

2018 – 2020

Joint Strategic Needs Assessment for Torbay



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Quick Facts about Torbay and Torbay residents:

133,883 people live in Torbay (2016)

The average age in Torbay is **44.8 years** (2016)

3.7% are aged 85 years and over (2016)

There are, on average, **3.8 births** per day (2014/16)

There are, on average, **4.8 deaths** per day (2013/15)

Life expectancy at birth **83.3 years** for **females** **78.9 years** for **males** (2013/15)

Housing conditions are **worse** in Torbay, with **45% living** in the **most deprived** quintile in England for indoor deprivation

There are, on average, **145 attendances** at **A & E per day** With an average age of 43.8 years (2016/17)

There are, on average, **170 admissions** to hospital per day With an average age of 55.8 years (2016/17)

285 children were looked after by the Local Authority, equivalent to 112 per 10,000 (2017)

Around **66,400 (68%)** adults are **overweight** or **obese** in Torbay (2016)

Around **18,100** adults in Torbay **smoke** (2016)

On an average **day**, the **spend** across 6 public sector organisations is around **£2.5M** (2015/16)

There are **12 GP practices**, and **37 Pharmacies** Serving Torbay

I am delighted that we have developed an Assessment that provides a comprehensive picture of the key issues facing the population of Torbay. It is important that we understand these issues, and that we plan the services we deliver according to the health and well-being needs of the local population.

The 2018 Joint Strategic needs Assessment (JSNA) brings together data from a range of partners across the South Devon and Torbay community. It identifies key issues which leaders, planners and commissioners can concentrate on for the following years.

As with other areas in the UK, we face a number of health and wellbeing issues in Torbay. The statistics show that two out of every three adults are overweight, with one in four being deemed obese. In primary schools, one in five children is obese by the time they reach Year 6.

We have an ageing population - one in four adults is aged over 65 and this statistic is increasing. Torbay also has a high number of households which fall in the poverty category, high levels of frailty, and there are high rates of alcohol related admissions to hospitals and mortality due to corresponding liver disease.

With this in mind, it is vital for upstream interventions to be strengthened. By preventing ill health in the first place through healthy lifestyles and choices, the healthier we can keep individuals, society, and our health and economic systems.

I hope you enjoy reading this document and that it helps you better understand your community or the community you serve and that you will use this document to help you plan services and interventions that best suit your community needs.

Chairman

Health and Wellbeing Board

This is the sixth Joint Strategic Needs Assessment (JSNA) to be written for Torbay since 2007. This JSNA presents the most acute levels of social challenge within the Torbay population so far.

The last 10 years has seen a consistent set of issues highlighted. The key challenges facing the population and the organisations that serve the population are highlighted below.

- **Inequalities** have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West region
- **Children**
 - The number of children looked after by the local authority remains amongst the highest in England
 - Around 1 in 4 children continue to live in households where income is less than 60% of the median income (living in poverty)
- Torbay's **economy** is amongst the weakest in England, and has declined in recent years
- **Risk taking behaviours**
 - Around 6 out of 10 adults in Torbay are overweight or obese
 - Around 1 in 6 adults in Torbay smoke
 - There are high levels of alcohol related admissions to hospital
 - Torbay has high levels of self-harm in the population
- There are high levels of **vulnerability** in the population, with high levels of specialist need cohorts and high levels of mental ill health
- We have an **ageing population** with the number of people aged over 85 expected to increase by around 3,000 (56%) over the next decade or so. Increasing numbers are expected to be frail and require support from health and social care services.
- **Public sector spend** is around £2.5M per day in Torbay, across 6 areas. Spend associated with an ageing population and a consequence of risk taking behaviours is expected to increase.

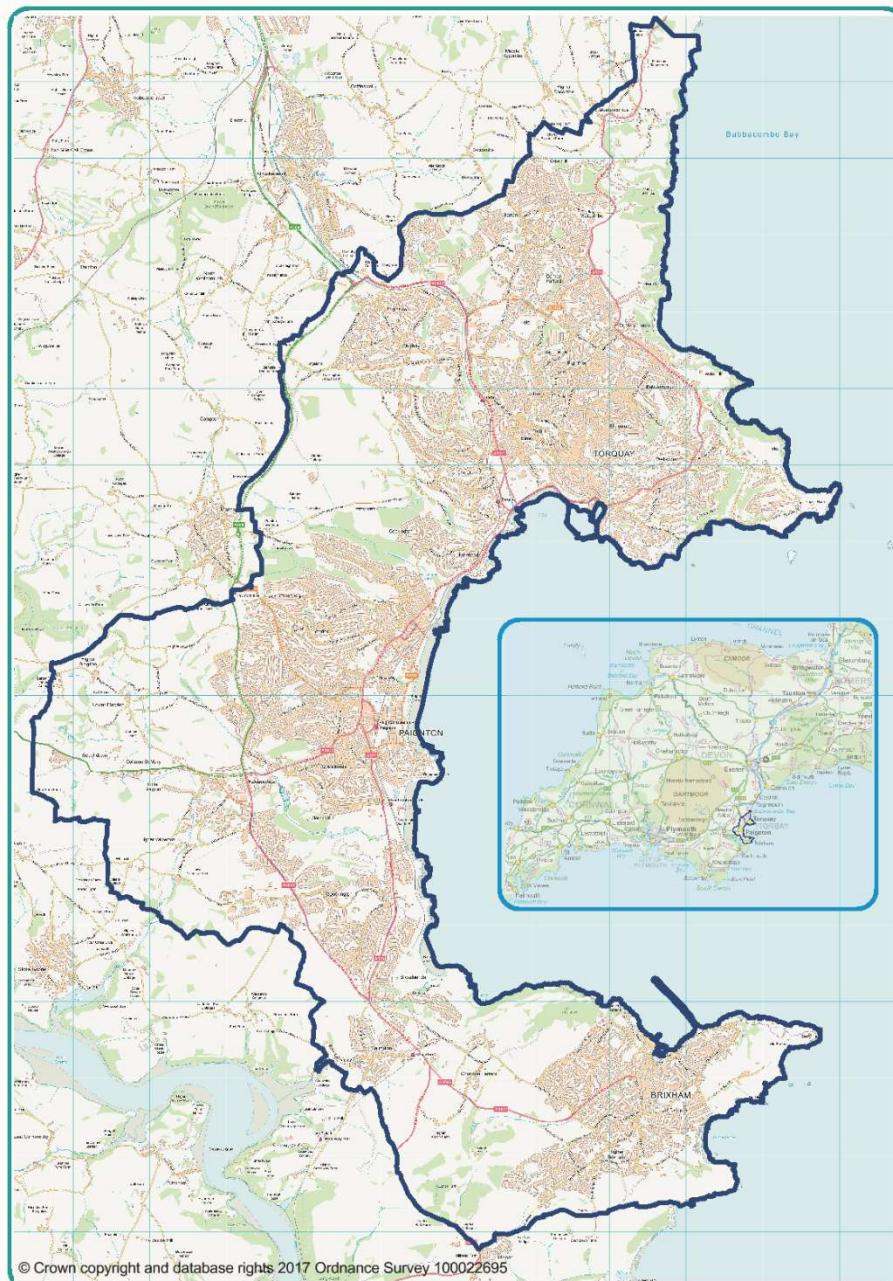
There are opportunities for specific needs assessments to understand the specific needs of defined cohorts, such as those with Learning Disabilities or children looked after.

This document is part of the JSNA in Torbay, a large part of the JSNA is the district, town and electoral ward profiles which cover the life course. These can be found at: www.southdevonandtorbay.info/jsna

Torbay offers an unrivalled quality of life for individuals and families. With its natural environment, clean air, climate, location, excellent schools, growing arts and cultural sector, low crime rate and wide range of outdoor activities, mean that Torbay provides everyone the opportunity to live a healthy and fulfilled life.

Torbay covers an area of over 24 square miles, located in South Devon, known as the English Riviera. It is made up of the three towns of Torquay, Paignton and Brixham and comprises over 20 beaches and secluded coves along 22 miles of coastline located around the east facing natural harbour of Tor Bay.

With a population of over 133,000, Torbay is the second largest urban area within the Heart of the South West. Not only a popular tourist destination, Torbay is also a retirement destination for many fit, active, skilled and affluent older people which is reflected in the population structure.



Like many coastal areas, Torbay has its challenges. There are high levels of poverty and deprivation, with not enough opportunities for young people. Torbay currently has a predominantly low-wage, low-skill economy and an over reliance on the tourism industry. Our ageing population means that an ever higher proportion of diminishing public resource is spent on care.

Figure 1: An overview of the Torbay area

Background

The Torbay Joint Strategic Needs Assessment (JSNA) is not a standalone document but a suite of documents, web tools and presentations which help to analyse the **health needs of populations to inform and guide commissioning** of health, wellbeing and social care services within the local authority area ^[2]. The JSNA is a means by which **local leaders work together to understand and agree the needs of the local population** ^[3]. JSNAs, along with health and wellbeing strategies enable commissioners to plan and commission more effective and integrated services to meet the needs of the Torbay population ^[3], in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

This diagram of the commissioning cycle (Figure 2) shows a way of breaking the cycle down into three main stages: Strategic Planning, Providing Services, and Monitoring and Evaluation. The JSNA supports the strategic planning by identifying the needs within communities. Understanding the needs of the population informs and influences commissioning intentions and priorities.

Figure 2: Commissioning cycle



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** ^[4]. 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** ^[4].

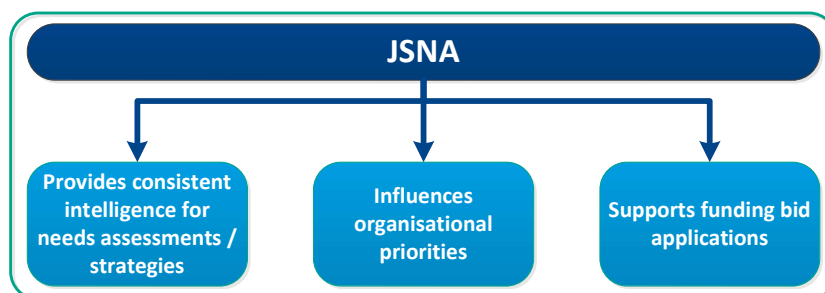
Source: <http://commissioning.libraryservices.nhs.uk/>

The Local Government and Public Involvement in Health Act 2007 ^[7] required Primary Care Trusts (PCTs) and Local Authorities to produce a JSNA of the health and well-being of their local community. From April 2013, Local Authorities and Clinical Commissioning Groups (CCG) have

equal and explicit obligations to prepare JSNA, under the governance of the health and well-being board [8].

The approach to the JSNA in Torbay is to provide a collection of narrative and data interpretation to support the community, the voluntary sector and statutory organisations across Torbay. This **approach then provides a consistency of multi-agency data** to support strategies, commissioning and needs assessments across Torbay, illustrated in figure 3 below.

Figure 3: Influences of JSNA



The structure of the JSNA

This document represents a written JSNA narrative for Torbay. It highlights the key challenges and issues facing the population of Torbay across the life course, as well as highlighting areas of spend and opportunity. In addition to this document, there is a series of two page profiles highlighting key population outcomes across the life course and across different communities. The structure of the JSNA is presented in figure 4 below.

Figure 5 shows that the written report is supported by a set of profiles for Torbay covering different stages of the life course and across the different communities in Torbay. For example, the electoral wards in Torbay each have a 2 page summary highlighting key outcomes for those aged 0 to 4 (starting well). Further details of the life course are presented below.

