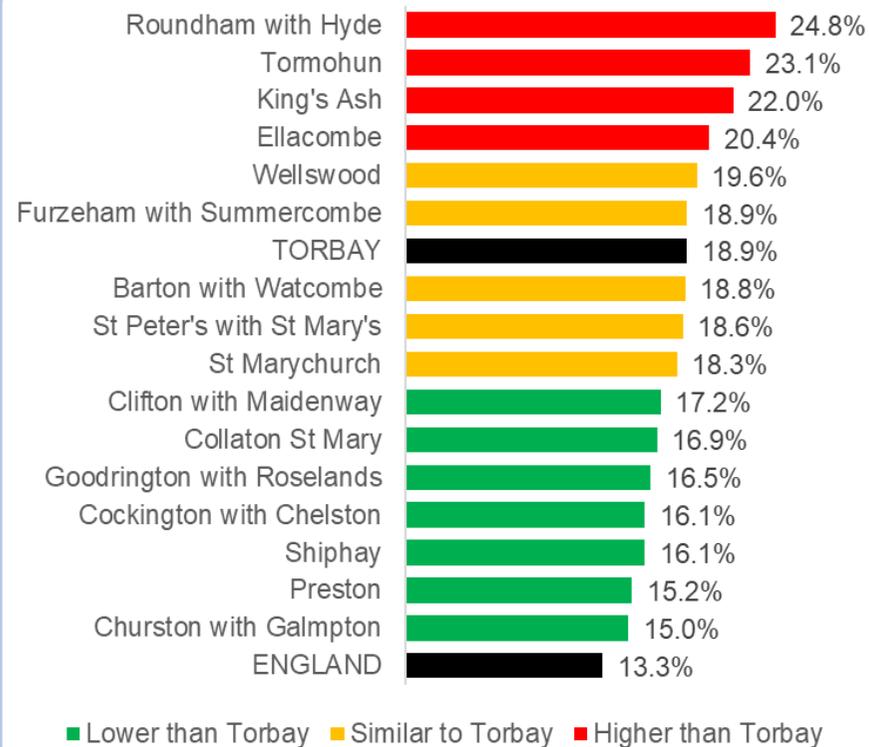
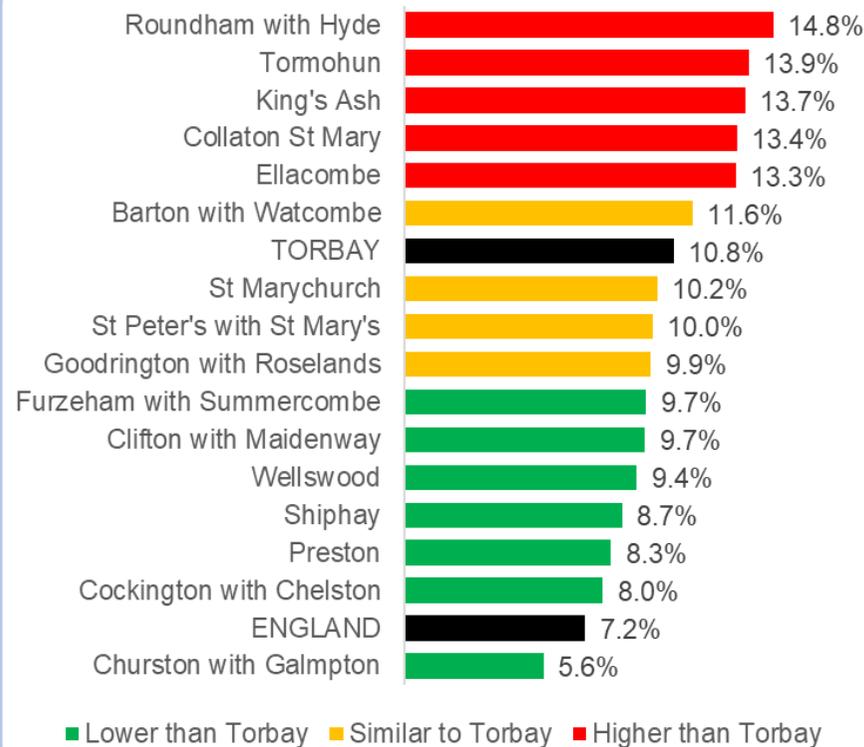


Fig 9: Percentage of 16-64 population claiming Personal Independence Payments (2024)

Source: Stat-Xplore



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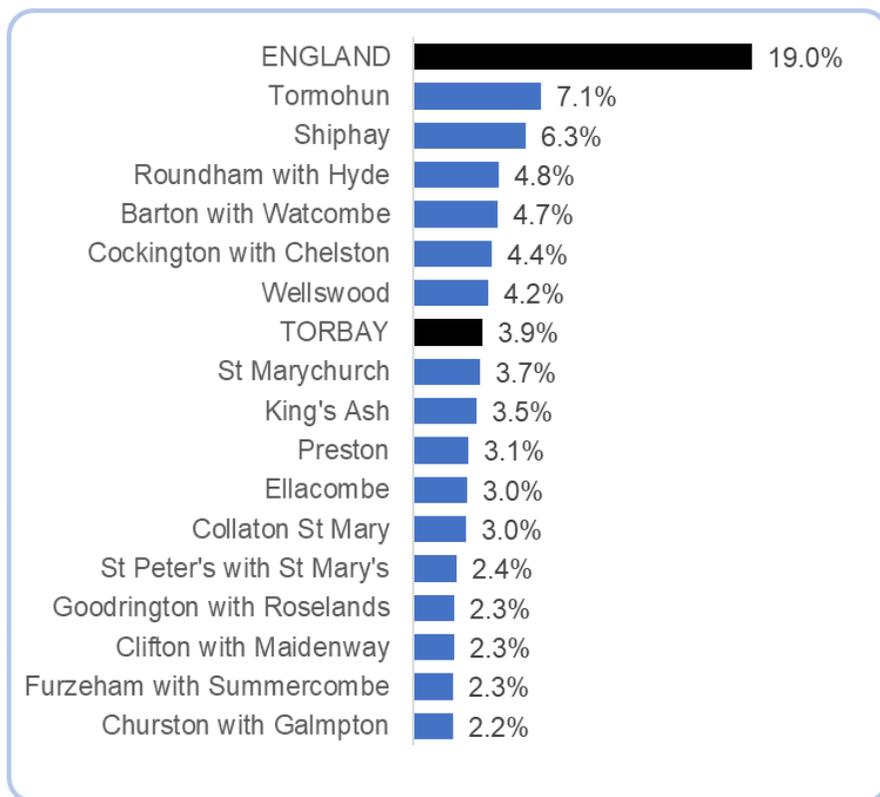
Personal Independence Payments (PIP) can help with extra living costs if you have both:

- 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).

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).

Fig 10: Percentage of people who do not identify as White  
Source: 2021 Census



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There are particularly high concentrations of deprivation within Roundham with Hyde, Tormohun and Ellacombe. 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 28% 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 2019

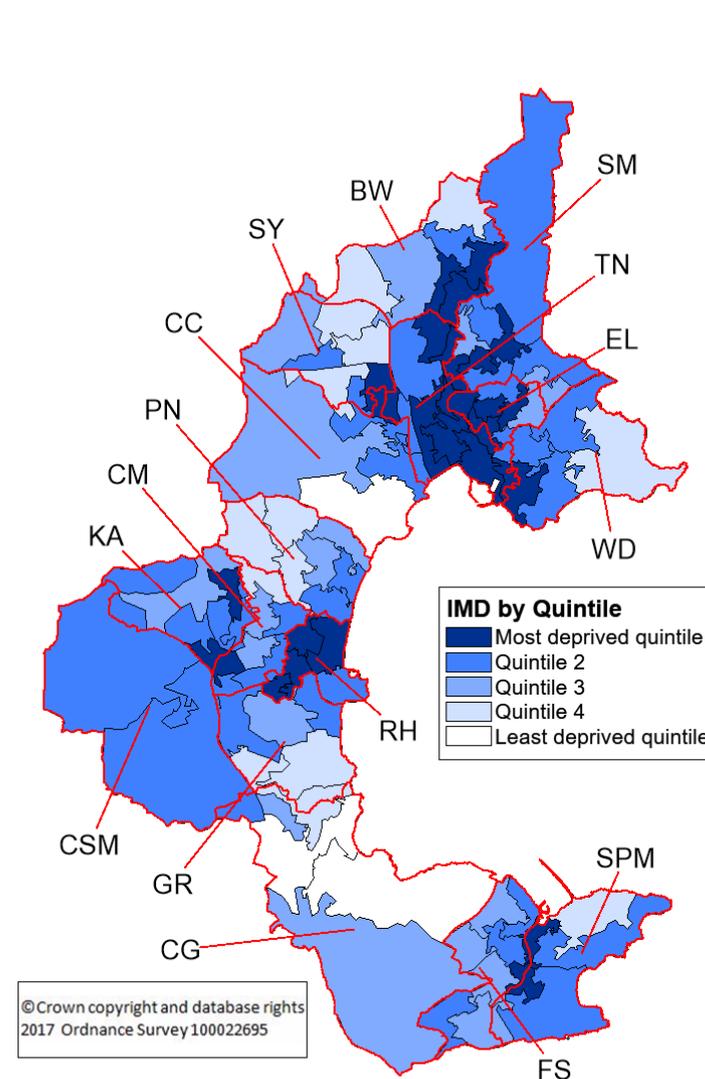
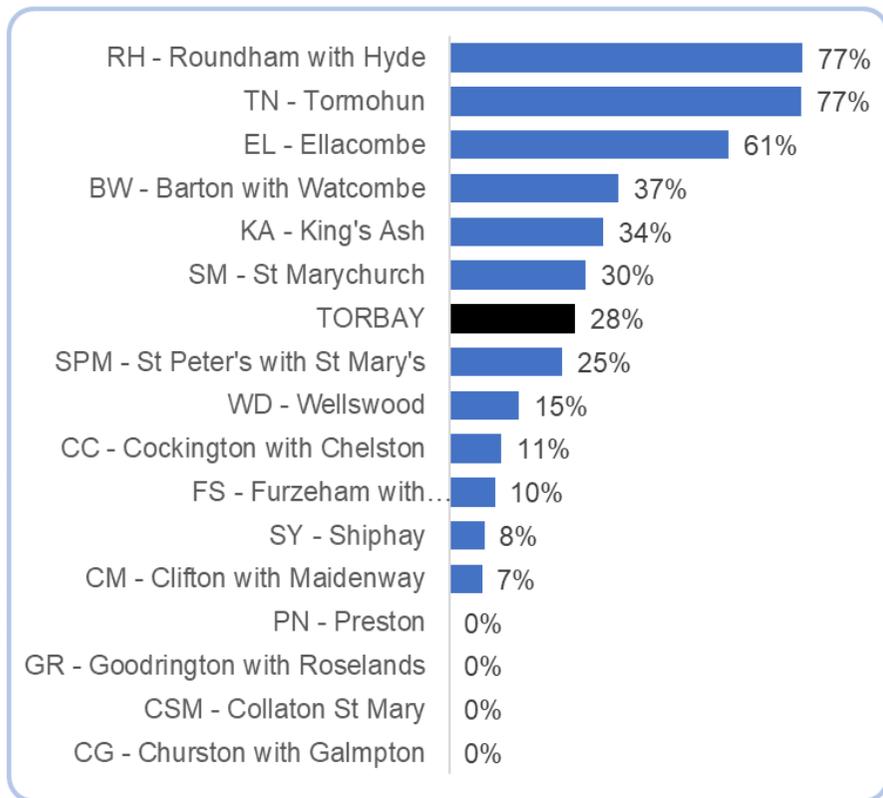


Fig 12: Proportion of areas in wards within most deprived 20% in England

Source: English Indices of Deprivation 2019



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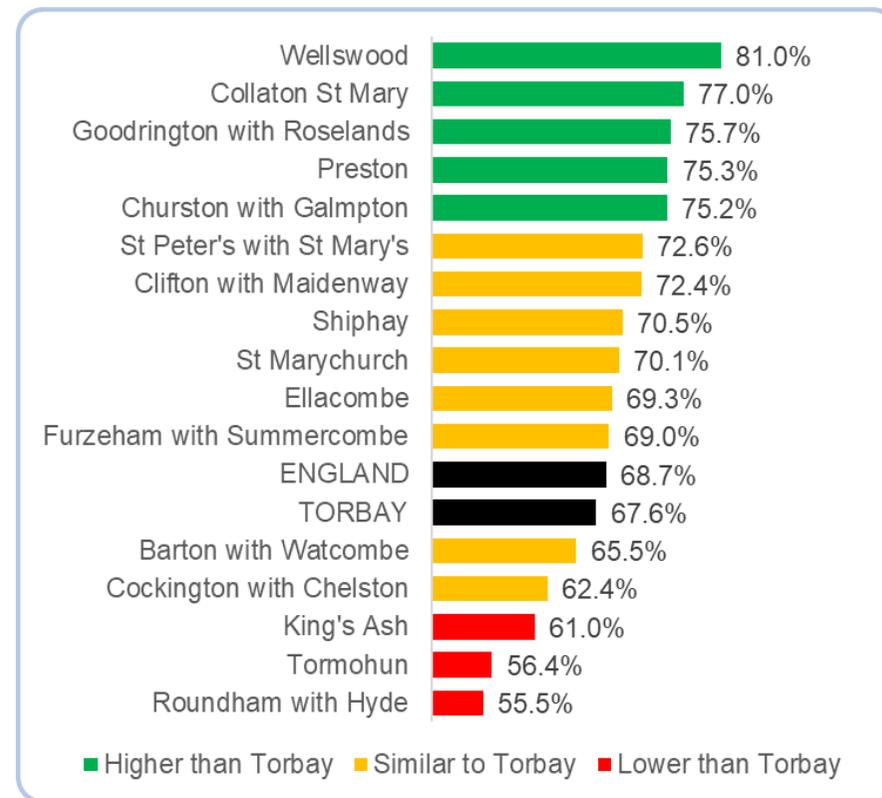
## Children and Young People