Figure 4: Structure of 2018 JSNA

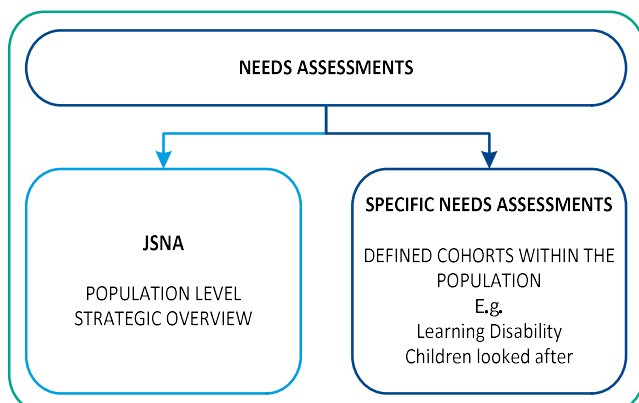
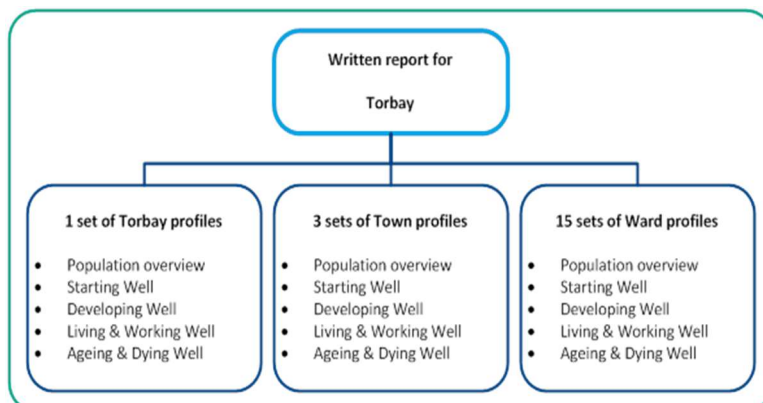


Figure 5: Structure of 2018 JSNA



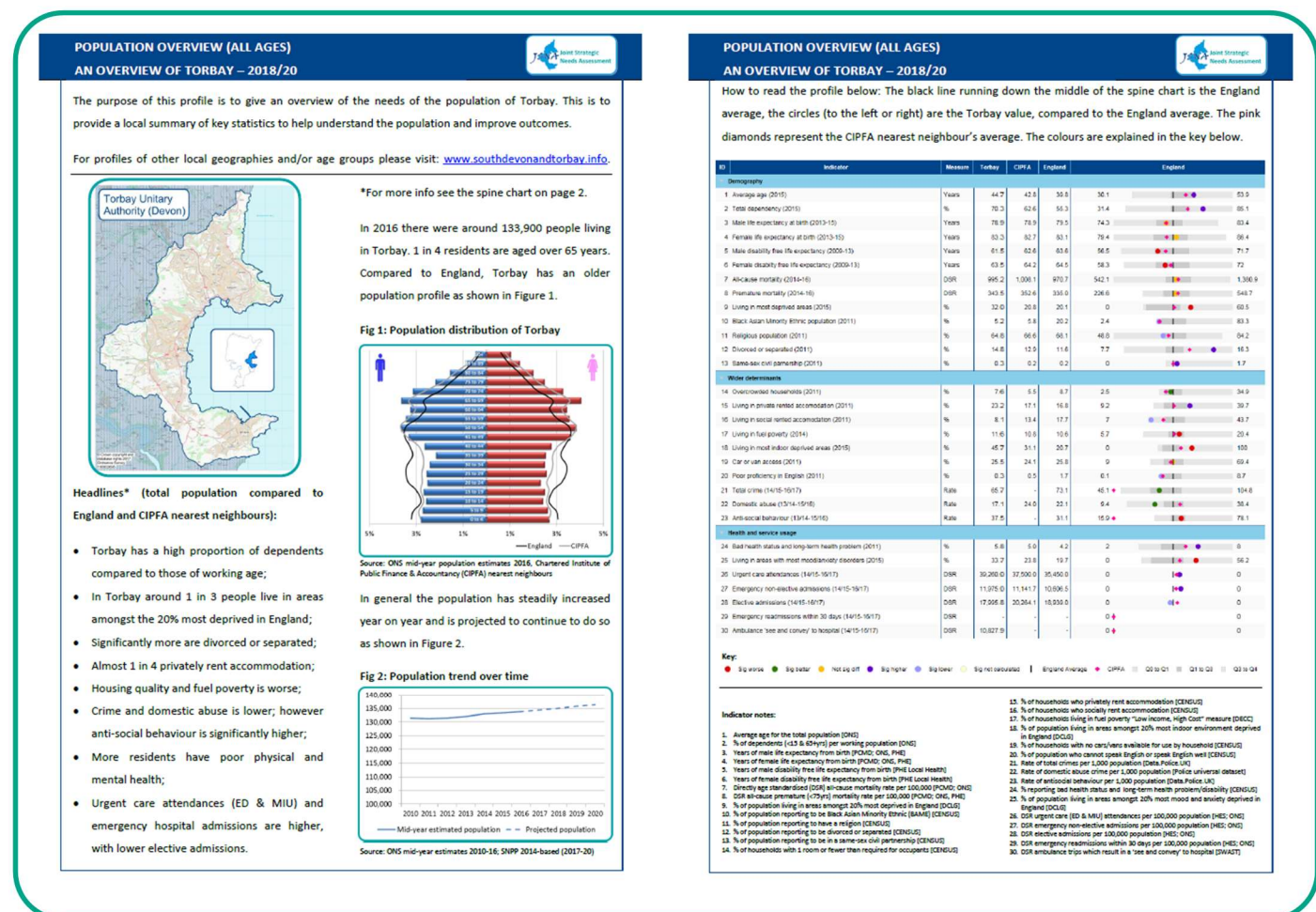
The content of the profiles was derived from a multi-agency workshop held in May 2017. The workshop was attended with representation and contributions from the following areas;

Table 1: JSNA contributors

Citizens Advice Bureau	Torbay Public Health Commissioners	Devon and Cornwall Constabulary
Torbay Adult Social Care commissioners	Health Watch Torbay	Department for Work and Pensions
Torbay Children's services commissioners	Torbay Development Agency	Torbay Councillors
South Devon and Torbay Clinical Commissioning Group	Torbay and South Devon NHS Foundation Trust	

Output from the workshop formed the content list for the profiles. There are 5 profiles for each geographical area, covering the life course. In total there are 95 profiles, covering the life course across Torbay, the towns and electoral wards.

Figure 6: Torbay Population overview profile – EXAMPLE PROFILE



This written narrative is themed into the following chapters:

- **Inequalities** – highlights differences in outcomes across our communities
- **Prevention** – identifies ways to consider upstream approaches to risk factors
- **Public sector spend** – examines public sector spend in Torbay compared to other areas
- **Life course chapters** – each chapter presents a summary of key age specific challenges affecting the population of Torbay
 - **Population overview** sets the scene for the current & future population structure across Torbay. It includes top level population overviews
 - **Starting Well** is about understanding the needs of the population through pregnancy, birth and for the first few years of life.
 - **Developing Well** is about understanding the needs of the population between the ages of 5 and 24.
 - **Living and Working Well** is about understanding the needs of the working age population.
 - **Ageing and Dying Well** is about understanding the needs of those from around 65 years and over.

The Torbay JSNA is wider than the set of profiles and this narrative report. The JSNA includes specific overviews of conditions, diseases or analysis of specific cohorts within the population.

The JSNA can be accessed at: www.southdevonandtorbay.info/jsna

Life course

A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, ***our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement.*** Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing and to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

Understanding needs across the life course also enables an understanding of exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio-economic position in later life ^[5]. Understanding the influence of risk in this way may help to prevent future generations experiencing some of the illnesses of today.

Comparisons

The Chartered Institute of Public Finance and Accountancy (CIPFA), working with local authorities, have developed an approach to aid benchmarking and comparing similar local authorities. CIPFA have developed a methodology that allows local authorities to compare themselves with similar authorities. These are known as nearest neighbours. Torbay's nearest neighbours are presented, with some demographic information, in table 2 below.

Contextualisation presented within this report, and across the JSNA profiles, shows a statistic for 'CIPFA'. The statistic is the average of the nearest neighbours. The statistics are constructed through a robust way to ensure the stats are comparable, for example, calculating appropriate numerators and denominators, or age specific rates.

Table 2: Torbay's nearest neighbours

Nearest Neighbour Model (CIPFA)	Deprivation score (IMD 2015)	Total Population (2015)	Aged 65 and over	% of Pop aged 65+
Blackpool	42.0	139,600	28,400	20.3%
Bournemouth	21.8	194,500	34,900	17.9%
Cornwall	23.8	549,400	131,900	24.0%
Darlington	23.6	105,400	20,500	19.4%
East Riding of Yorkshire	15.8	336,700	82,600	24.5%
Isle of Wight	23.1	139,400	37,000	26.5%
North East Lincolnshire	30.9	159,600	31,100	19.5%
North Somerset	15.8	209,900	48,800	23.2%
North Tyneside	21.3	202,500	39,200	19.4%
Northumberland	20.5	315,300	72,700	23.1%
Poole	15.2	150,600	33,100	22.0%
Redcar & Cleveland	28.6	135,300	29,200	21.6%
Sefton	25.7	273,700	61,800	22.6%
Southend-on-Sea	24.5	178,700	34,000	19.0%
Torbay	28.8	133,400	34,300	25.7%
Wirral	26.9	320,900	67,000	20.9%

Source: CIPFA

Analysis around South Devon and Torbay Clinical Commissioning spend compares the local CCG to its equivalent nearest neighbours, referred to as RightCare.

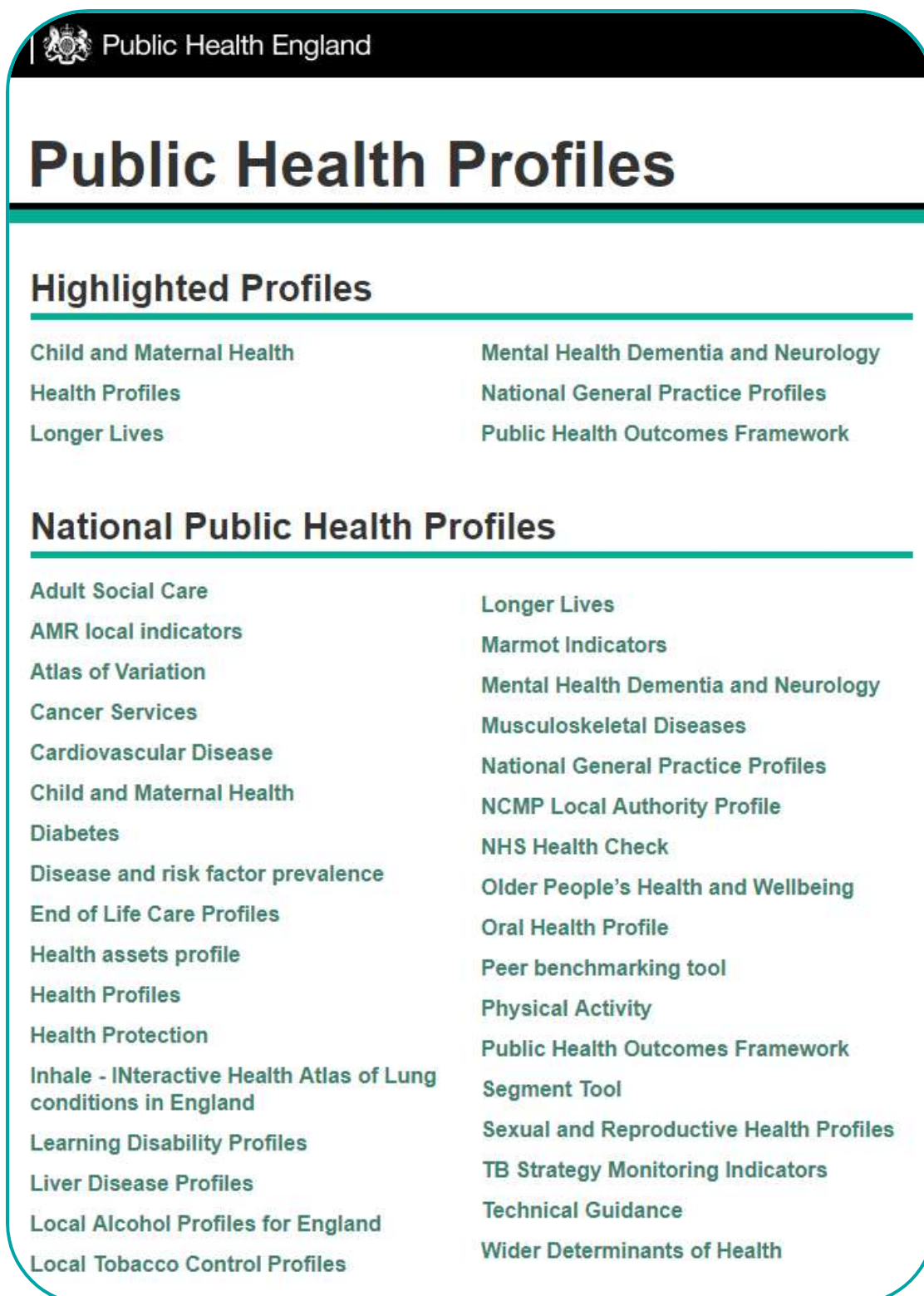
Further information on RightCare nearest neighbours, or comparator groups can be found at <https://www.england.nhs.uk/rightcare/>

Additional profiles

Further information and profiles are available from Public Health England. These contextualise Torbay against a national perspective, as well as against Torbay's CIPFA neighbours.

Further profiles are available at: <https://fingertips.phe.org.uk/>

Figure 7: Public Health Profiles

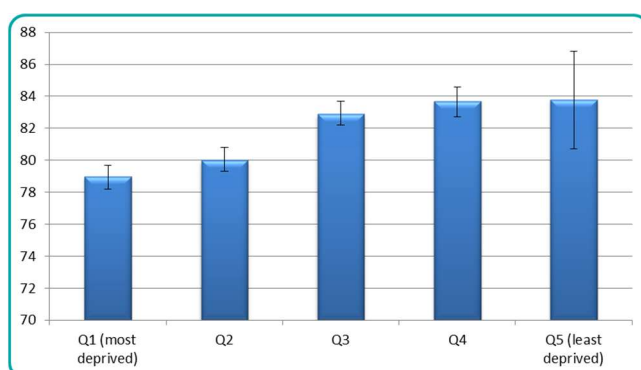


Inequalities are evident across the life course, from **children being born in more deprived areas expected to experience shorter life expectancy (figure 8)**; to working age persons with lower or no qualifications; to premature mortality.

In order to begin to reduce inequalities, an understanding of the complex web of issues is required. There is evidence to suggest that **disadvantage starts before birth and accumulates throughout life** [1]. To reduce inequalities across the life course, it is important to reduce early disadvantage, poorer outcomes from pregnancy and birth, and during childhood.

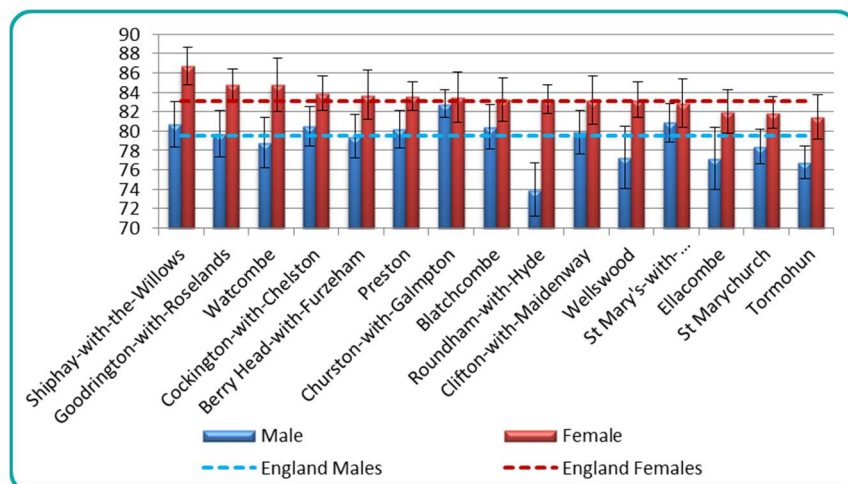
Health inequalities are when different people experience different outcomes. For example, higher rates of people dying prematurely in one community compared to another community (figure 9). There is a well evidenced relationship between poorer communities, in terms of income, and poorer health outcomes such as life expectancy [1].

Figure 8: 2014/15 Life expectancy at birth by deprivation quintile across Torbay



Source: PCMD, NOMIS and ONS

Figure 9: 2013/15 Life expectancy at birth by electoral ward and sex across Torbay compared to England



Source: PCMD, NOMIS and ONS

The gap in life expectancy at birth between communities across South Devon and Torbay is around 8.9 years for males and 5.2 years for females.

Whilst people in our more deprived communities tend to die earlier than those in the least deprived, they also tend to spend more of their life in poor health. The gap between disability free life expectancy and life expectancy is widest in our poorer communities (left hand side of figures 10 and 11). The gap is smallest at the less deprived end of the spectrum, right hand side of figures 10 and 11.

Communities in Torbay are represented by the red dots in the two charts. The lower banding of dots represents the disability free life expectancy experienced in communities, whilst the upper banding of dots represents the life expectancy on communities. The gap between these two community measures, represents an inequality across communities.

Figure 10: Female life expectancy and disability free life expectancy at birth, by neighbourhood deprivation level, England, 2009 to 2013

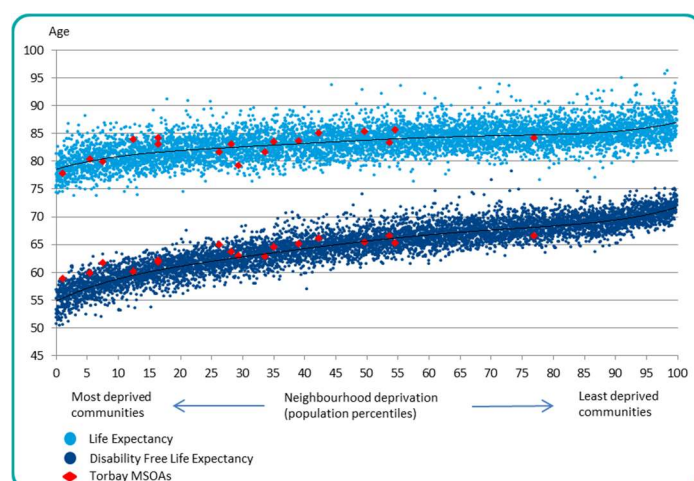
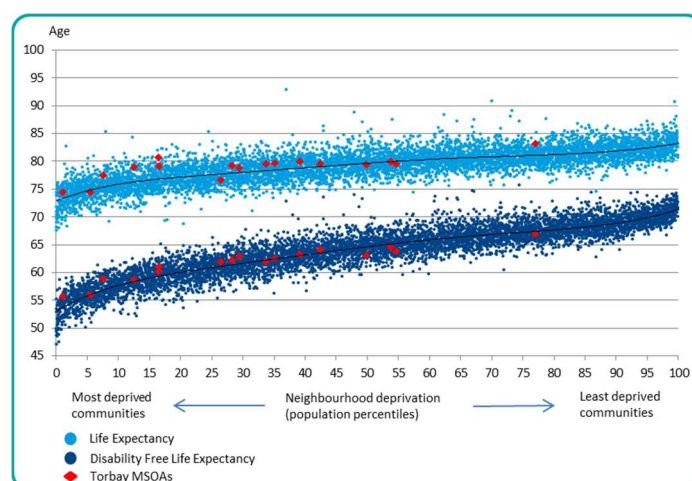


Figure 11: Male life expectancy and disability free life expectancy at birth, by neighbourhood deprivation level, England, 2009 to 2013



Source: ONS

What this means is that, on average, the more deprived **female** populations in Torbay can expect to live **their last 23.8 years of life with a disability** compared to those in the least deprived (16.2 years) population, and **still expect to die around 8.3 years earlier**. For the males population in the most deprived communities of Torbay, they can expect to live **their last 20.5 years of life with a disability** compared to those in the least deprived (14.7 years) population, and **still expect to die around 8.7 years earlier**. Proportionately, people in Torbay's more deprived communities spend a larger amount of their life in need of some increased level of support.

Life expectancy for both females and males has increased over time. A gap between the sexes remains with females, on average, living longer than males. It is of particular note that whilst life expectancy has been increasing, disability free life expectancy has decreased. This suggests that the population are ageing in poorer health, and this may in turn have a negative impact on the demand for support services to manage a population in poorer health.

Figure 12: Female Disability-free life expectancy and life expectancy over time

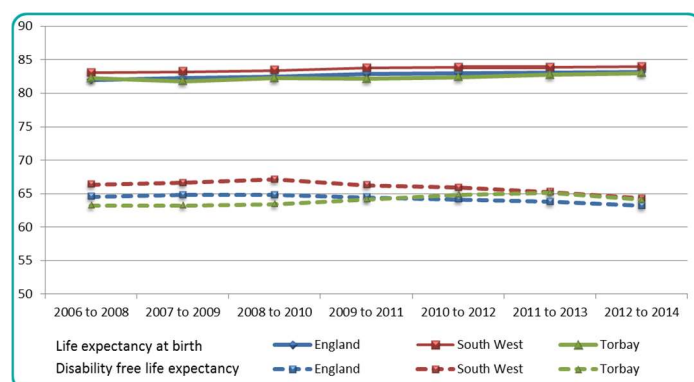
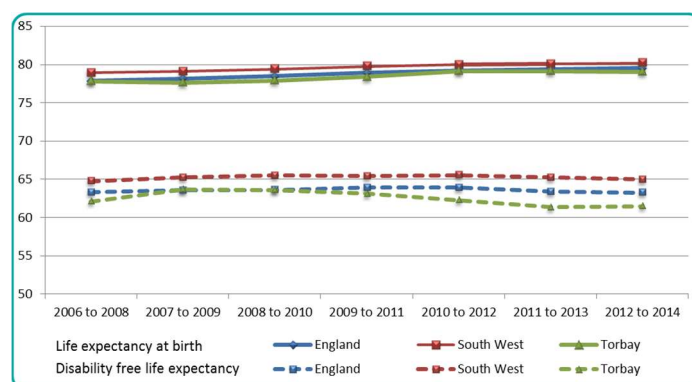


Figure 13: Male Disability-free life expectancy and life expectancy over time



Source: ONS

Figures 10 and 11 (above) show that **people in our more deprived communities live for longer with a disability**. This population needs to access care for a relatively longer period of time. Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings to the public purse.

Reducing inequalities in health does not require a separate health agenda, but action across the whole of society ^[1]. Inequalities in health are not simply about levelling out the burden of disease across the population, as **good health is not simply a measure of the absence of disease**. Where we live, and who we are, all impact on health, and inequalities.

At a national level, it is estimated that the cost of inequality in illness accounts for productivity losses of around £32 billion per year ^[1]. Proportionately, in **Torbay** this could represent a **cost of inequality in illness of around £75 to £80 million per year**. That would include lost taxes, higher welfare payments and higher NHS healthcare costs. The figure presented is based on a national population spend per head being applied to the South Devon and Torbay population; it has not been adjusted for deprivation, age or sex. It does however represent a wider system perspective on costs.

In 2015, Torbay's overall position for multiple deprivation rank of average rank was 46th out of 326 district local authorities and 37th out of 152 upper tier Local authorities in England. Compared to the South West of England, Torbay is ranked as the most deprived on a range of summary

measures (including income and employment deprivation summary measures). Torbay's position is relatively worse than for previous versions of the IMD (index of Multiple Deprivation).

For local authority districts, Torbay is ranked within the top 20% most deprived local authorities in England (figure 14), and when compared to CIPFA statistical neighbours, Torbay has the second highest levels of multiple deprivation (table 3).

Table 3: Torbay's nearest unitary neighbours

CIPFA nearest neighbour (district LA rank of 326)	IMD rank of average rank	
	2010	2015
Blackpool	10	4
Torbay	49	46
North East Lincolnshire	78	65
Cornwall	82	68
Redcar and Cleveland	71	78
Isle of Wight	106	83
Sefton	114	102
Southend-on-Sea	117	105
Wirral	103	106
Bournemouth	96	117
Darlington	104	122
North Tyneside	124	138
Northumberland	144	145
Poole	187	208
East Riding of Yorkshire	216	215
North Somerset	224	224

Source: CIPFA nearest unitary authority neighbours, 2015

Figure 14: Average rank summary measure of the 2015 IMD, for local authority districts

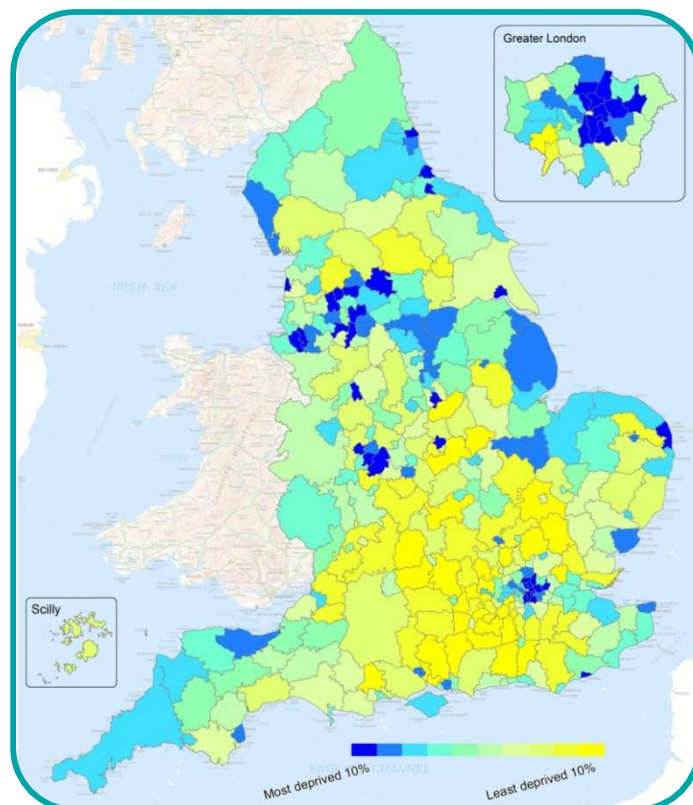
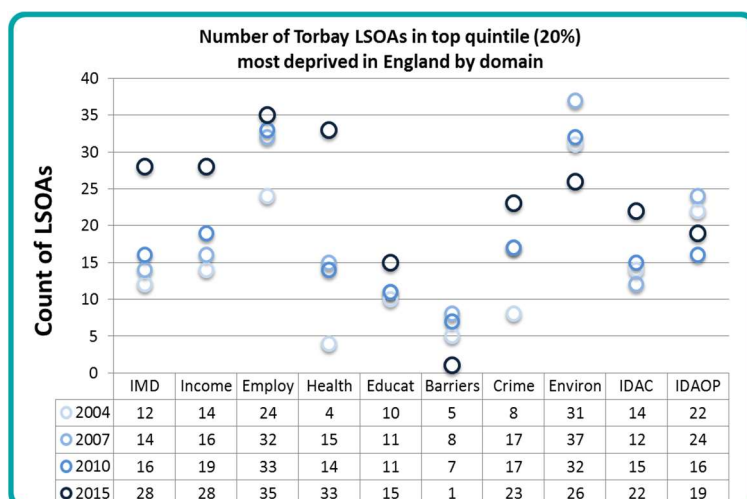