Torbay has had a 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 Wellswood and Collaton St Mary having rates approximately 20 to 25 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 (2018 to 2019 and 2022 to 2024)

Source: Torbay Children's Services, England – OHID Public Health Profiles (Fingertips)

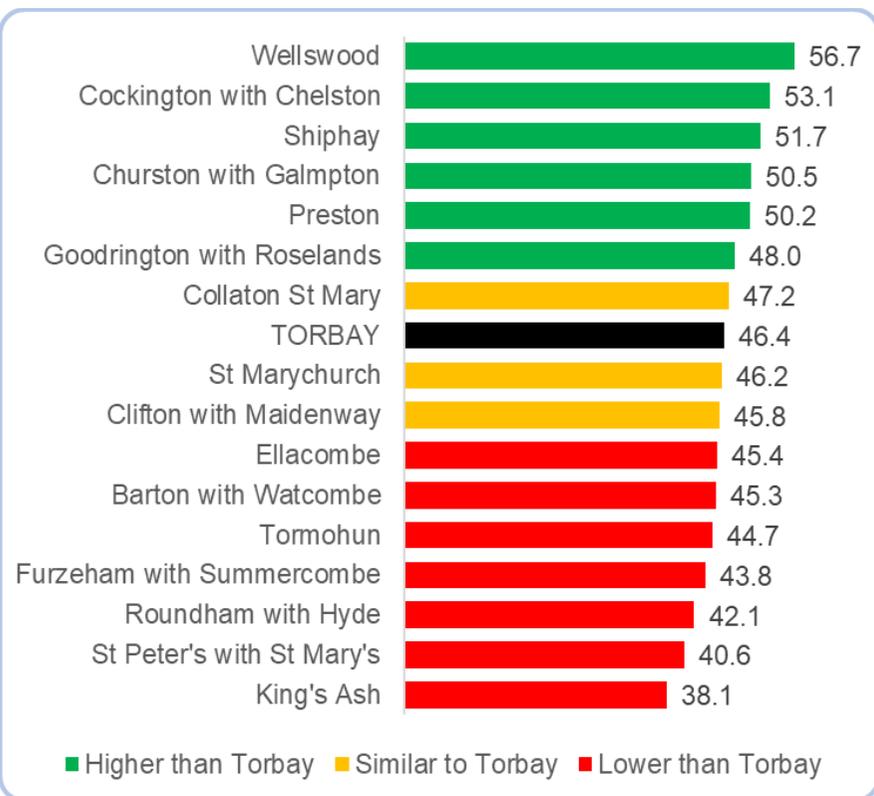


Attainment 8 scores relate to a student's average GCSE grade across eight core subjects, the higher the Attainment 8 score, the better the result. Torbay figures relate to children resident within the Torbay area who attended Torbay maintained and academy schools, it does not include special schools. 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 an 18.6 percentage point gap between Wellswood and King’s Ash (Fig 14).

**Fig 14: Average Attainment 8 score at GCSE (2018 to 2019 and 2022 to 2024)**

Source: Torbay Children’s Services



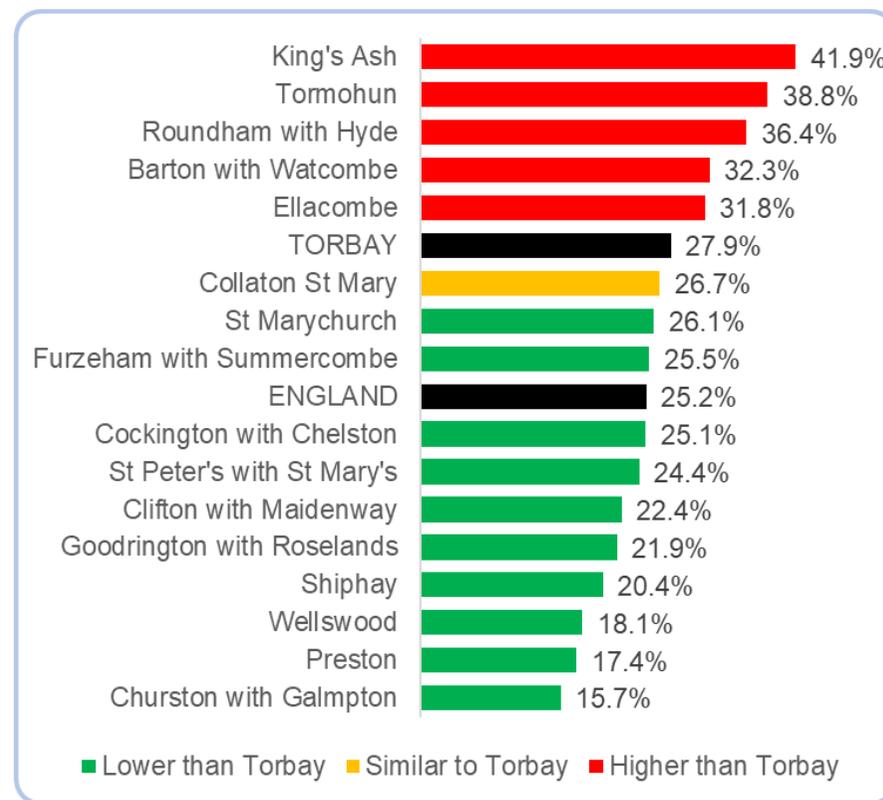
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The deprivation pupil premium is allocated to those pupils that have been known to be eligible for free school meals at any pupil level census over the last 6 years, rates in this category have been higher in Torbay than England. Within Torbay, there 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).

**Fig 15: Percentage of pupils eligible for Deprivation Pupil Premium (2020/21 to 2024/25)**

Source: Torbay Children’s Services, England – Education and Skills Funding Agency

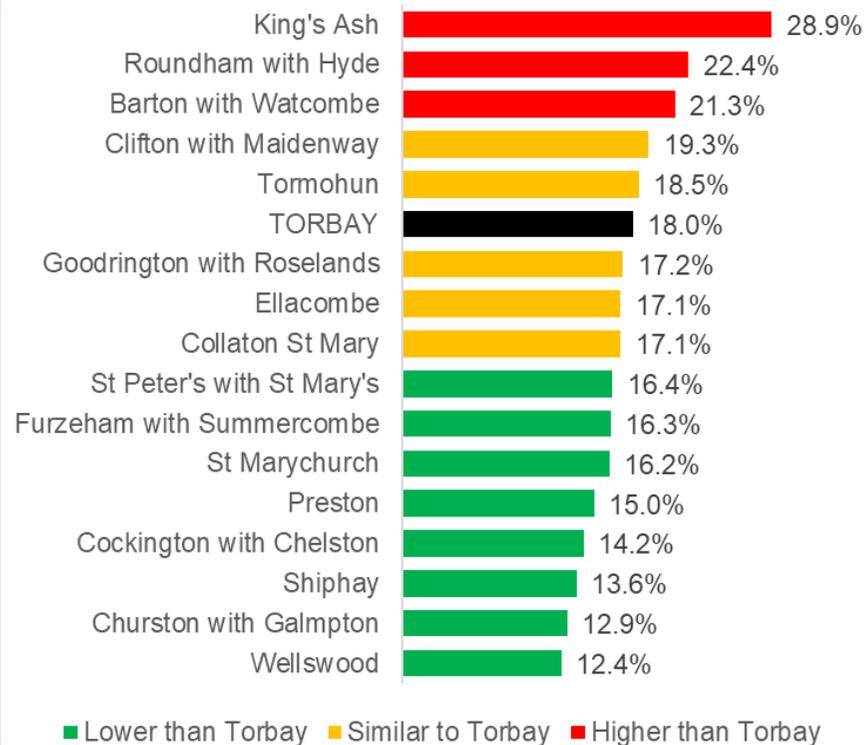


Special Educational Needs and Disabilities (SEND) can affect a child or young person’s ability to learn. Over the last decade, Torbay has broadly had a higher level of school children at its primary and secondary schools with recognised SEND than England. Over the period 2019 to 2022, 3 wards (King’s 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). The data relates to pupils taught in a Torbay school who live within Torbay.

**Fig 16: Percentage of pupils with recognised Special Educational Needs (2019 to 2022)**

Source: Torbay Children's Services - SEN JSNA 2023



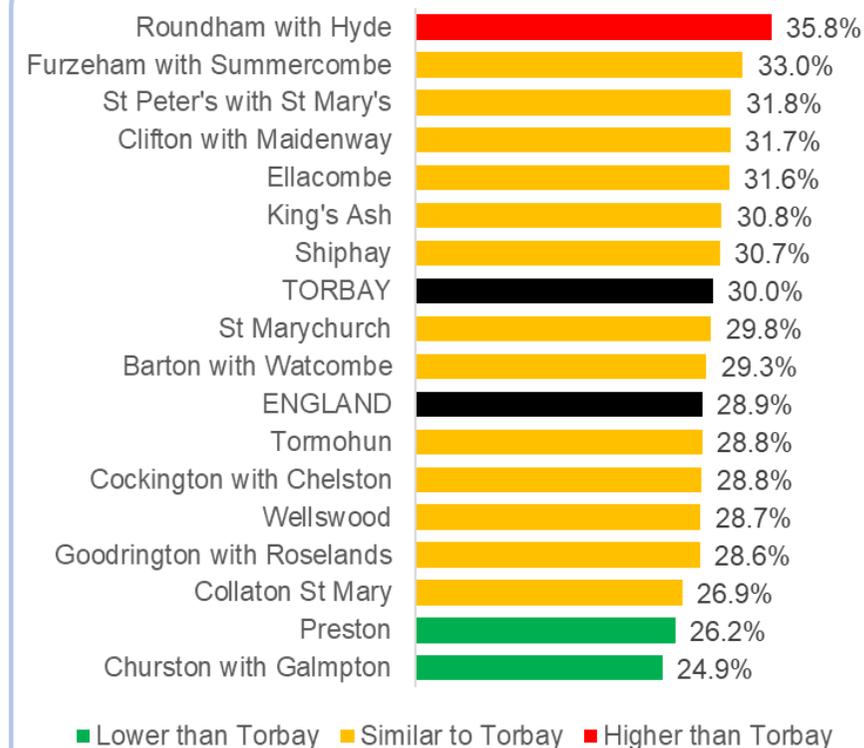
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The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and year 6 (aged 10 to 11) children at English schools. Rates across Torbay have generally been statistically higher than England for Reception 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 2023/24)**

Source: National Child Measurement Programme, England - OHID Public Health Profiles (Fingertips)