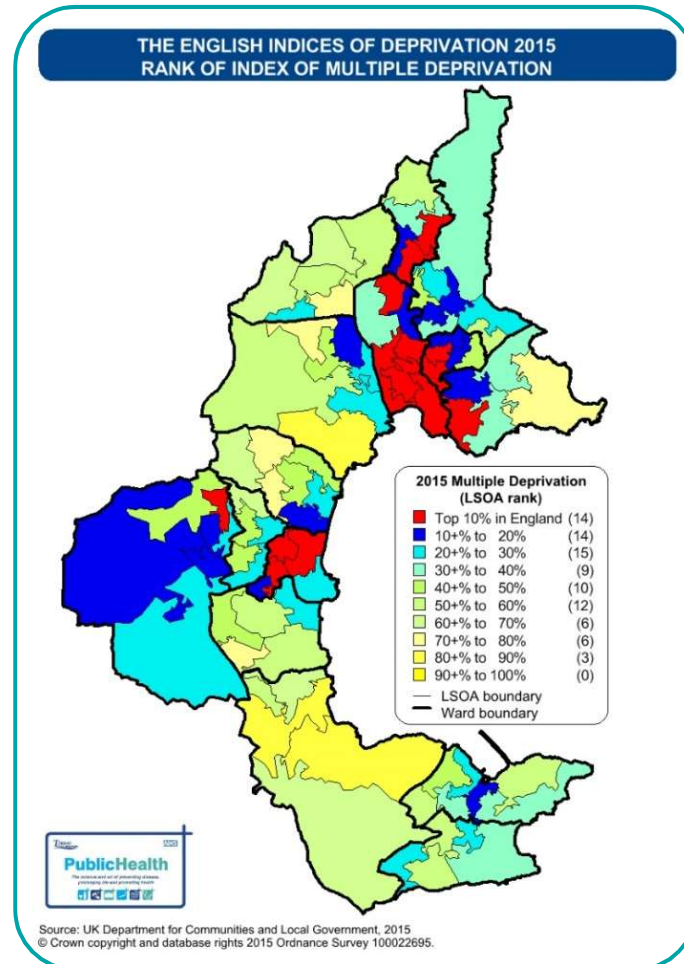
Figure 15: Change in count of LSOAs in Torbay in the top 20% most deprived in England



Since 2004 the number of areas in Torbay in the top 20% most deprived in England has increased (figure 15). The darker circles represent the 2015 indices of multiple deprivation.

There are currently 28 areas in Torbay in the top 20% most deprived in England; up from 12 in 2004. These areas are presented in red and dark blue in fig 16 below.

Figure 16: 2015 rank of index of multiple deprivation



Wider determinants of health

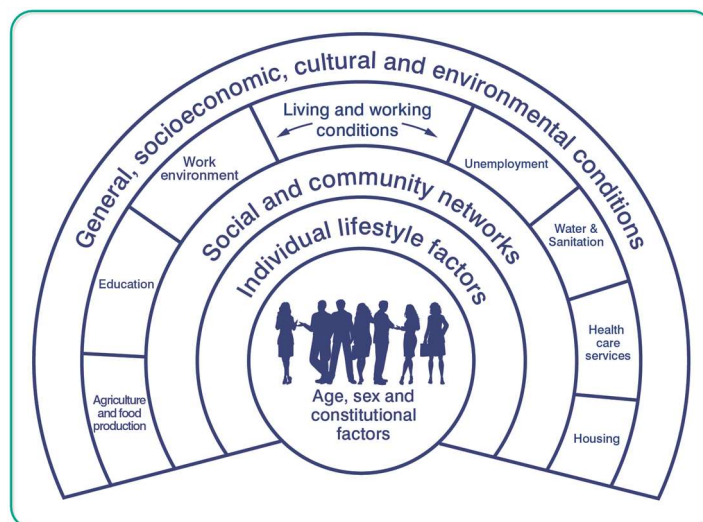
Whilst it is not possible to change some of our individual determinants of health, such as our age, our sex at birth and our genetic makeup (family history). There are other factors that we can try to influence that impact on health and wellbeing, such as the environment in which we live, our ability to work and the lifestyle choices we make. Figure 17 illustrates the main influences on health [6]. These influences are known as the **wider determinants of health**.

The layers presented in figure 17 include:

- **individual lifestyle factors** such as smoking habits, diet and physical activity have the potential to promote or damage health
- **social and community network** interactions with friends, relatives and mutual support within a community can sustain people's health

- **wider influences** on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole

Figure 17: Wider determinants of health [6]



Influencing these layers, across the life course, is required to reduce inequalities, such as the gap in life expectancy, and improve the health and wellbeing of the South Devon and Torbay population.

Social and economic factors are estimated to contribute to 40% of health outcomes, made up of education (10%), employment (10%), income (10%), family and social support (5%) and community safety (5%). Contributions are illustrated in figure 18 below.

Figure 18: contribution of determinants to health outcomes

HEALTH BEHAVIOURS (30%)	TOBACCO USE (10%)	
	DIET AND EXERCISE (10%)	
	ALCOHOL USE (5%)	SEXUAL ACTIVITY (5%)
CLINICAL CARE (20%)	ACCESS TO CARE (10%)	
	QUALITY OF CARE (10%)	
SOCIAL AND ECONOMIC FACTORS (40%)	EDUCATION (10%)	
	EMPLOYMENT (10%)	
	INCOME (10%)	
	FAMILY AND SOCIAL SUPPORT (5%)	COMMUNITY SAFETY (5%)
PHYSICAL ENVIRONMENT (10%)	AIR QUALITY (5%)	BUILT ENVIRONMENT (5%)

Source: County Health, Rankings Working Paper. Madison (WI): University of Wisconsin Population Health Institute, 2010 [9]

Prevention means different things to different people, and there are different perceptions and perspectives of prevention. From a population level perspective, illustrated in fig 20 as health improvement opportunities to prevent the need for treatment services are more cost effective than treating people, to tertiary prevention that aims to prevent the worsening or repeat need for treatment.

For example, continuously pulling people out of the river downstream (fig 19) takes resources and over time would be more costly than simply fixing the bridge and preventing people falling into the river in the first place. This could be applied to any treatment or activity based services.

Figure 19: Upstream – Downstream opportunities to reduce costs

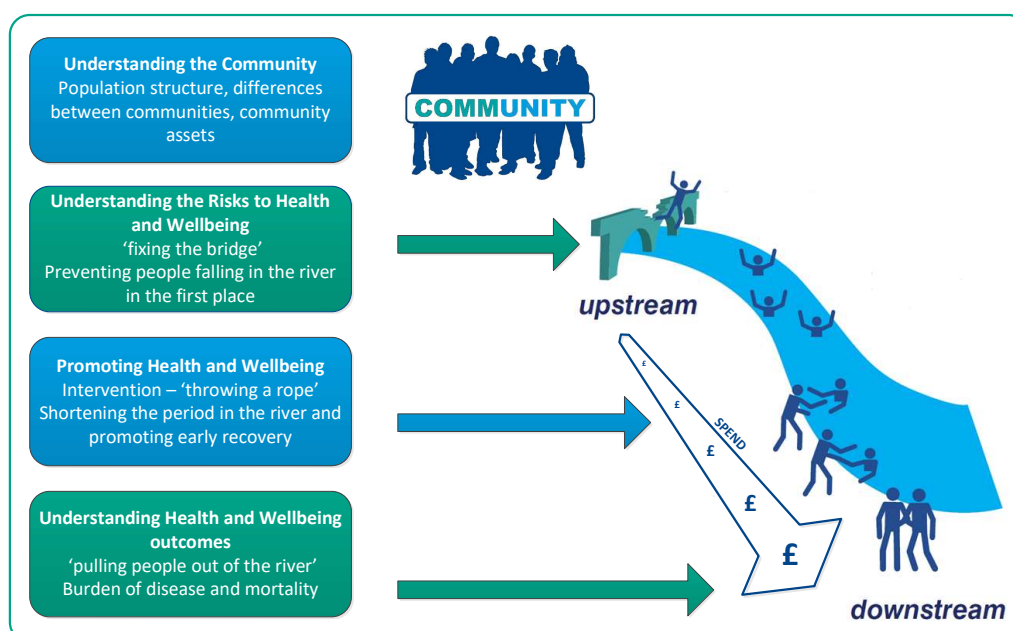
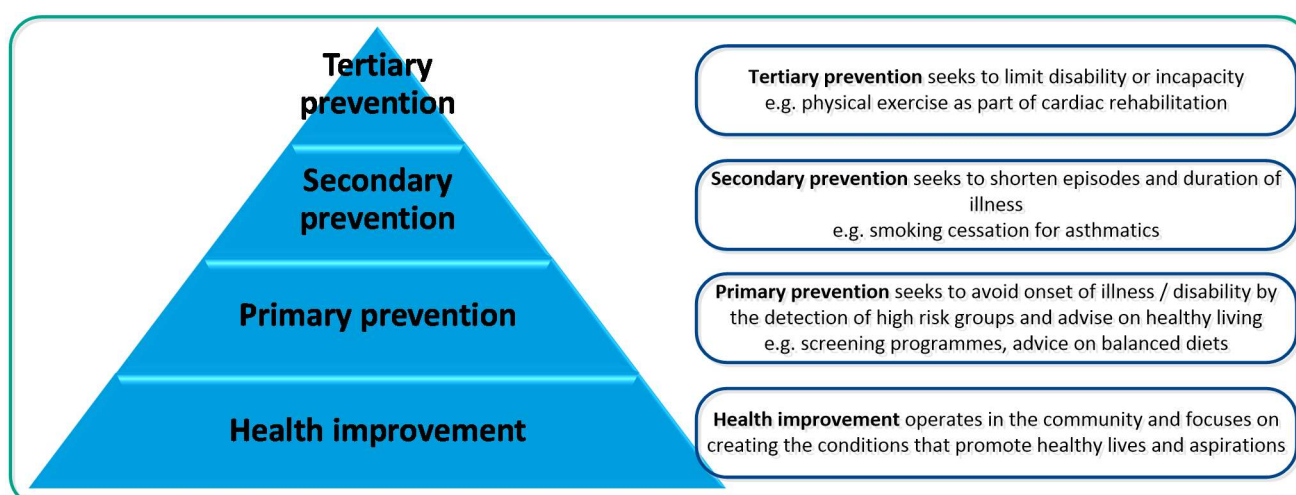


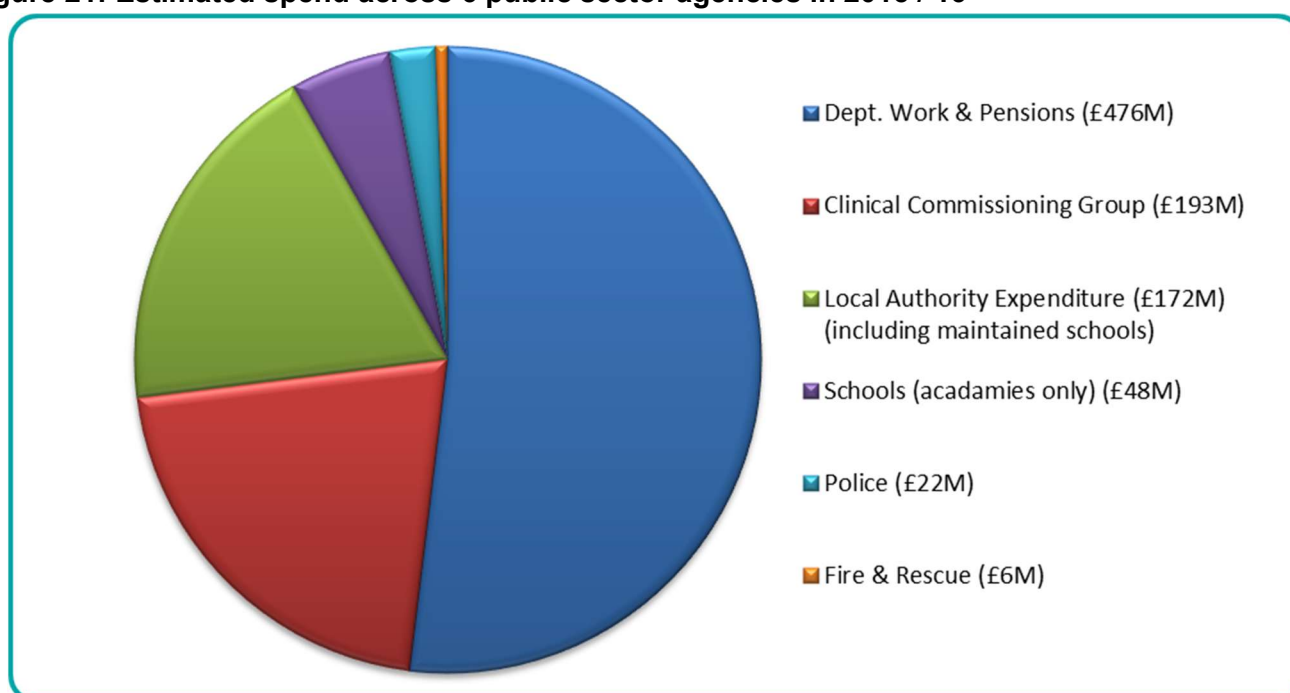
Figure 20: Prevention opportunities



The public sector includes services commissioned and provided for the public. This includes support services such as benefits, as well as schools, hospitals and refuse collection. This includes central government, national agencies, local NHS organisations and Torbay Council.

In 2015/16 around £920M was spent by 6 public sector bodies in Torbay, which equates to around £2.5M per day. Over half of spend was through the Department of Work and Pensions, spending £476M. The breakdown of spend is shown in figure 21.

Figure 21: Estimated spend across 6 public sector agencies in 2015 / 16



Source: Revenue Accounts, schools block allocation, benefit expenditure – gov.uk

Data for the Clinical Commissioning Group has been apportioned based on resident population, with a Torbay figure allocated according to population. The data is not adjusted for age or deprivation.

The same apportioned based methodology has been applied to both the Police (Devon and Cornwall Constabulary) and Fire and Rescue (Devon and Somerset Fire and Rescue Service).

The data is published and in the public domain, and analysis of CIPFA nearest neighbours has been undertaken to add further contextualisation where possible.

Department for Work and Pensions spend 2015/16

The department for work and pensions spent around £476M in Torbay in 2015/16. Around £250M was spent on state pension, and with Torbay's more aged demographic, this explains Torbay's higher than average spend DWP spend per head of population.

Spend on Job Seekers Allowance was around £5.4M, and represented a relatively small proportion of overall spend by the department for work and pensions.

Figure 22: DWP spend per head – 2015-16

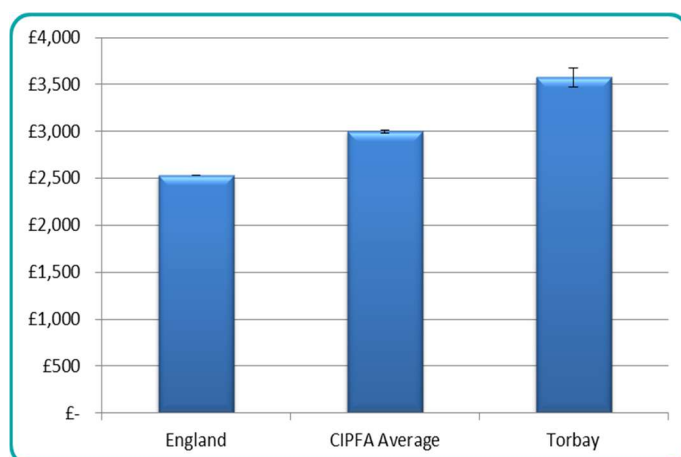
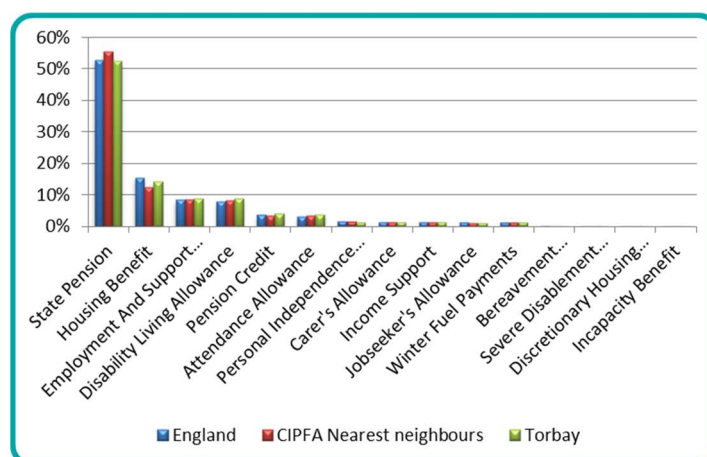


Figure 23: Proportion of DWP spend by benefit



Source: DWP Benefit Expenditure, gov.uk

South Devon Clinical Commissioning Group spend 2015/16

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 207 CCGs in England.

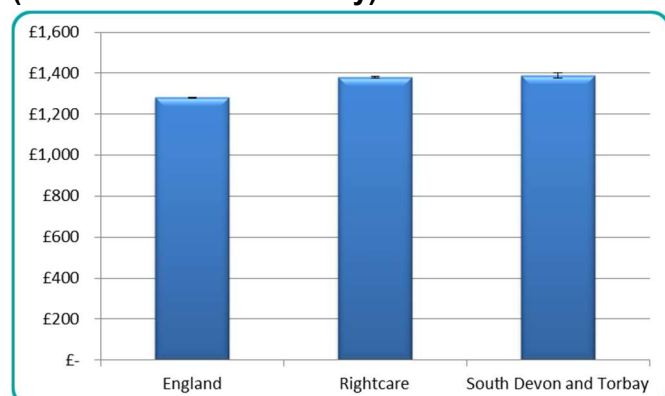
Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population, and measured by how much they improve outcomes.

The South Devon and Torbay CCG is responsible for commissioning health services for the Torbay population, as well as around 40% of the South Hams and 80% of the Teignbridge populations. In 2015/16 the South Devon and Torbay CCG total spend was around £387M (CCG Breakdown of Programme Costs 2015/16 Plans). Apportion based on resident population, equates to an estimated spend of £193M for the population of Torbay. The following spend

analysis (figures 24 and 25) is across the whole CCG footprint. The average spend is based on CCG allocation. As a health geography, there are different comparator groups, the South Devon and Torbay CCG has a group of similar organisations, referred to as RightCare. Details of the CCGs that form this group can be found at: <https://www.england.nhs.uk/rightcare/products/>

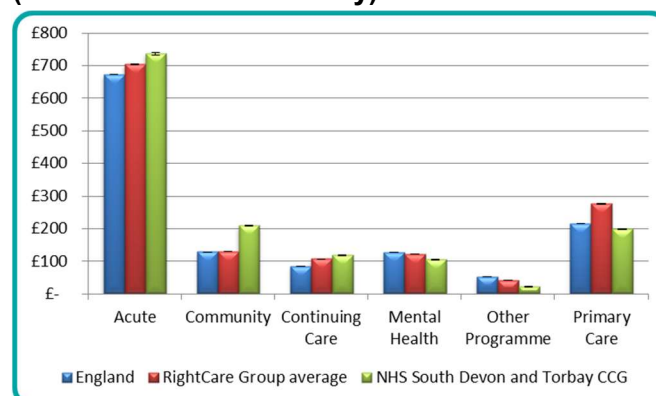
South Devon and Torbay have a similar spend per head of population when compared to their RightCare average, however it is higher than the England average (fig 24). The South Devon and Torbay CCG spend more per head on acute and community services (fig 25) – the majority will be commissioned from Torbay and South Devon NHS foundation trust.

Figure 24: CCG spend per head of registered population – 2015/16 (South Devon and Torbay)



Source: CCG Breakdown of Programme Costs 2015/16 Plans

Figure 25: CCG Spend per head of registered population 2015/16 Plans (South Devon and Torbay)



Further analysis of Torbay registered patients by the CCG PBR data (payments by results) shows that the average spend per head increases with age. Allowing for demographic change, estimates suggest an increase of £7.3M between 2017 and 2025.

Figure 26: Three year average spend per head of population (Torbay)

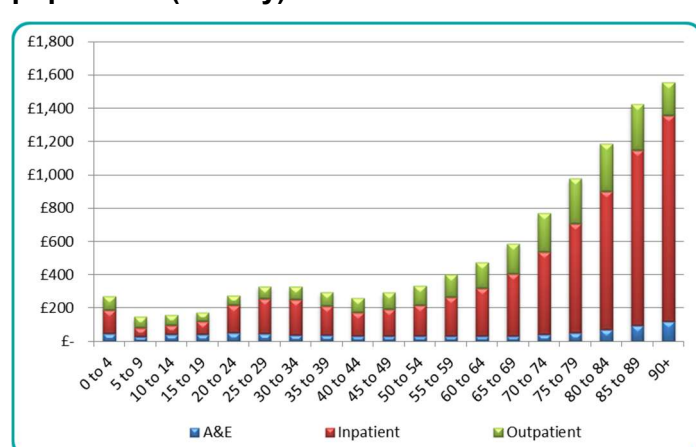
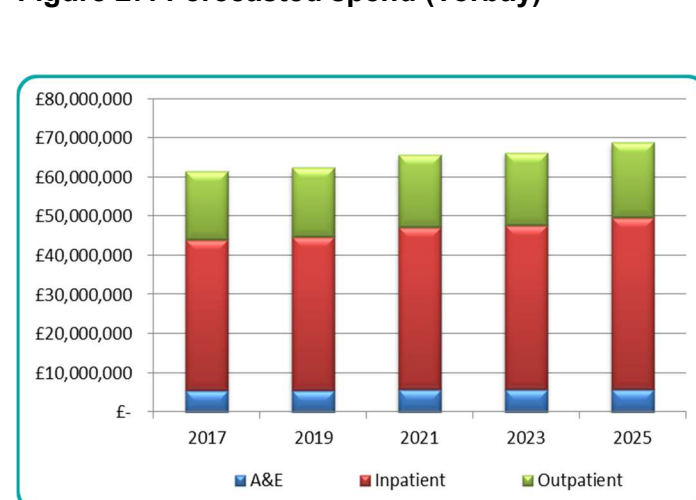


Figure 27: Forecasted spend (Torbay)



Source: 2014 Subnational population projections, ONS; South Devon and Torbay CCG, SUS

Local Authority (Torbay Council) Revenue Accounts 2015/16

Torbay council is an upper tier unitary local authority, responsible for providing services to the population of Torbay. Local government in England and Wales is funded through:

- grants from central government (about 54%) made up mainly of redistributed business rates, including the Revenue Support Grant and the Public Health grant
- and locally raised funding (about 46%) which includes council tax (charged to local people) and other sources such as car parks, parking permits and the hire of sports facilities

However this system is currently going through a major change. By 2020 the Government has committed to phasing out central grants for local government, so that local government will be funded entirely through locally retained business rates and council tax. The aim of this move is to encourage local authorities to promote local economic growth and to be financially self-sufficient. This system of 100% Business Rate Retention is still being designed by DCLG. <https://www.lgiu.org.uk/local-government-facts-and-figures/>

In Torbay, the revenue account budget for 2017-18, revenue account data for total service expenditure is £164M. The £164M is distributed across different service areas, such as Adult social care, children's social care and other services. The distribution is presented in figure 28

Figure 28: Revenue Account Budget 2017-18:

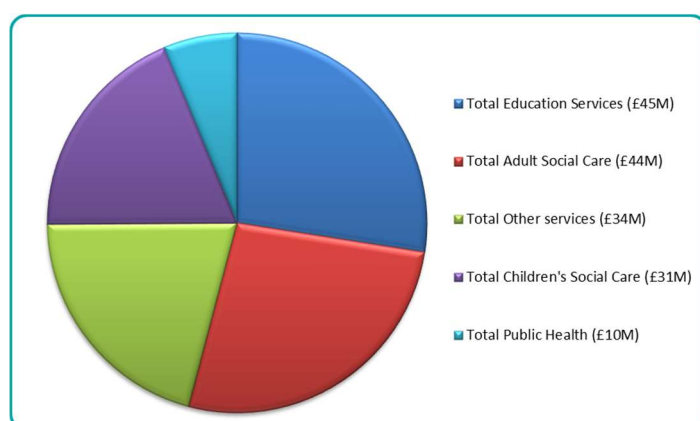
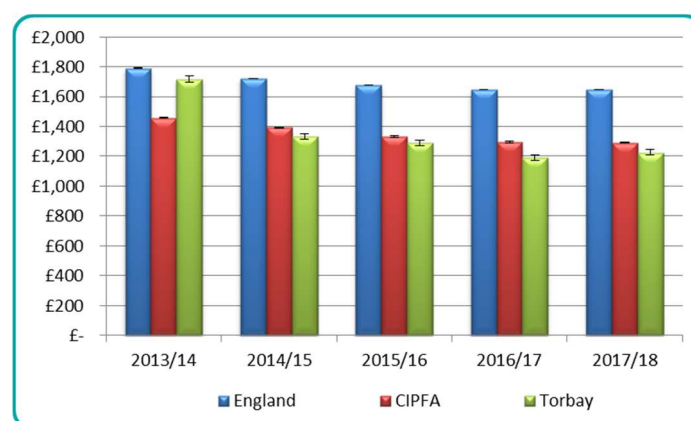


Figure 29: Total Service Expenditure (£ per head of total population)



Source: Local authority revenue expenditure and financing, gov.uk

Torbay's expenditure per head of population is significantly lower than the England average, and also significantly lower than the CIPFA nearest neighbours average. The expenditure per head reduced significantly over recent years, as shown in fig 29.