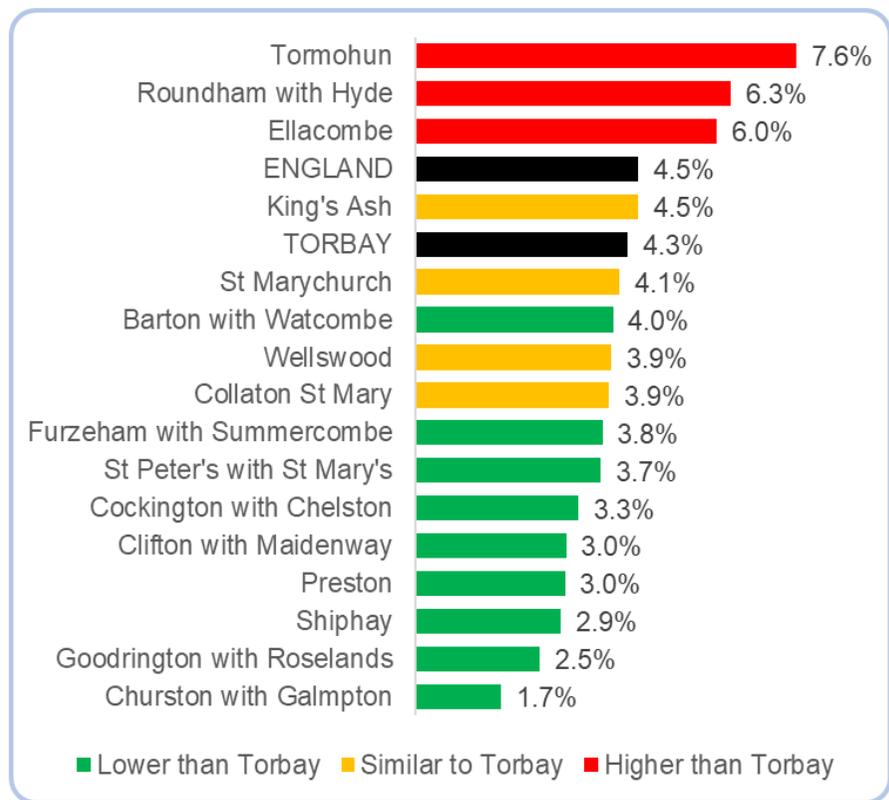
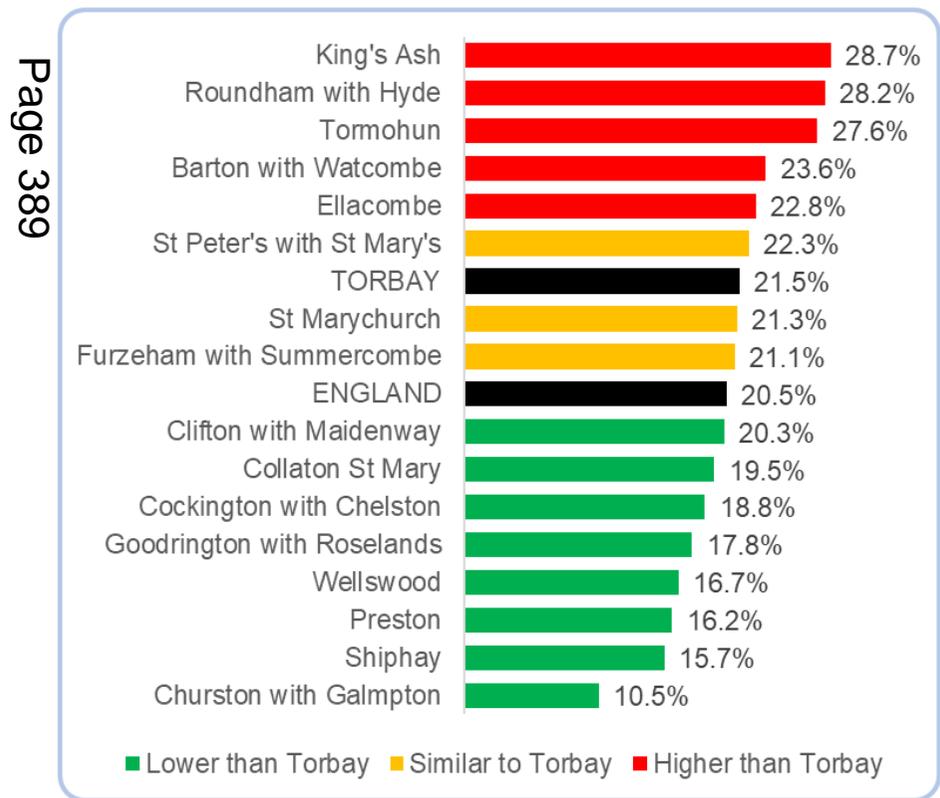
## Economy and Employment

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 Housing Benefit) in Torbay stands at 21.5% for the 5 year period 2019/20 to 2023/24. Within Torbay, there is significant variation with rates in the highest ward being over 2½ times the rate of the lowest ward (Fig 18). This measure relates to income before housing costs.

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 March 2025, there were 2,885 Torbay residents claiming unemployment benefit, Rates are significantly higher than the Torbay average in Tormohun, Roundham with Hyde and Ellacombe (Fig 19).

**Fig 18: Percentage of under 16 children in low-income families (2019/20 to 2023/24)**  
Source: Stat-Xplore

**Fig 19: Percentage of those claiming unemployment benefit as a proportion of residents aged 16 to 64 (2021 to 2025, measure taken in March)**  
Source: NOMIS (Claimant Count)

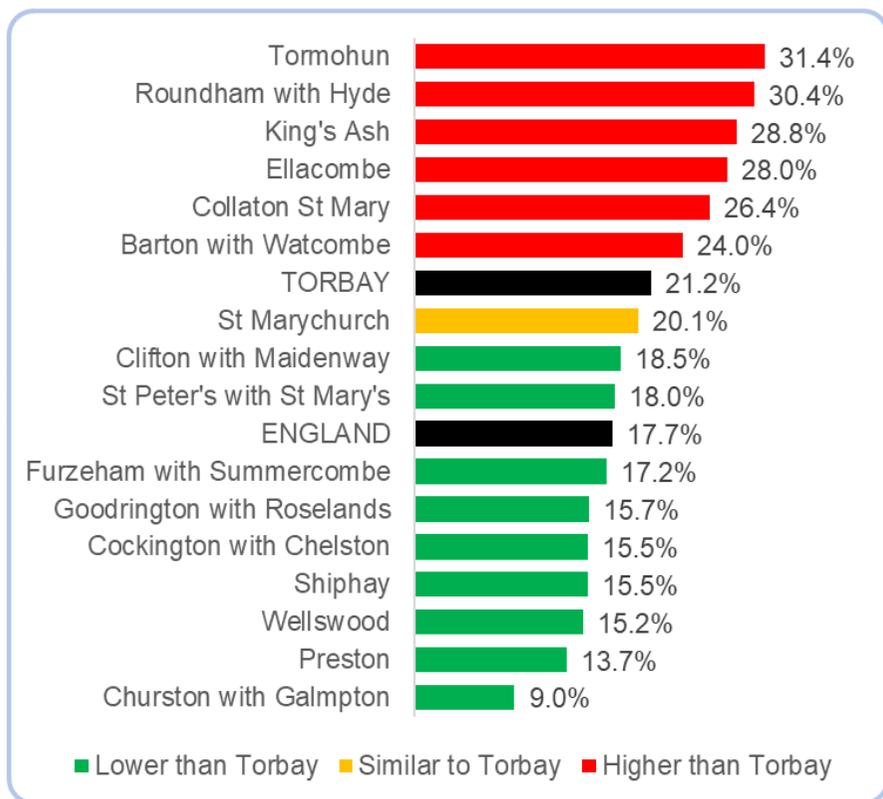


Within Torbay, there are very significant differences in the number of working age people claiming Universal Credit over the last 12

months. Rates have been particularly high in Tormohun, Roundham with Hyde, King's Ash and Ellacombe (Fig 20). It should be noted that there are still people who have not been 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 64 (2024/25)**

Source: Stat Xplore



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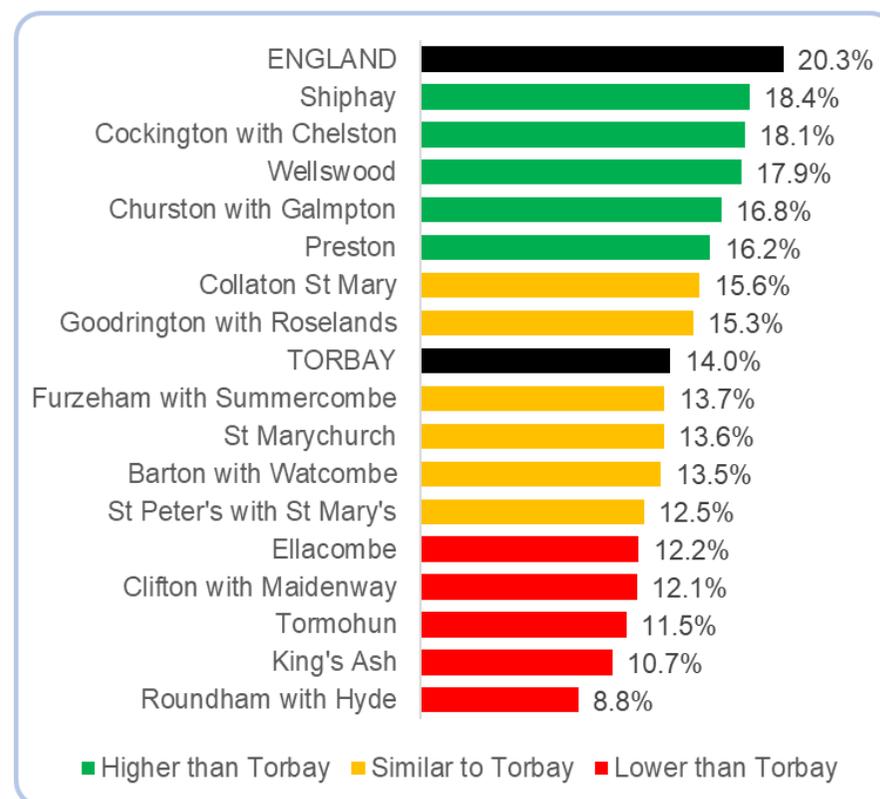
The 2021 Census derived data relating to occupational groups that people belonged to, the groupings were derived from their job title and the main activity of their employer. Within Torbay, the largest proportion belonged to 'Caring, leisure and other service

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

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'**

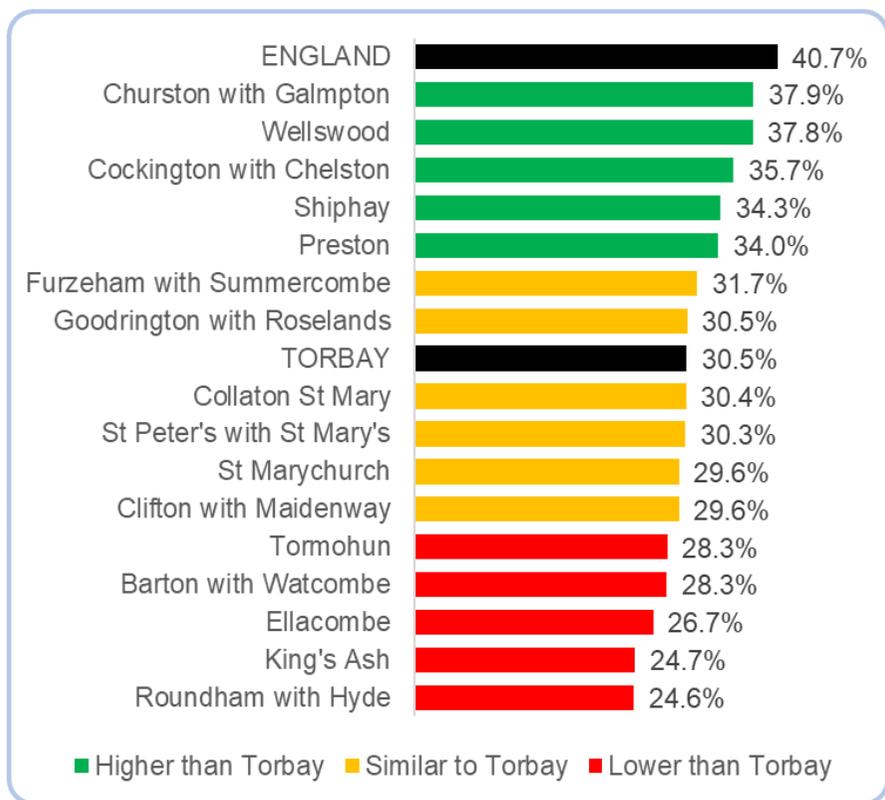
Source: Census 2021



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

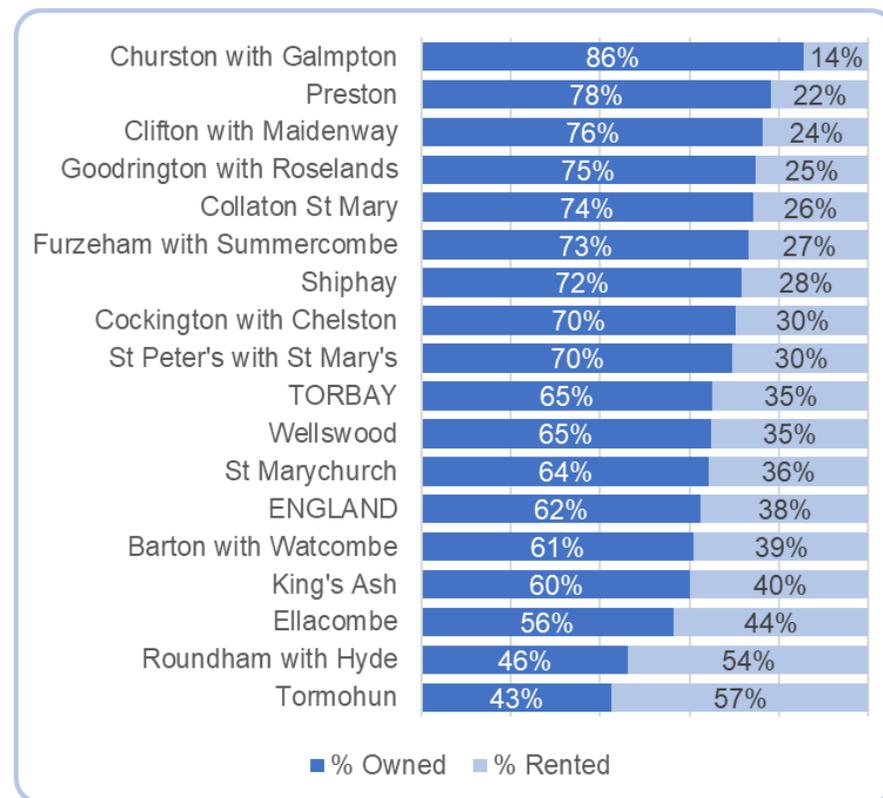
above. Within Torbay there is a spread of 13 percentage points between Churston with Galmpton and Roundham with Hyde (Fig 22).

**Fig 22: Percentage with at least a degree level qualification – Aged 25 to 64**  
Source: Census 2021



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



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## Housing

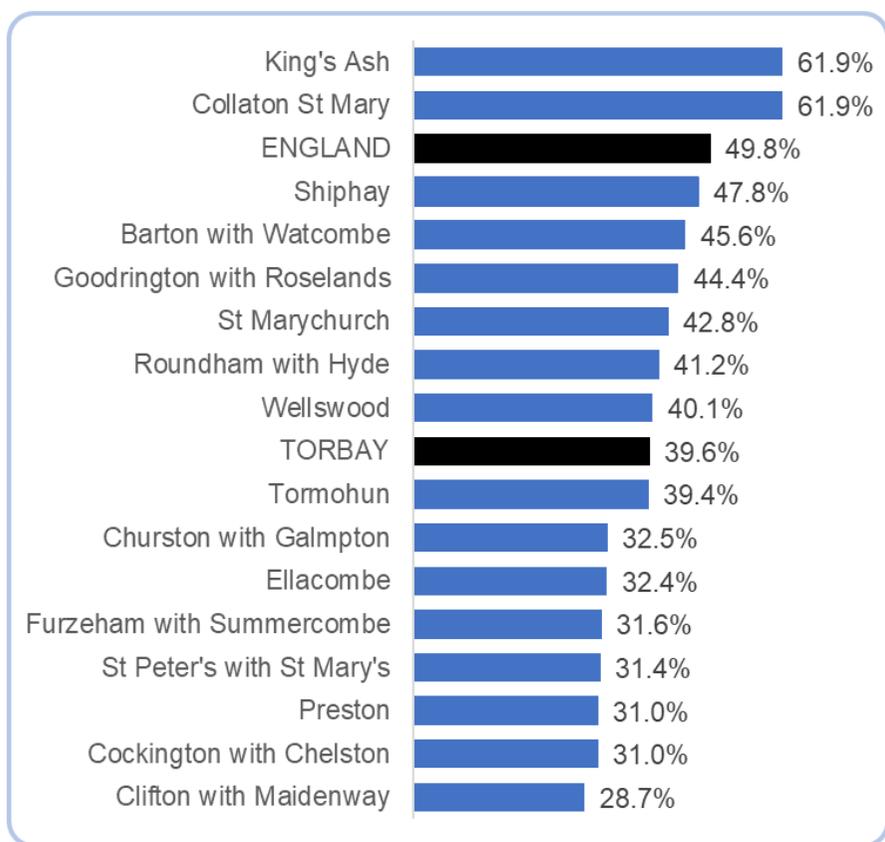
Almost 2 in 3 households own their own property in Torbay although rates of home ownership have fallen from 78% in 1991 to 65% in 2021. Torbay has rates of privately rented accommodation that are significantly higher than England, conversely Torbay has the lowest

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 2024, 39.6% of EPCs for dwellings in Torbay were in the higher bands of A

to C which is lower than the England rate of 49.8%. Ward rates are estimated, 2 wards in Torbay have estimated higher rates than England which are King's Ash and Collaton St Mary (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 2024**

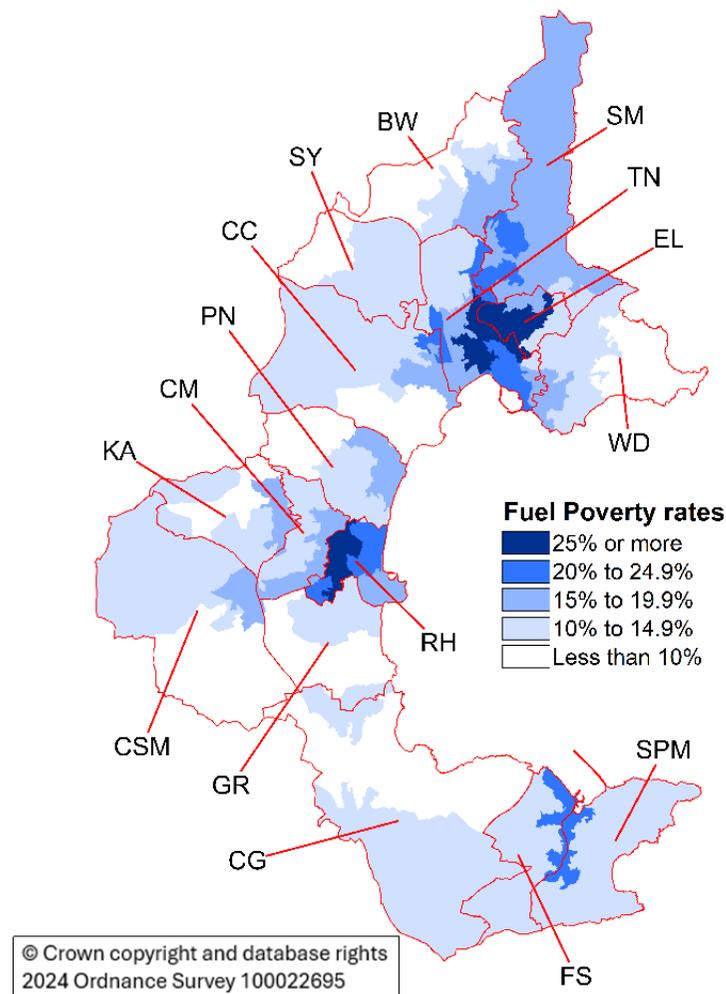
Source: Ministry of Housing, Communities and Local Government, ONS



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**Fig 25: Estimated percentage of households in fuel poverty, 2022**

Source: Department for Energy Security & Net Zero



## Planned/Unplanned hospital admissions

Roundham with Hyde and Tormohun has seen the largest amount of unplanned admissions (Fig 27) in Torbay over the 5 year period 2019/20 to 2023/24 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), 2019/20 to 2023/24

Source: Hospital Episode Statistics

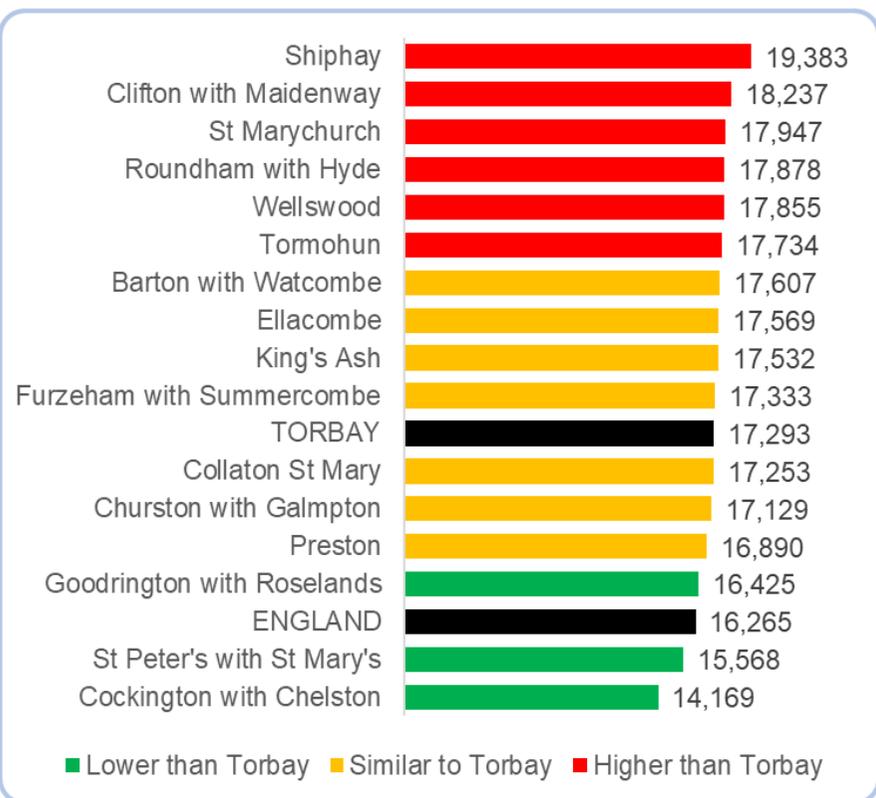
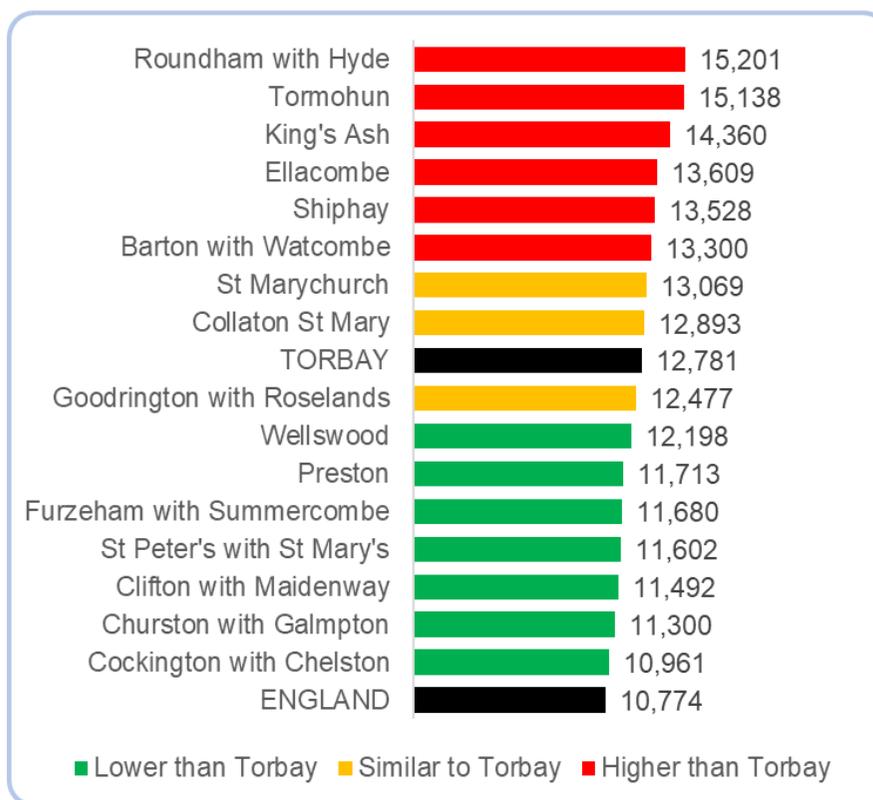


Fig 27: Unplanned hospital admission rate per 100,000 (Age-standardised), 2019/20 to 2023/24

Source: Hospital Episode Statistics



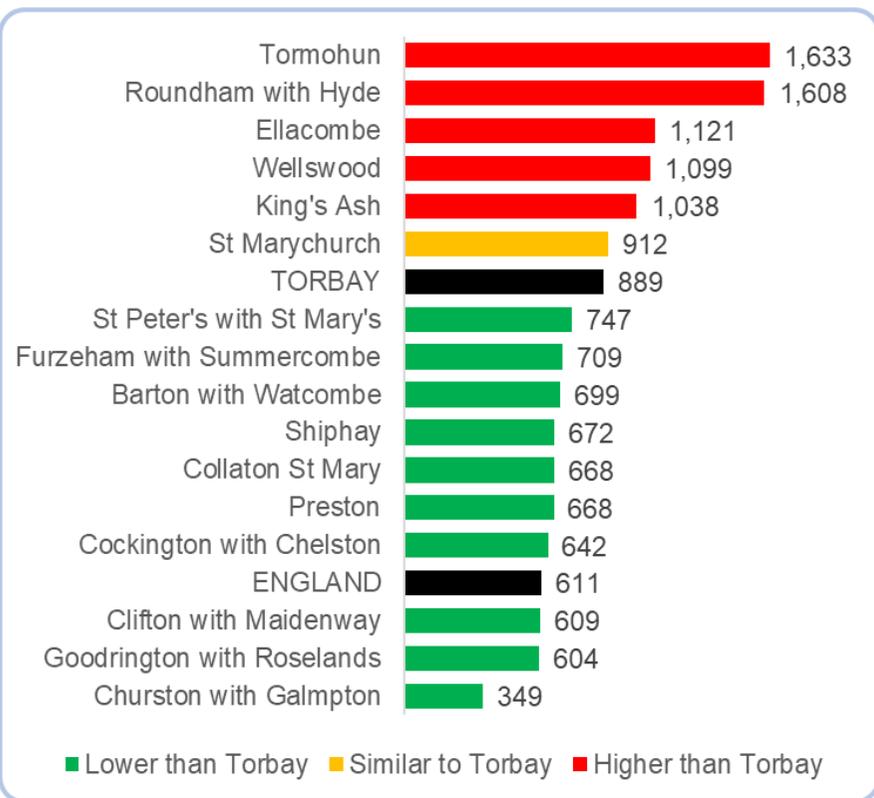
## Alcohol

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 Tormohun and Roundham with Hyde, with rates close to double the Torbay 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 over the last 10 years are significantly higher in Tormohun and Roundham with Hyde than other wards within Torbay (Fig 29).