Further analysis across Children's Social Care, Education, Adult Social Care and Public Health follow.

With an increase in academy schools, the expenditure for maintained education that came through the local authority decreased. This change is important to understand to interpret fig 30. Torbay has a significantly higher rate of children looked after than most other authorities across England, and the costs of children's social care per head of 0 to 19 year olds shows that Torbay spends around 40% more than both the England and CIPFA averages (fig 31).

Figure 30: Total Education Services
(£ per head of 0 to 19 year olds)

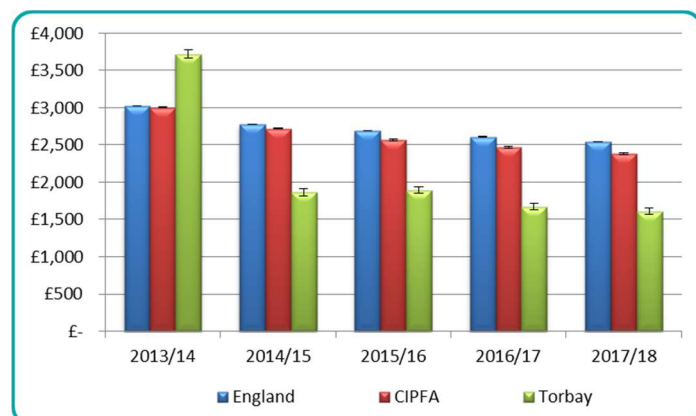
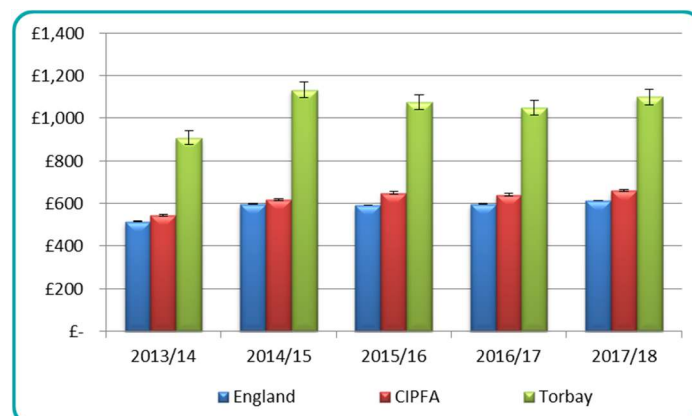


Figure 31: Total Children's Social Care
(£ per head of 0 to 19 year olds)



Source: Local authority revenue expenditure and financing, gov.uk

A great majority of children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members ^[10]. These risk factors tend to be higher in populations with higher levels of deprivation.

Figure 32: Total Adult Social Care
(£ per head of 18+)

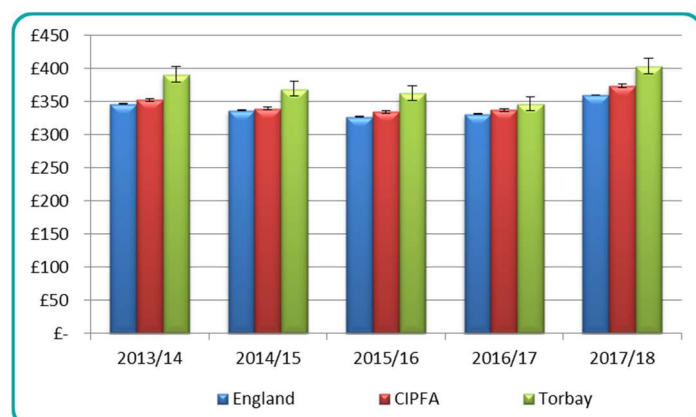
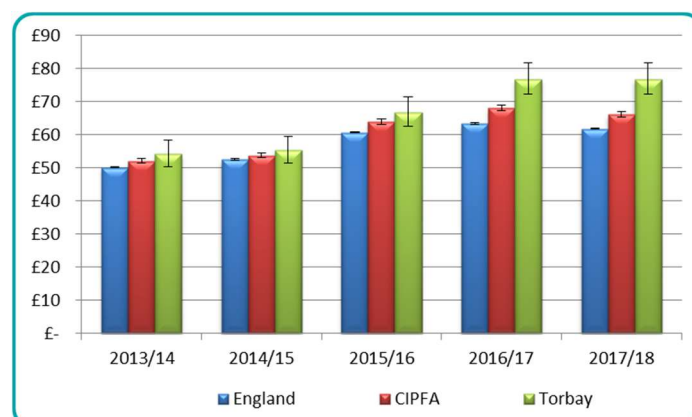


Figure 33: Total Public Health
(£ per head of total population)



Source: Local authority revenue expenditure and financing, gov.uk

With a more aged population, we expected Torbay to have higher levels of adult social care need compared to the England population, and therefore a higher expenditure per head of population. Torbay's population is expected to continue to have an increase in an older demographic, and this is expected to continue to increase need for adult social care.

Inequalities across the population of England mean that Local Authorities require different levels of Public Health funding. Public Health England and the Department of Health have funded local authority areas relative to the scale or size of need in their population. In essence, this is an application of proportionate universalism ^[1]

There is a significant evidence base that identifies greater needs in populations with greater levels of relative deprivation ^[1]

An analysis of spend and outcome (figures 34 and 35) suggests that Torbay's overall outcomes are similar to the England average (represented by 'PH' in figure 34). Specific outliers for Torbay in relation to overall local authority spend and outcome identified by the SPOT tool suggest children's social services, along with planning and cultural services, have higher levels of spend and worse outcomes compared to the England average.

Within the portfolio of Public Health services, there is variation of spend and outcomes - shown in figure 35. Drug and alcohol services can be seen as higher spend and worse outcomes (Drug); this is primarily driven by alcohol specific admissions to hospital, and also claimants of benefits due to alcoholism. Not all of these outcomes are commissioned through public health in the local authority setting.

Figure 34: Torbay 2016 Spend and Outcomes

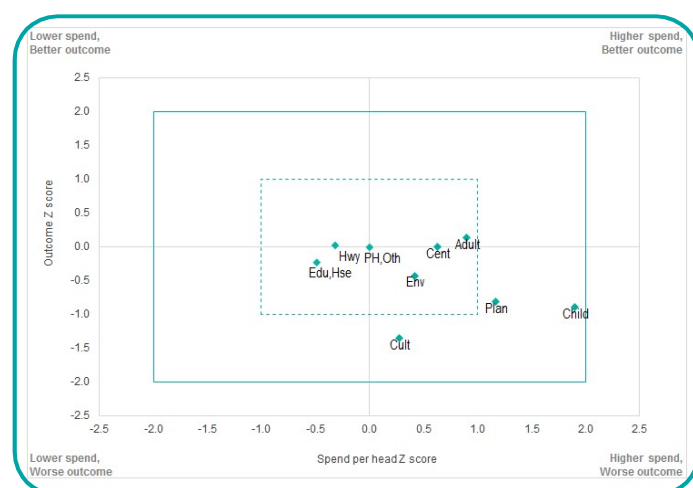
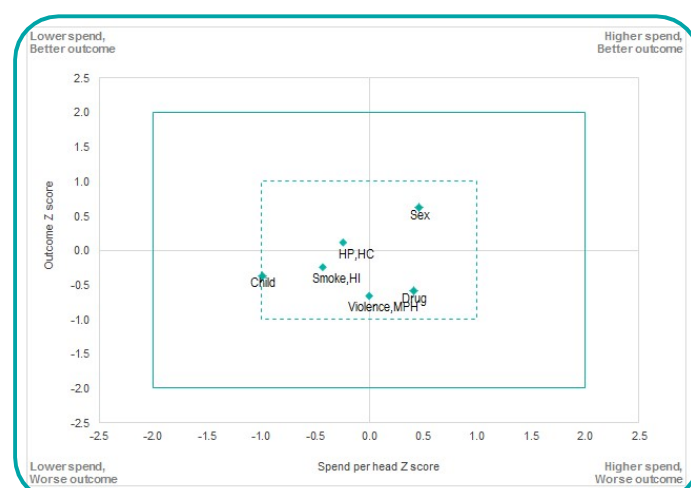


Figure 35: Torbay 2016 Public Health spend and outcomes

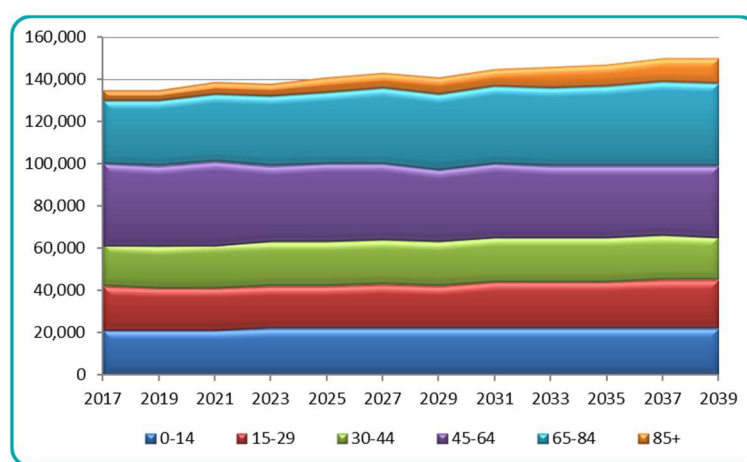
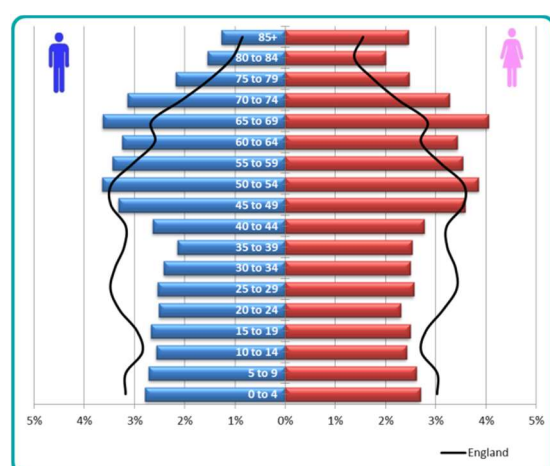


Source: Public Health England, Spend and Outcome Tool (SPOT)

This section provides an overview of the Torbay population, including population estimates and projections and a chart of key indicators and outcomes.

Torbay has a resident population of 133,883 (2016 Mid-Year Estimate), with 51.5% female and 48.5% male. Torbay's population structure continues to experience an older demographic, as shown in the population pyramid (fig 36) below.

Figure 36: population pyramid for Torbay compared to England, 2016



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

Torbay's population is projected to increase over the coming years. The under 65 population shows modest growth while the over 65 population shows significant growth (shown visually in fig 37 and tabulated in table 4). Torbay's over 85 population is expected to double over the next twenty years. These significant increases in the older population are expected to drive increasing demand on support and treatment services.