**Fig 28: Hospital admission rate for alcohol-specific conditions per 100,000 (Age-standardised), 2019/20 to 2023/24**

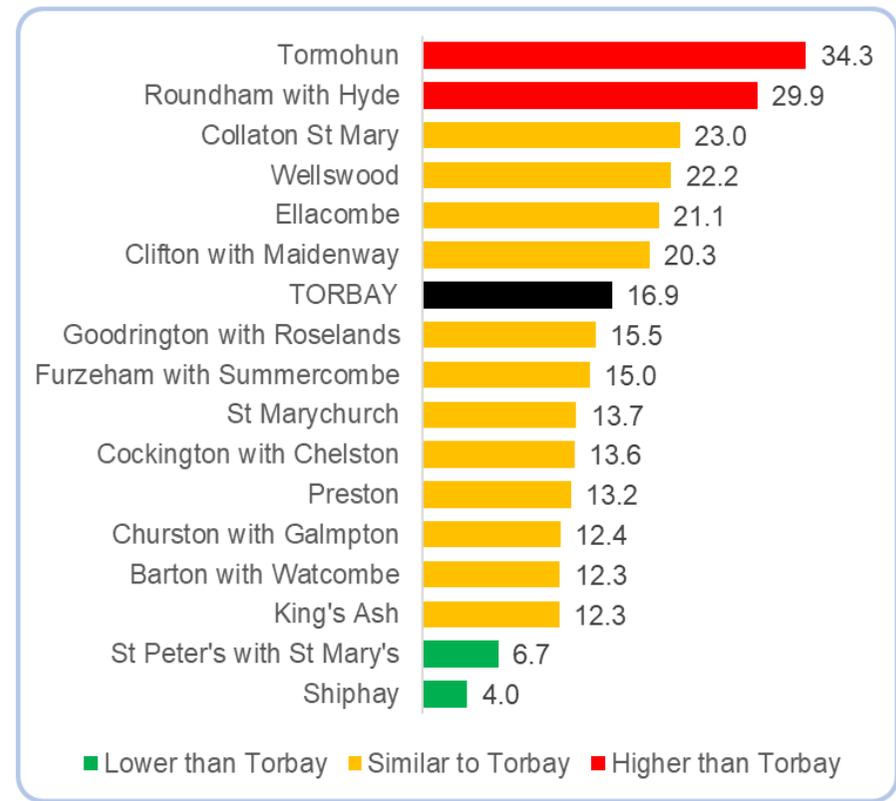
Source: Hospital Episode Statistics



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**Fig 29: Mortality rate for alcohol-specific conditions per 100,000 (Age-standardised), 2014 to 2023**

Source: Primary Care Mortality Database



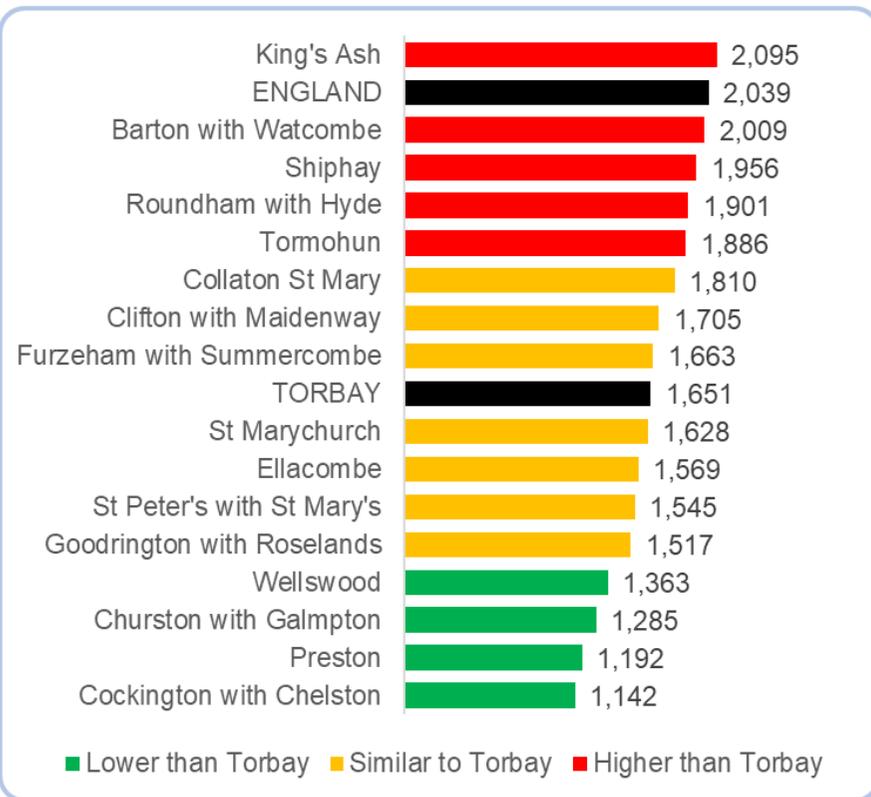
## Obesity

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

rate close to double the lowest admission rate (Fig 30). [Note on Hospital admissions and SDEC – page 3](#)

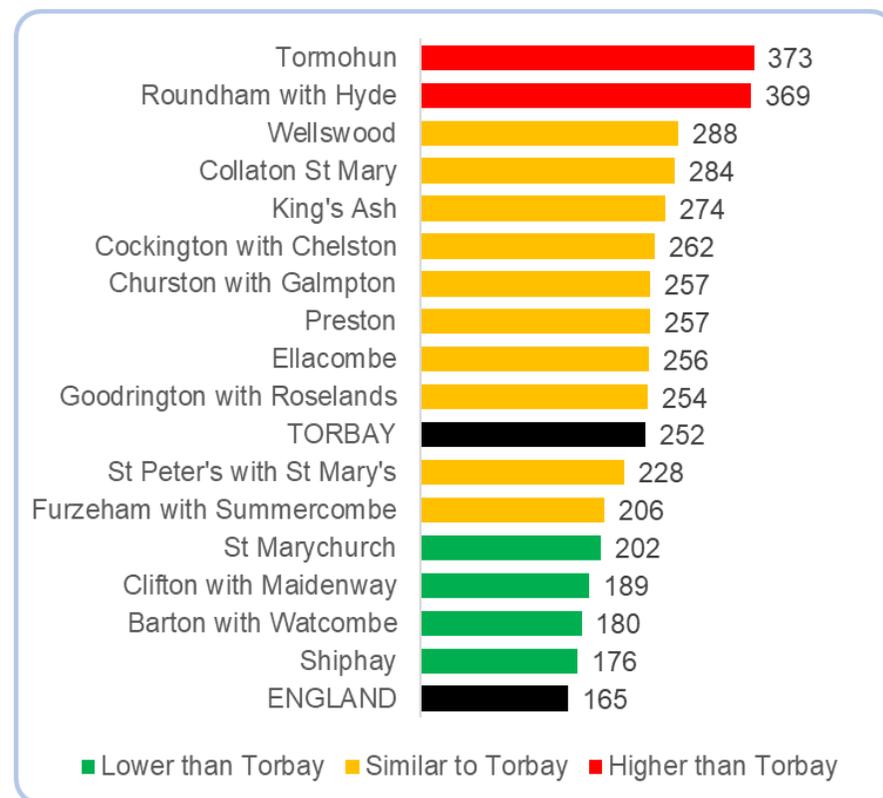
**Fig 30: Admission episodes with a diagnosis of obesity, per 100,000 (Age-standardised), 2019/20 to 2023/24**  
Source: Hospital Episode Statistics



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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), 2017/18 to 2023/24**  
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. 2 wards have rates that are significantly higher than Torbay (Fig 31).

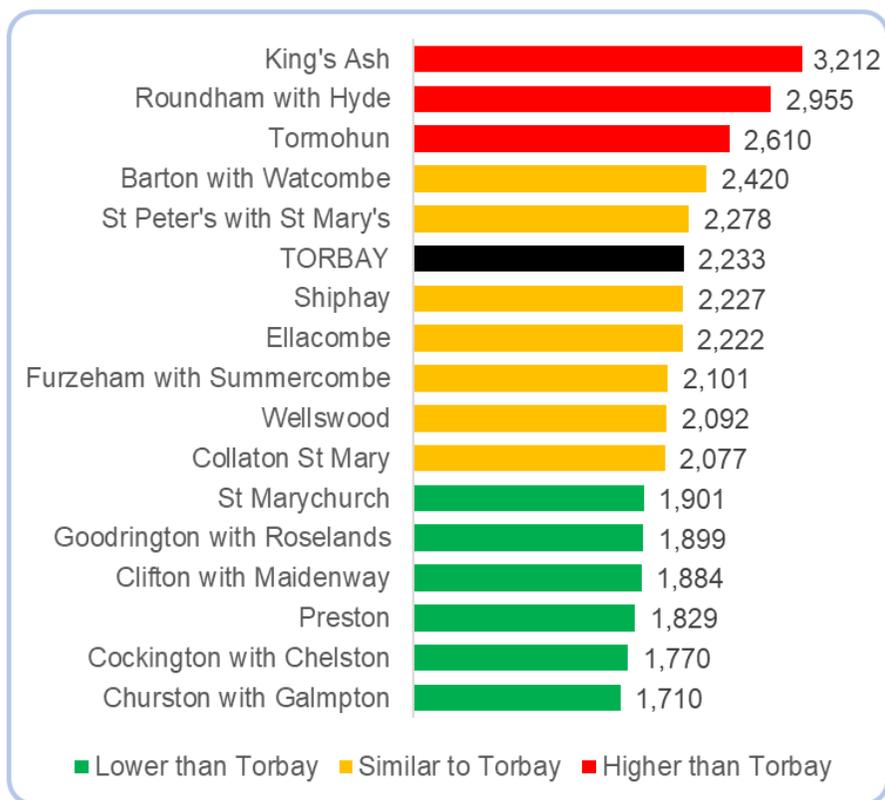
## Adult Social Care

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

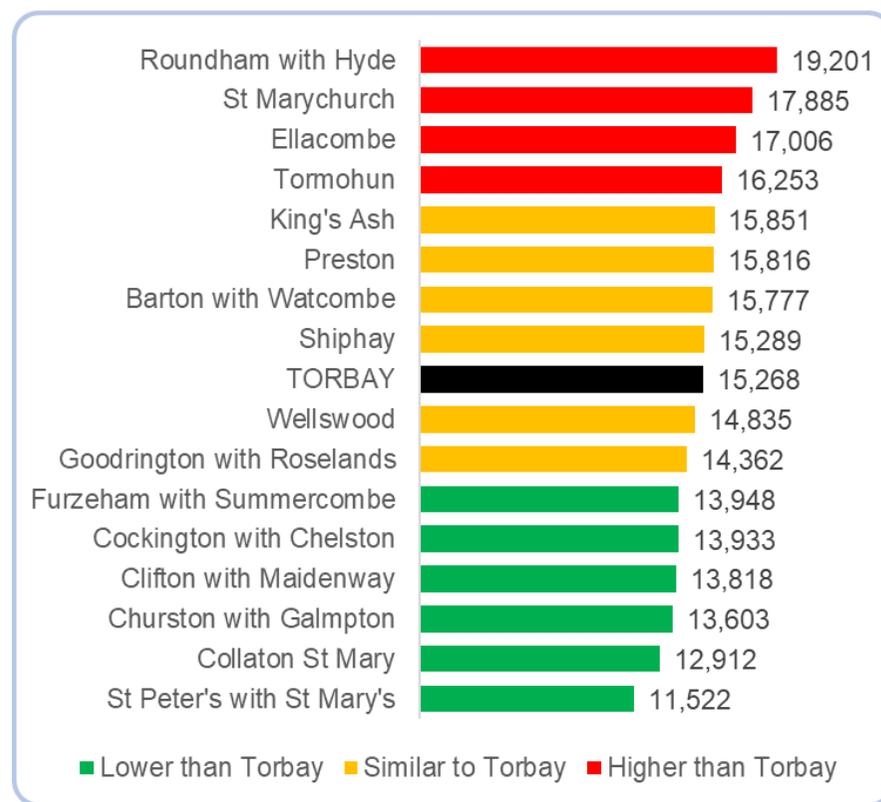
lower than recorded nationally which means that the graphs will not include England. However, the narrative will indicate where Torbay is a significant outlier when compared to England.

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



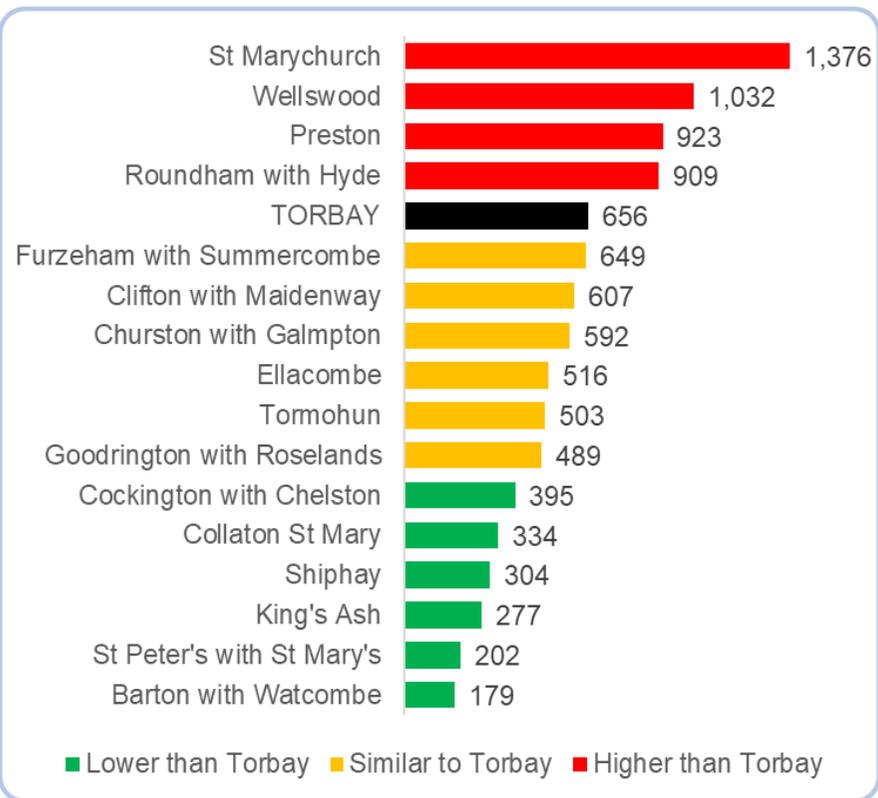
**Fig 33: Requests for Adult social care support for new clients, aged 65+ per 100,000, 2020/21 to 2023/24**  
Source: Torbay & South Devon NHS Foundation Trust



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.

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



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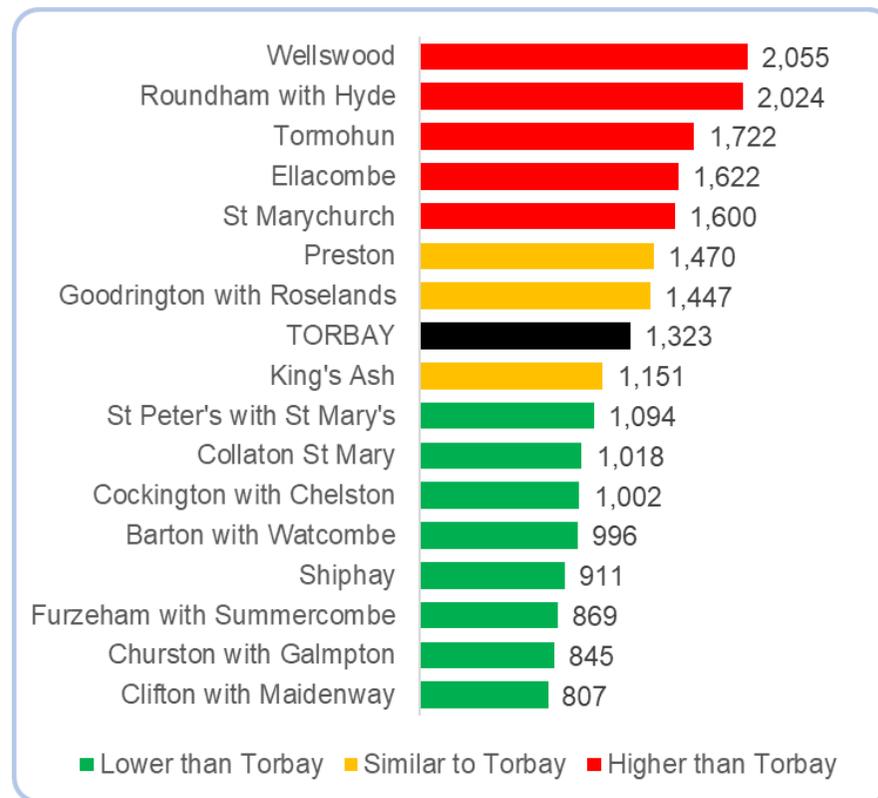
Rates of long-term funded support for those individuals aged 18 to 64 funded by Torbay Adult Social Care are significantly higher than England. Over the last 4 years, rates have been significantly higher than the Torbay average in 5 wards (Fig 35). The figures shown for long-term support relate to those 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

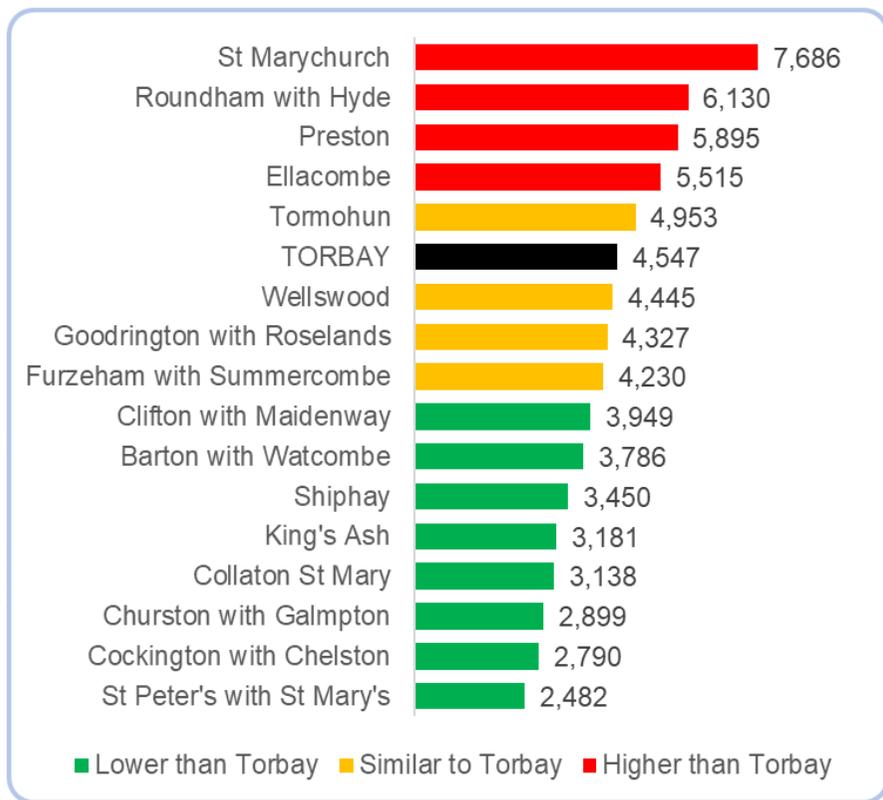
2022/23 but were significantly higher for the last 2 years, there are very significant differences in the rates between wards (Fig 36).

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

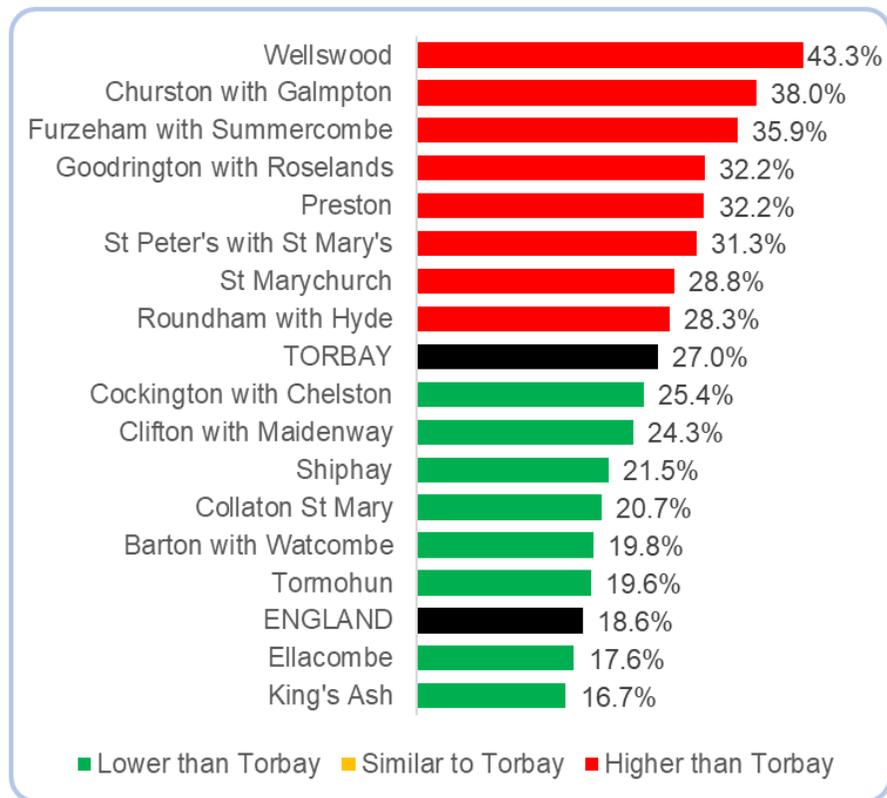


**Fig 36: Rate of long-term support for those with a primary support reason of Learning Disability, Mental Health or Physical Personal care, aged 65+ per 100,000, 2020/21 to 2023/24**  
 Source: Torbay & South Devon NHS Foundation Trust



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**Fig 37: Percentage of population aged 65 and over**  
 Source: 2022 ONS mid-year population estimate



(Fig 37). The proportion of those aged 65 and over in Torbay is expected to rise from 27% to 33% by 2033.

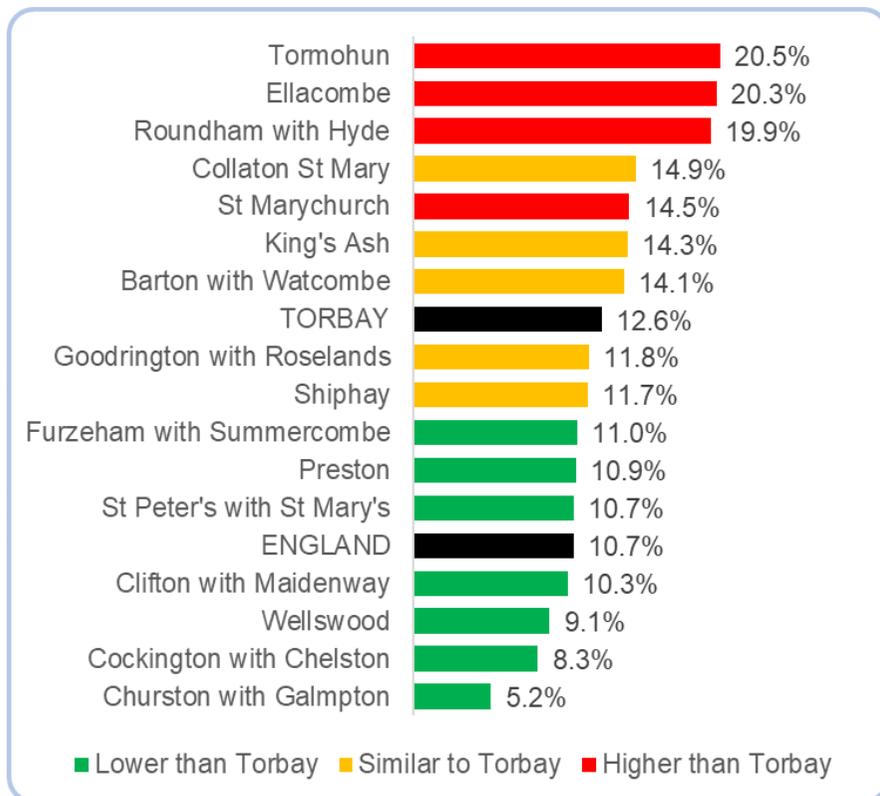
Pension credit is there to help with living costs if you are over the State Pension age and on a low income. An average of 12.6% of the Torbay 65+ population claimed pension credit over the last 4 quarters which is significantly higher than the England average of 10.7%. Rates are significantly higher in the wards of Tormohun, Ellacombe, Roundham with Hyde and St Marychurch when compared to the rest of Torbay (Fig 38). Collaton St Mary has a comparatively small 65+ population which means although its crude

## 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, Churston with Galmpton and Furzeham with Summercombe when compared to Ellacombe and King's Ash

rate is higher than St Marychurch it does not have a statistically significantly higher rate than Torbay.