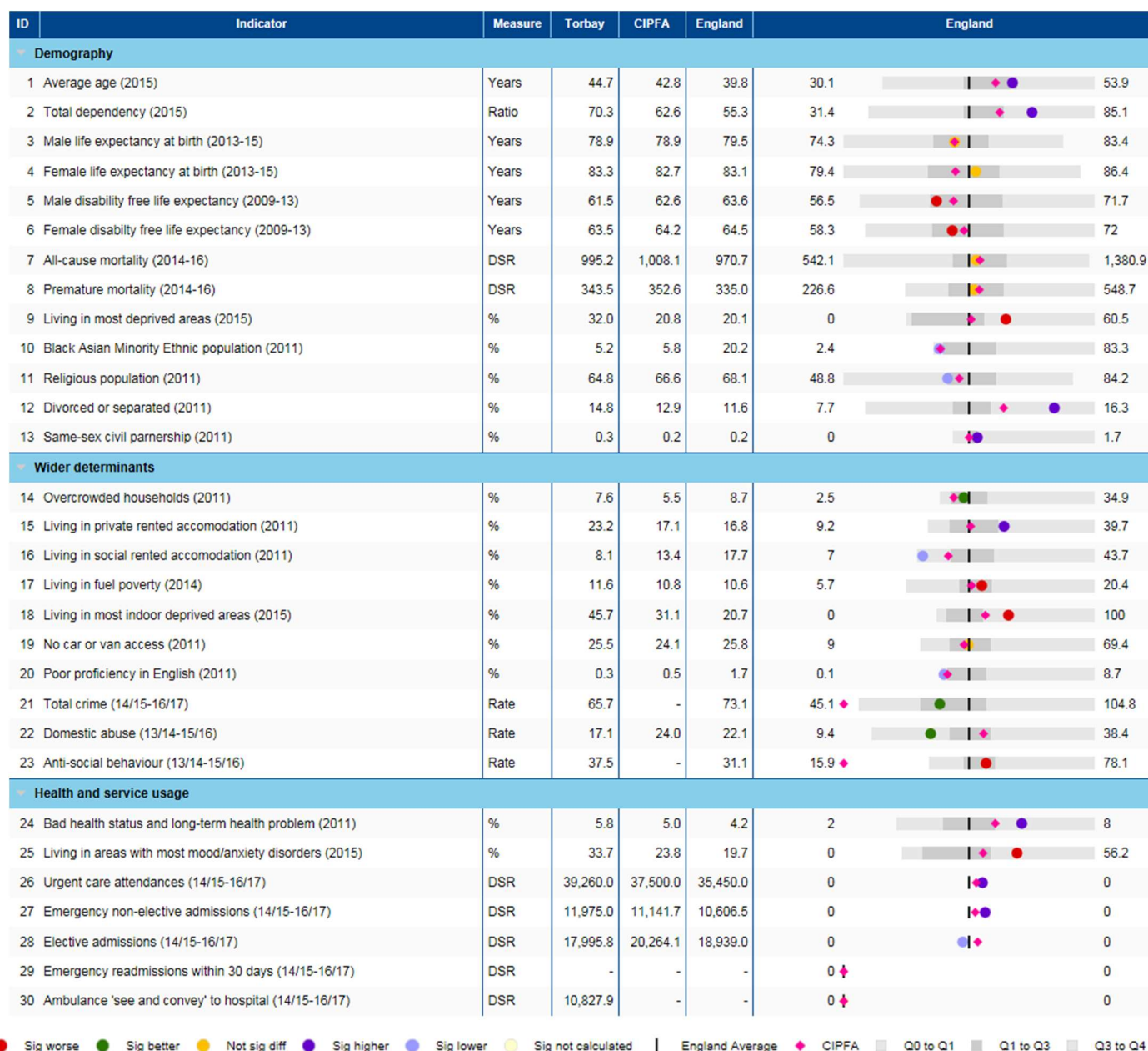
Table 4: population estimates by year and age group

Age Group	2017	2018	2019	2020	2025	2030
0-14	21,131	21,336	21,535	21,663	22,071	21,990
15-29	20,598	20,436	20,312	20,256	19,891	20,453
30-44	19,896	19,820	19,770	19,867	20,965	21,158
45-64	37,501	37,560	37,623	37,573	36,419	34,554
65-84	30,212	30,696	31,121	31,540	34,033	36,944
85+	5,142	5,228	5,332	5,466	6,429	8,039
Total	134,481	135,077	135,691	136,366	139,809	143,140

Source: NOMIS, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 38: Population overview profile



Indicator notes:

1. Average age for the total population [ONS]
2. % of dependents (<15 & 65+ yrs) per working population [ONS]
3. Years of male life expectancy from birth [PCMD; ONS, PHE]
4. Years of female life expectancy from birth [PCMD; ONS, PHE]
5. Years of male disability free life expectancy from birth [PHE Local Health]
6. Years of female disability free life expectancy from birth [PHE Local Health]
7. Directly age standardised (DSR) all-cause mortality rate per 100,000 [PCMD; ONS]
8. DSR all-cause premature (<75yrs) mortality rate per 100,000 [PCMD; ONS, PHE]
9. % of population living in areas amongst 20% most deprived in England [DCLG]
10. % of population reporting to be Black Asian Minority Ethnic (BAME) [CENSUS]
11. % of population reporting to have a religion [CENSUS]
12. % of population reporting to be divorced or separated [CENSUS]
13. % of population reporting to be in a same-sex civil partnership [CENSUS]
14. % of households with 1 room or fewer than required for occupants [CENSUS]
15. % of households who privately rent accommodation [CENSUS]
16. % of households who socially rent accommodation [CENSUS]

17. % of households living in fuel poverty "Low income, High Cost" measure [DECC]
18. % of population living in areas amongst 20% most indoor environment deprived in England [DCLG]
19. % of households with no cars/vans available for use by household [CENSUS]
20. % of population who cannot speak English or speak English well [CENSUS]
21. Rate of total crimes per 1,000 population [Data.Police.UK]
22. Rate of domestic abuse crime per 1,000 population [Police universal dataset]
23. Rate of antisocial behaviour per 1,000 population [Data.Police.UK]
24. % reporting bad health status and long-term health problem/disability [CENSUS]
25. % of population living in areas amongst 20% most mood and anxiety deprived in England [DCLG]
26. DSR urgent care (ED & MIU) attendances per 100,000 population [HES; ONS]
27. DSR emergency non-elective admissions per 100,000 population [HES; ONS]
28. DSR elective admissions per 100,000 population [HES; ONS]
29. DSR emergency readmissions within 30 days per 100,000 population [HES; ONS]
30. DSR ambulance trips which result in a 'see and convey' to hospital [SWAST]

Highlights from the overview profile:

- Torbay's aged population has further challenges in higher levels of dependency. Where there are higher levels of dependent population per working age population. This is important with regards to the potential workforce within Torbay.
- Torbay has one of the highest levels of divorced or separated in the country.
- There are higher proportions of the population living in the private rented sector and lower levels living in social housing in Torbay.
- Rates of reported crime and domestic abuse are lower in Torbay, whilst levels of anti-social behaviour are higher.
- There are high levels of self-reported bad health in the population, and a lot of people living with mood or anxiety disorders.
- There are higher rates of emergency admissions to hospital and lower levels of elective admissions.

Mortality

At different stages of life, there are different leading causes of mortality. Overall, circulatory related diseases are the leading cause of mortality in the Torbay population and account for around 1 in 4 deaths.

Table 5: Leading cause of death in Torbay (Apr 2012 to Mar 2017) all persons

Age	1st	2nd	3rd	Total deaths by age group
1 to 19	Perinatal (7)	Nervous system (5)	Sudden infant death syndrome (5)	31
20 to 34	Suicide (17)	Cancer (8)	Circulatory (5)	55
35 to 49	Cancer (61)	Circulatory (45)	Suicide (27)	207
50 to 64	Cancer (323)	Circulatory (168)	Respiratory (89)	769
65 to 79	Cancer (925)	Circulatory (613)	Respiratory (321)	2,358
80+	Circulatory (1,612)	Cancer (959)	Respiratory (855)	5,487
All ages	Circulatory (2,444)	Cancer (2,278)	Respiratory (1,282)	8,899

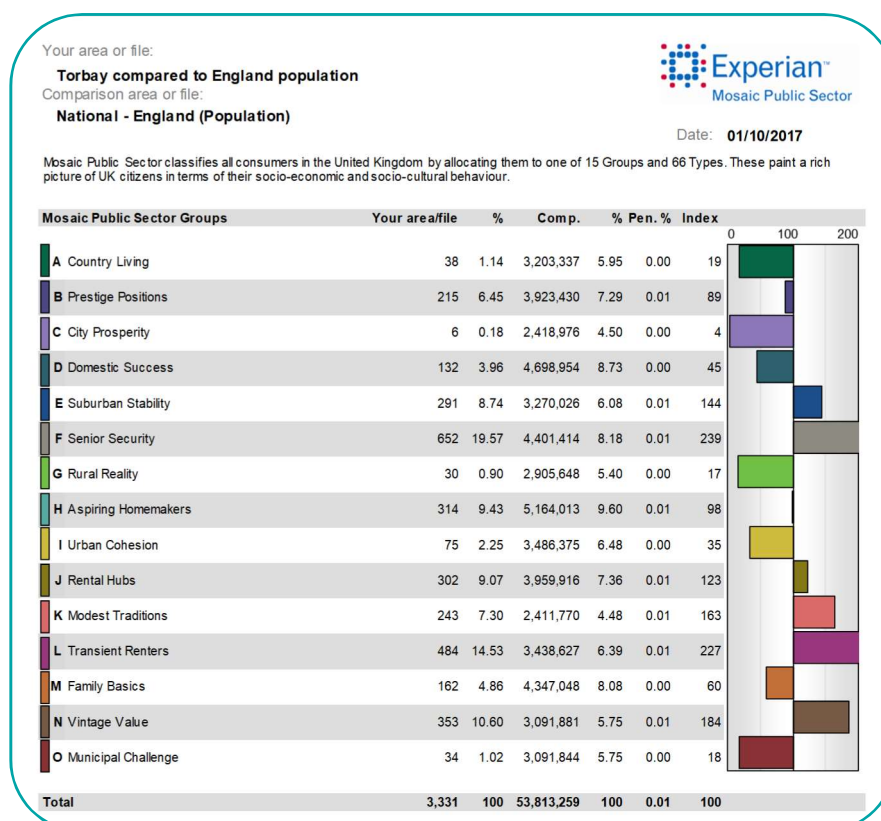
Source: Primary Care Mortality Database, Open Exeter

Population segmentation

Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. Using postcode data from the 2015 GP registration database, the top two Mosaic groups in Torbay are:

1. **F Senior Security** (Elderly people with assets who are enjoying a comfortable retirement) 19.6% of postcodes in Torbay - Senior Security are elderly singles and couples who are still living independently in comfortable homes that they own. Property equity gives them a reassuring level of financial security. This group includes people who have remained in family homes after their children have left, and those who have chosen to downsize to live among others of similar ages and lifestyles
2. **L Transient Renters** (single people privately renting low cost homes for the short term) - 14.5% of postcodes in Torbay - Transient Renters are single people who pay modest rents for low cost homes. Mainly younger people, they are highly transient, often living in a property for only a short length of time before moving on. Households in this group are typically aged in their 20s and 30s and are either living alone or house-sharing. Very few people are married and there are few children.

Figure 39: Mosaic groups (based on postcodes) across Torbay



This section brings together key information around Torbay's younger population. It includes population estimates for the 0 to 24 year old population, as well as presenting key challenges and outcomes for the population. The section is presented in two parts, starting well and developing well. Starting well is about understanding the needs of the population from pregnancy, birth and for the first few years of life. Developing well is about understanding the needs of the population between the ages of 5 and 17.

Population

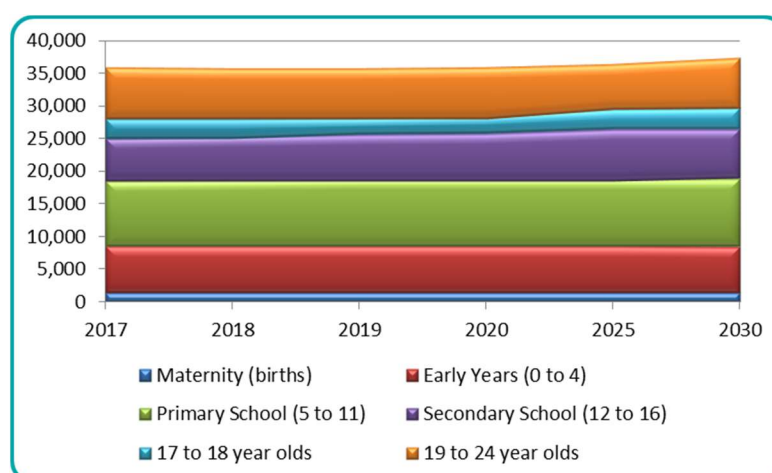
Population projections suggest the number of births in Torbay will average around 1,400 per year. However, over the next 10 to 12 years, the number of children of school age is expected to increase. Most acutely in secondary school provision, with an estimated 1,000 more in the population aged 12 to 16 between 2017 and 2030.