**Fig 38: Percentage of those aged 65 and over in receipt of pension credit (November 2023 to August 2024)**  
Source: Stat-Xplore



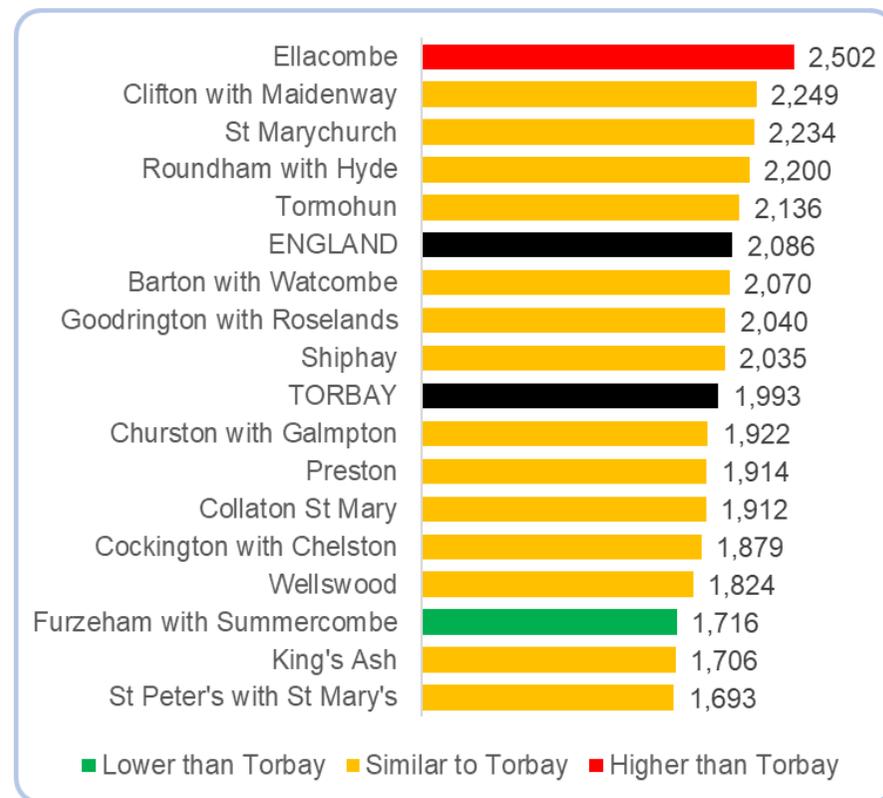
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Falls are the largest cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year (Falls in older people: assessing risk and prevention – NICE, 2013). Rates have been significantly lower than England over the last 6 years although for the latest year they were significantly higher. Adjusted for each ward's 65+ age structure, Ellacombe has rates significantly

higher than the Torbay average, Furzeham with Summercombe has rates that are significantly lower 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 2023/24**  
Source: Hospital Episode Statistics

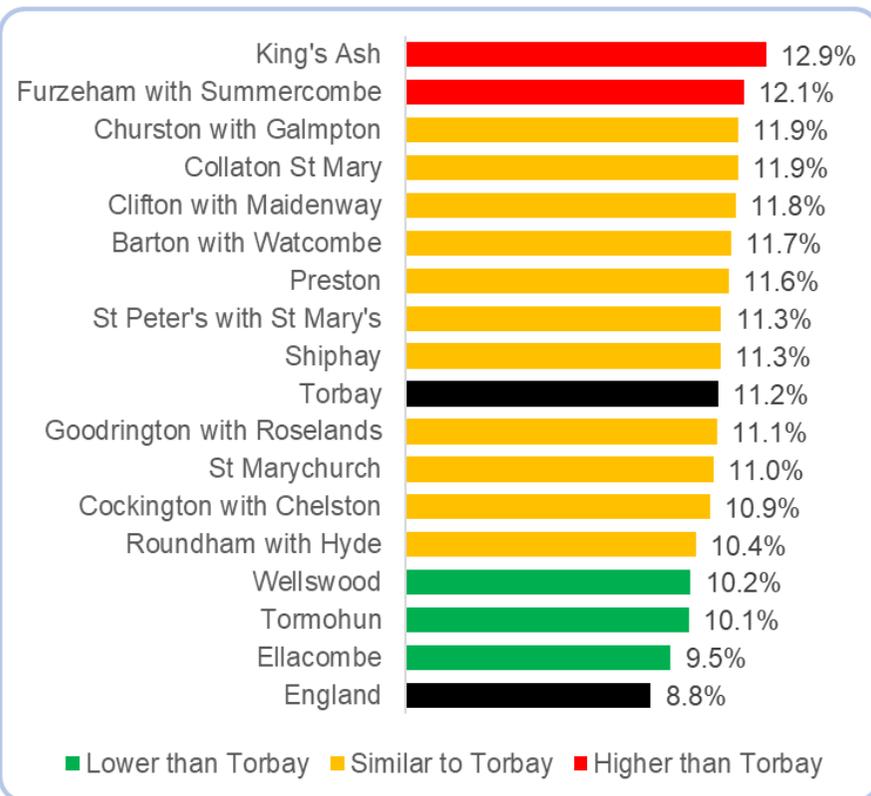


An unpaid carer provides help to someone, usually an adult relative or friend as part of their normal daily life. The 2021 Census asked if someone gave any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age, people were asked to exclude anything related to paid employment.

According to the 2021 Census, 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 of Torbay in relation to the proportion of those aged 5 years and over that are carers 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



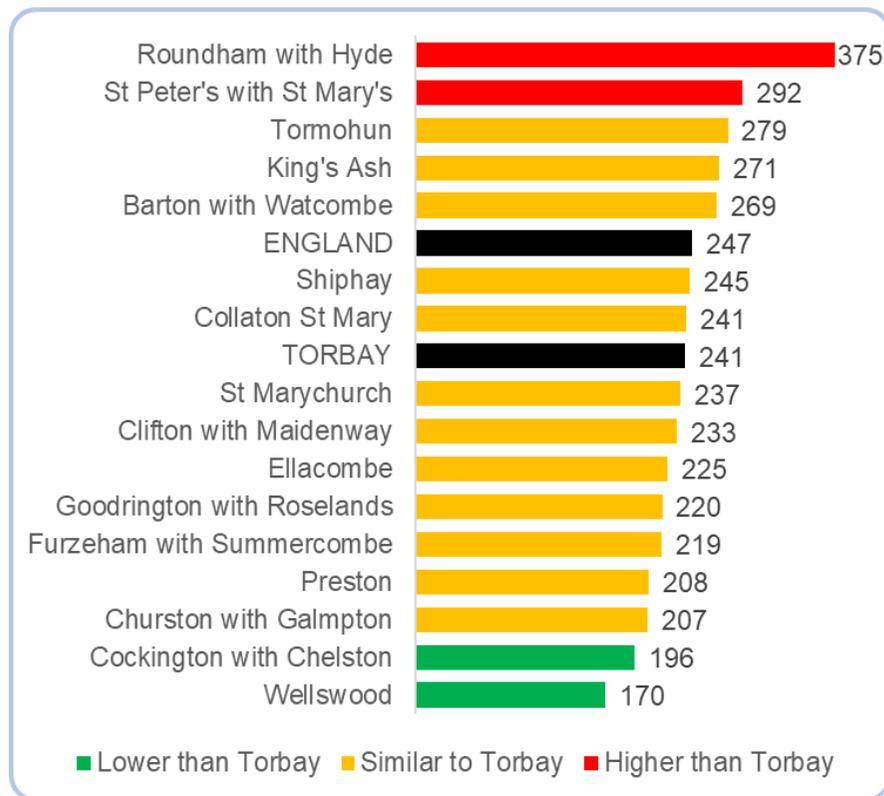
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## Cardiovascular and Respiratory Disease

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 more than double that of Wellswood (Fig 41). [Note on Hospital admissions and SDEC – page 3](#)

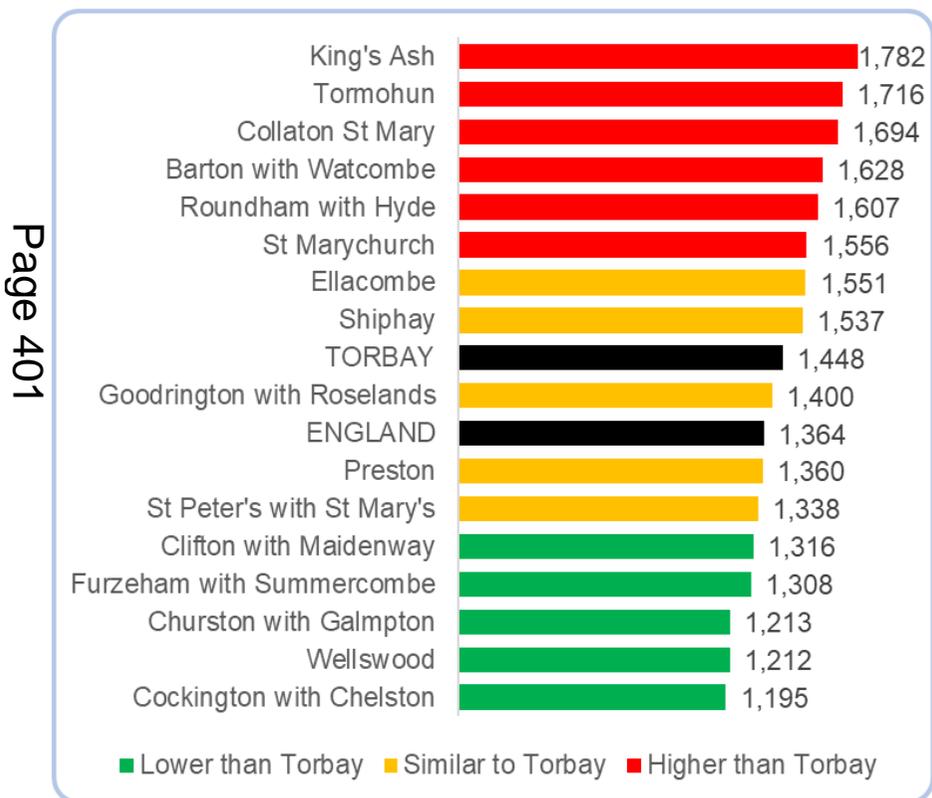
**Fig 41: Rate of emergency hospital admissions for coronary heart disease, per 100,000 (Age-standardised), 2017/18 to 2023/24**

Source: Hospital Episode Statistics



Torbay’s rate of emergency admissions for respiratory disease when adjusted for differing area age profiles has been significantly higher than England for 3 of the last 4 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](#)

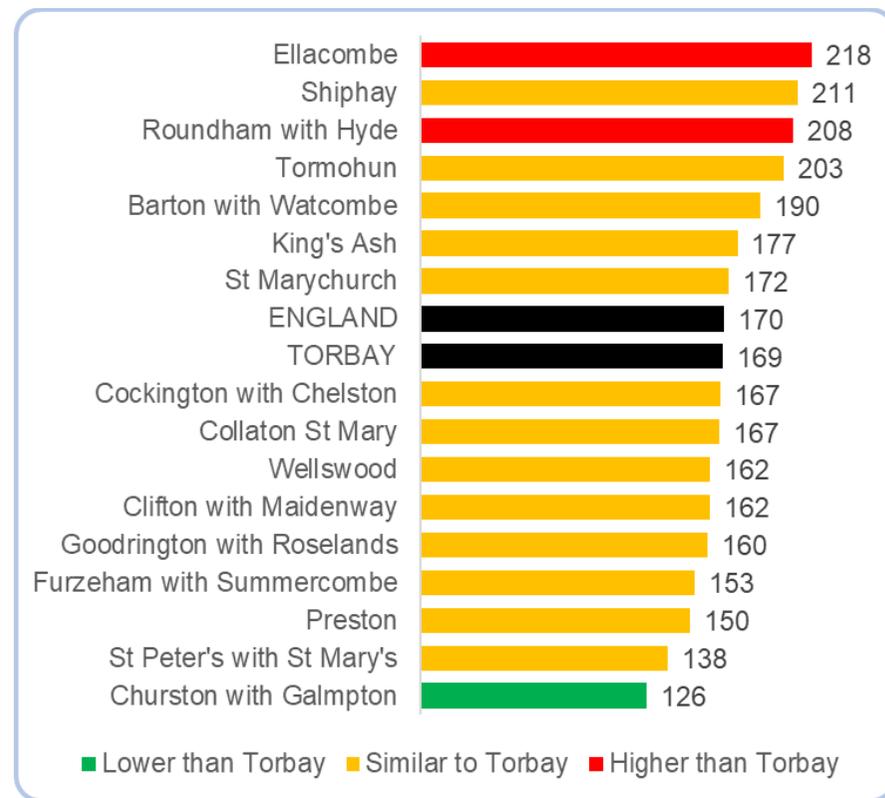
**Fig 42: Rate of emergency hospital admissions for respiratory disease, per 100,000 (Age-standardised), 2017/18 to 2023/24**  
Source: Hospital Episode Statistics



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 Ellacombe and Roundham with Hyde having admission rates significantly higher than the Torbay average (Fig 43). [Note on Hospital admissions and SDEC – page 3](#)

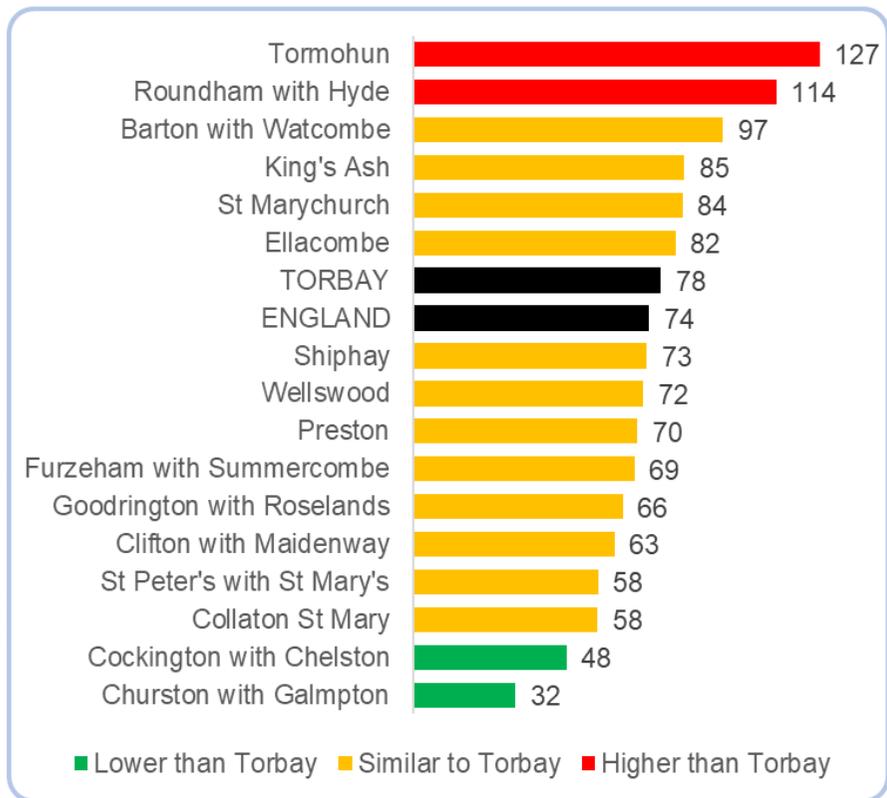
**Fig 43: Rate of hospital admissions due to strokes, per 100,000 (Age-standardised), 2017/18 to 2023/24**  
Source: Hospital Episode Statistics



Torbay’s rate of under 75 mortality from cardiovascular disease when adjusted for differing area age profiles has been broadly in line with 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 England (Fig 44).

Fig 44: Under 75 mortality rate from cardiovascular disease, per 100,000 (Age Standardised), 2014 to 2023

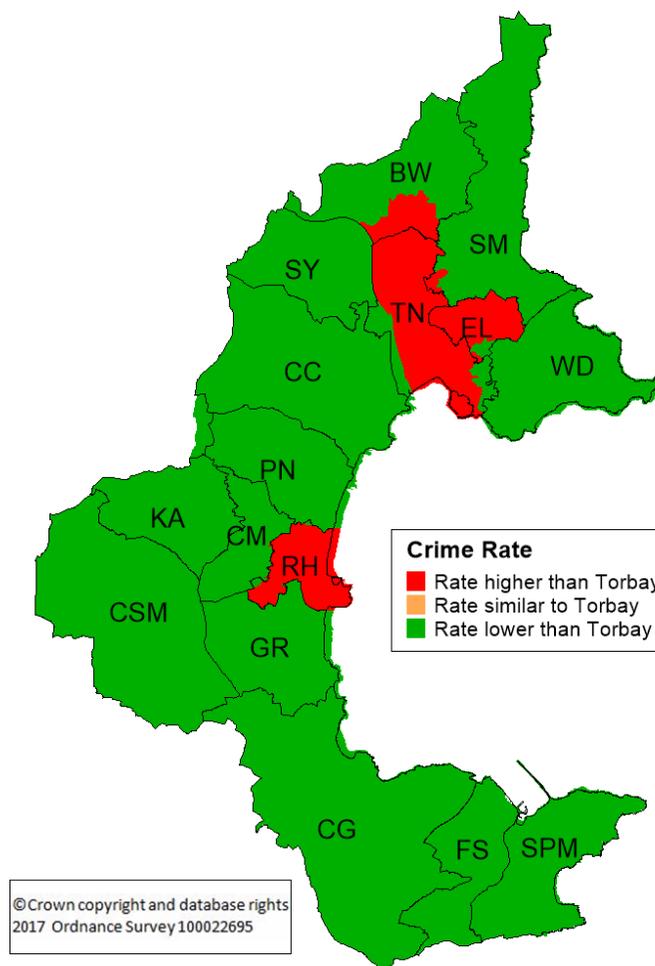
Source: Primary Care Mortality Database, England - OHID Public Health Profiles (Fingertips)



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Fig 45: Crime rate 2019/20 to 2023/24

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.

## Preventable Mortality

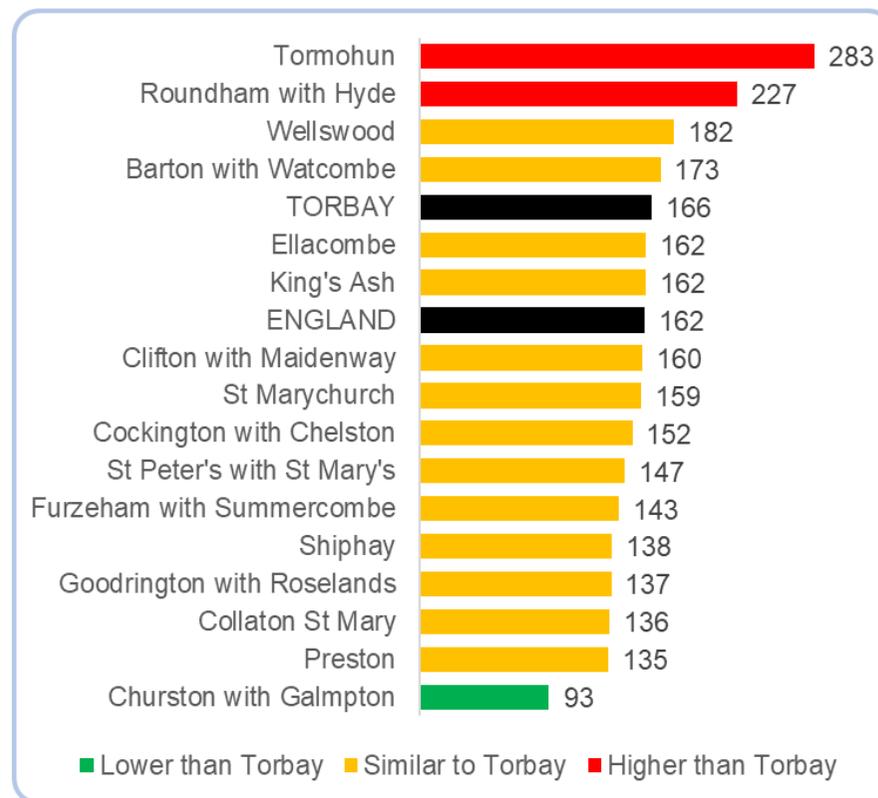
The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through 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 5 year period 2019 to 2023, 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 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 2023

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
<b>DEMOGRAPHICS AND DEPRIVATION</b>							
Average Age	40	47	41	50	44	43	61
Percentage of 1 person households	27%	31%	37%	38%	26%	46%	46%
Life expectancy at birth - Female	<input type="checkbox"/>						
Life expectancy at birth - Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disability – day to day activities limited	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disability – day to day activities limited (Under 65)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claiming Personal Independence Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
People who do not identify as white	4.7%	4.4%	3.0%	3.7%	6.3%	7.1%	4.2%
Proportion of area within most deprived 20% in England	<input checked="" type="checkbox"/>						
<b>CHILDREN AND YOUNG PEOPLE</b>							
Achieved a good level of development at Early Years Foundation Stage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
GCSE - Average Attainment 8 score	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pupils eligible for Deprivation Pupil Premium	<input checked="" type="checkbox"/>						
Pupils with Special Educational Needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overweight or obese pupils	<input type="checkbox"/>						
<b>ECONOMY AND EMPLOYMENT</b>							
Under 16 children in low-income families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claiming unemployment benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claiming Universal Credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In a 'Professional occupation'	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
With a degree level qualification (25 to 64)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Torquay wards at a glance (2<sup>nd</sup> 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
<b>HOUSING</b>							
Percentage of home ownership	61%	70%	56%	64%	72%	43%	65%
Housing with EPC Certificates A-C	46%	31%	32%	43%	48%	39%	40%
<b>PLANNED/UNPLANNED ADMISSIONS</b>							
Planned admission rate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unplanned admission rate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ALCOHOL</b>							
Admissions for alcohol-specific conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mortality for alcohol-specific conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>OBESITY</b>							
Admissions with a diagnosis of obesity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>SELF-HARM</b>							
Emergency admissions as a result of self-harm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ADULT SOCIAL CARE</b>							
Support for new clients, aged 18 to 64	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for new clients, aged 65+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Perm admissions to residential and nursing homes, aged 65+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Long-term support (LD,MH,PPC), aged 18 - 64	<input checked="" type="checkbox"/>						
Long-term support (LD,MH,PPC), aged 65+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>OLDER PEOPLE</b>							
Population aged 65 and over	20%	25%	18%	29%	21%	20%	43%
In receipt of pension credit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emer. admissions due to falls, aged 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Torquay wards at a glance (3<sup>rd</sup> 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
<b>CVD AND RESPIRATORY</b>							
Emergency admissions for Coronary Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency admissions for Respiratory Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Admissions due to Strokes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 75 mortality from Cardiovascular Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CRIME</b>							
Crime Rate	<input checked="" type="checkbox"/>						
<b>PREVENTABLE MORTALITY</b>							
Mortality rate from causes considered preventable, aged under 75	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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Paignton and Brixham wards at a glance (1<sup>st</sup> 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
<b>DEMOGRAPHICS AND DEPRIVATION</b>									
Average Age	57	47	43	56	54	38	52	51	53
Percentage of 1 person households	27%	28%	29%	34%	33%	25%	32%	49%	33%
Life expectancy at birth - Female	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Life expectancy at birth - Male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability – day to day activities limited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Disability – day to day activities limited (Under 65)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claiming Personal Independence Payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 area within most deprived 20% in England	<input checked="" type="checkbox"/>								
<b>CHILDREN AND YOUNG PEOPLE</b>									
Achieved a good level of development at Early Years Foundation Stage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GCSE - Average Attainment 8 score	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pupils eligible for Deprivation Pupil Premium	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pupils with Special Educational Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overweight or obese pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ECONOMY AND EMPLOYMENT</b>									
Under 16 children in low-income families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claiming unemployment benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claiming Universal Credit	<input checked="" type="checkbox"/>								
In a 'Professional occupation'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
With a degree level qualification (25 to 64)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Paignton and Brixham wards at a glance (2<sup>nd</sup> page of 3)

Significantly worse than Torbay average  
  Not significantly different from Torbay average  
  Significantly better than Torbay average

	Churston with Galampton	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
<b>HOUSING</b>									
Percentage of home ownership	86%	76%	74%	73%	75%	60%	78%	46%	70%
Housing with EPC Certificates A-C	33%	29%	62%	32%	44%	62%	31%	41%	31%
<b>PLANNED/UNPLANNED ADMISSIONS</b>									
Planned admission rate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unplanned admission rate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ALCOHOL</b>									
Admissions for alcohol-specific conditions	<input checked="" type="checkbox"/>								
Mortality for alcohol-specific conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>OBSESITY</b>									
Admissions with a diagnosis of obesity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SELF-HARM</b>									
Emergency admissions as a result of self-harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ADULT SOCIAL CARE</b>									
Support for new clients, aged 18 to 64	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for new clients, aged 65+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Perm admissions to residential and nursing homes, aged 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Long-term support (LD,MH,PPC), aged 18 to 64	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Long-term support (LD,MH,PPC), aged 65+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>OLDER PEOPLE</b>									
Population aged 65 and over	38%	24%	21%	36%	32%	17%	32%	28%	31%
In receipt of pension credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency admissions due to falls, aged 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paignton and Brixham wards at a glance (3<sup>rd</sup> page of 3)

Significantly worse than Torbay average  
  Not significantly different from Torbay average  
  Significantly better than Torbay average

	Churston with Galampton	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
<b>CVD AND RESPIRATORY</b>									
Emergency admissions for Coronary Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Emergency admissions for Respiratory Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Admissions due to Strokes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Under 75 mortality from Cardiovascular Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CRIME</b>									
Crime Rate	<input checked="" type="checkbox"/>								
<b>PREVENTABLE MORTALITY</b>									
Mortality rate from causes considered preventable, aged under 75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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