Table 6: population projections for the 0 to 24's in Torbay

Age group	2017	2018	2019	2020	2025	2030
Maternity (births)	1,410	1,420	1,420	1,420	1,410	1,400
Early Years (0 to 4)	7,160	7,110	7,110	7,140	7,180	7,090
Primary School (5 to 11)	9,920	10,150	10,230	10,240	10,230	10,340
Secondary School (12 to 16)	6,620	6,760	6,920	7,080	7,690	7,640
17 to 18 year olds	2,960	2,720	2,600	2,700	3,030	3,250
19 to 24 year olds	7,810	7,680	7,580	7,320	6,870	7,660

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

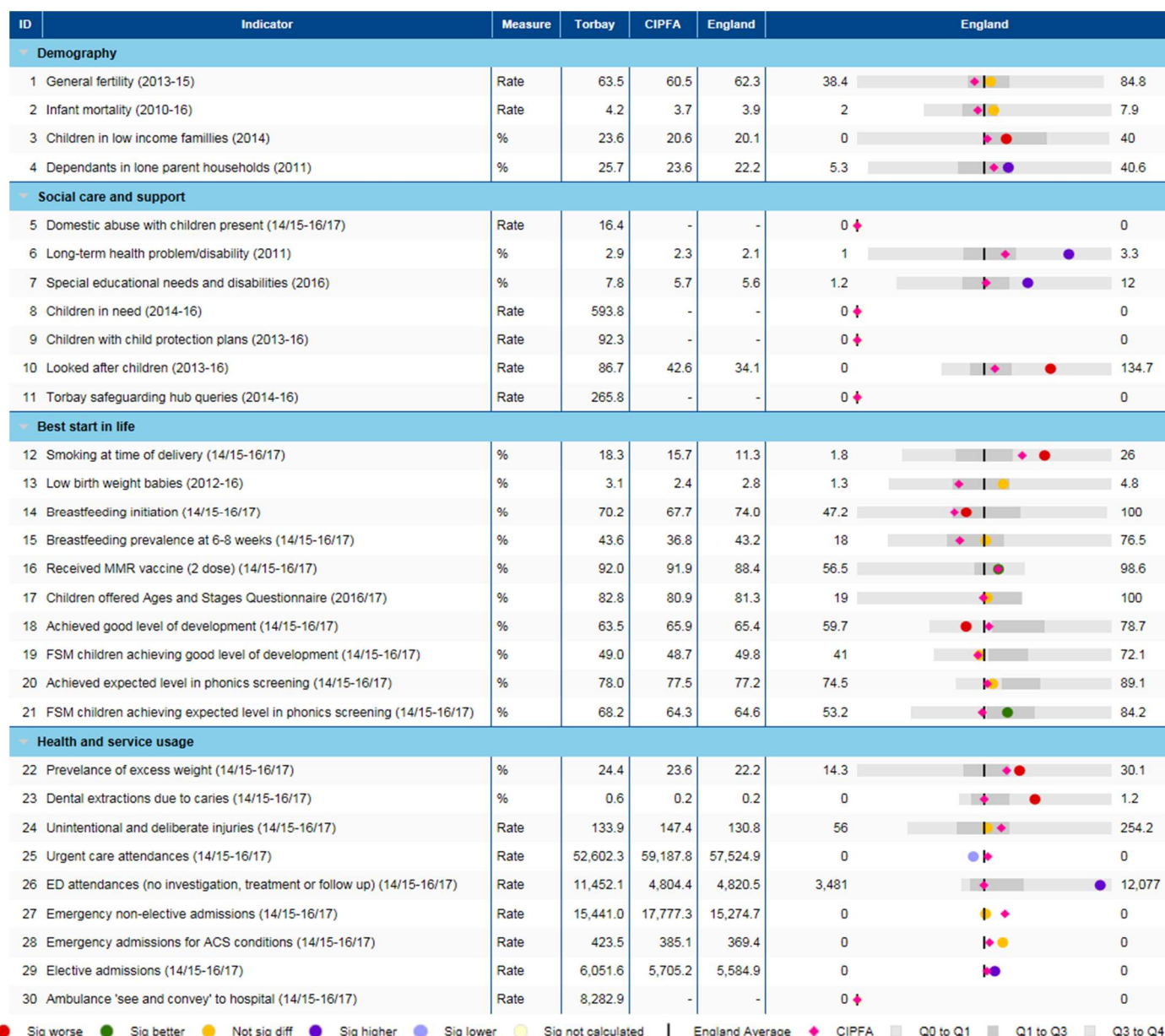
Figure 40: Population projections for 0 to 24's in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 41: Starting well overview profile



Indicator notes:

- General fertility rate per 1,000 females aged 15-44 years [Vital Statistics; ONS]
- Infant mortality rate (<1 year) per 1,000 live births [PCMD; Vital Statistics; PHE]
- % of children living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of IS or JSA [HMRC]
- % of youngest dependent child (0-4yrs) living in lone parent household [CENSUS]
- Rate of domestic abuse crimes with children present per 1,000 <19 yrs. population. [Local Police Minimum Dataset (Torbay UA); ONS]
- % of children <5yrs with limited day-to-day activity [CENSUS]
- % of children <5yr with statements/EHCPs or SEN Support [Torbay UA; DfE]
- Rate of children in need (<5yrs) per 1,000 <5yr population [Torbay UA; ONS; DfE]
- Rate of children on child protection plans (<5yrs) per 1,000 <5yr population [Torbay UA; ONS; DfE]
- Rate of looked after children (<5yrs) per 1,000 <5yrs pop [Torbay UA; ONS; DfE]
- Rate of safeguarding queries for children <5yrs per 1,000 <5yrs pop [MASH; ONS]
- % of maternities where mother reported smoking at birth [TSDNHSFT; PHOF]
- % of term babies (37+weeks) born <2500g [TSDNHSFT; PHOF]
- % of women giving birth who initiate breastfeeding in first 48hrs [TSDFT; PHE]

- % of infants being totally or partially breastfed at 6-8wks [TSDNHSFT; PHE]
- % of children receiving 2 dose MMR vaccine before 5th birthday [TSDFT; PHE]
- % of children (2-2.5yrs) who received ASQ-3 as part of review [TSDFT; PHE]
- % of children reaching expected level in early learning goals [Torbay UA; PHE]
- As above (18) with free school meal eligibility (FSM) [Torbay UA; PHE]
- % of children reaching expected level in phonics screening [Torbay UA; PHE]
- As above (20) with free school meal eligibility (FSM) [Torbay UA; PHE]
- % of children (4-5yrs) who are overweight & very overweight [Torbay UA; PHE]
- % <5yrs with a hospital dental extraction due to caries [HES- NHSD; ONS; PHE]
- Rate of hospital admissions for injuries per 100,000 <5yrs population [HES- NHSD; ONS; PHE]
- Rate of ED & MIU attendances per 100,000 <5yrs pop [HES- NHSD; ONS]
- Rate of ED attendances with no investigation, treatment or follow up (disposal code = '03' & SUSHRG code = 'VB11Z') per 100,000 <5yrs pop [HES- NHSD; ONS]
- Rate of hospital emergency admissions per 100,000 <5yrs pop [HES- NHSD; ONS]
- Rate of hospital emergency admissions for ambulatory care sensitive conditions per 100,000 <5yrs population [HES- NHSD; ONS]
- Rate of elective admissions per 100,000 <5yrs population [HES- NHSD; ONS]
- Rate of ambulance call outs which are taken to hospital <5yrs [SWAST; ONS]

Highlights from the starting well overview profile:

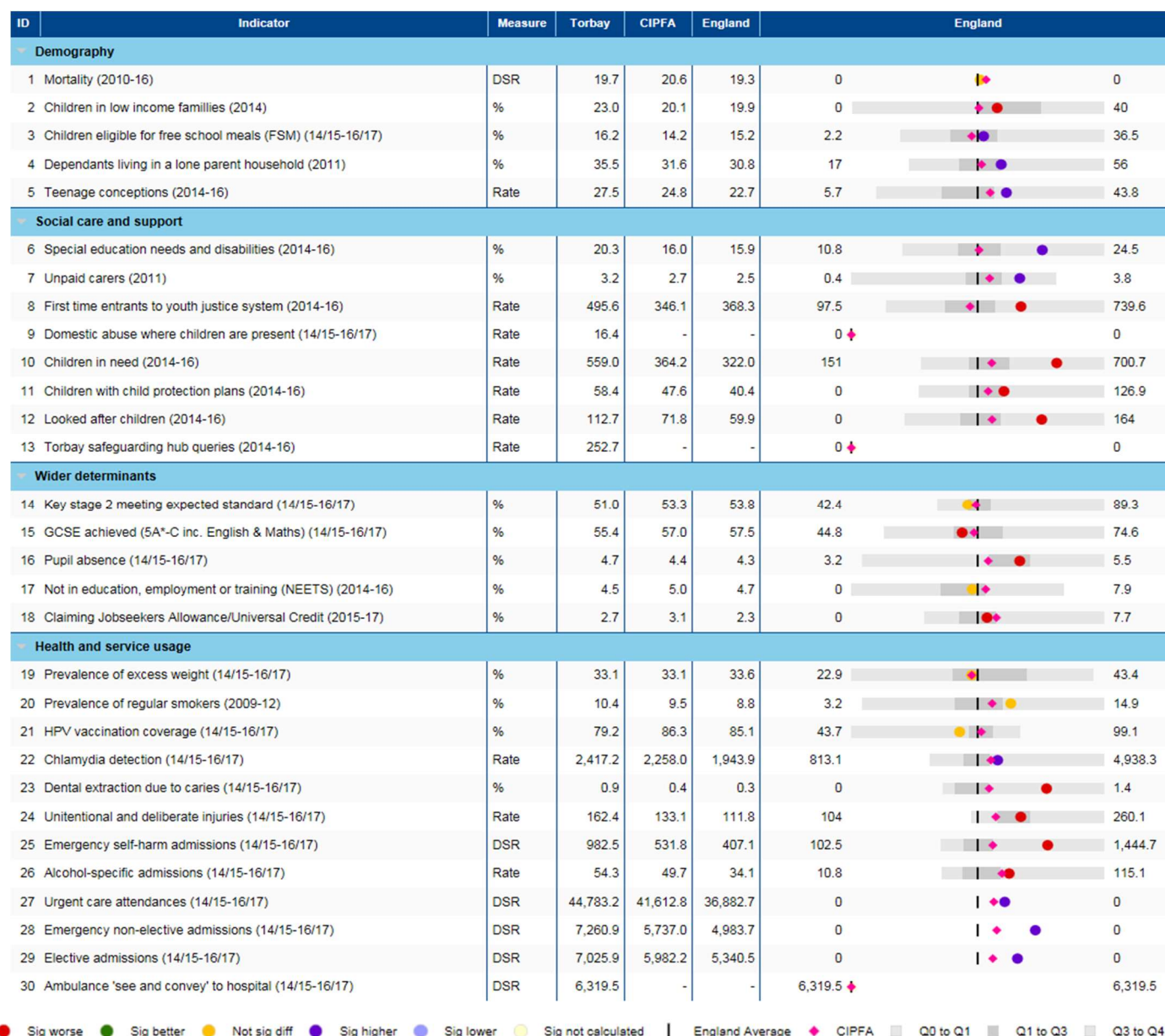
- Torbay experiences higher proportions of children living in poverty
- Children in Torbay have higher levels of long term health problems or disability
- Torbay has amongst the highest rates of looked after children in England
- 1 in 5 mothers in Torbay smoke during pregnancy
- Excess weight in reception age children is high, with 1 in 4 being overweight or obese
- Fewer children achieve a good level of development in Torbay

Highlights from the Developing well overview profile:

- There are higher levels of dependent children living in lone parent households
- Torbay has higher rates of under 18 conceptions
- Around 1 in 5 of school aged children have a special educational need in Torbay
- More children provide levels of unpaid care and support in Torbay
- Levels of statutory children's services support are significantly higher in Torbay
- Children in schools in Torbay have higher levels of absenteeism
- There are higher levels of hospital admissions for young people in Torbay – particularly self-harm and injuries

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 42: Developing well overview profile



Indicator notes:

- Directly age standardised rate (DSR) of all-cause mortality per 100,000 population [PCMD; ONS]
- % <20yrs living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of IS or JSA [HMRC]
- % of children eligible for free school meals (FSM) [Torbay UA]
- % of youngest dependent child (5-18yrs) living in a lone parent household [CENSUS]
- Rate of teenage conceptions per 1,000 female pop aged 15-17yrs [TSDF; PHE]
- % of children (5-19yrs) with statements/EHCPs or SEN Support [Torbay UA; DfE]
- % of unpaid carers (care 1+hrs per week) under 25 years [CENSUS]
- Rate of 10-17yrs receiving first reprimand, warning or conviction per 100,000 population [PHE]
- Rate of domestic abuse crimes with children present per 1,000 <19 yrs. population. [Local Police Minimum Dataset (Torbay UA); ONS]
- Rate of children in need (<19yrs) per 1,000 pop <19yrs [Torbay UA; ONS; DfE]
- Rate of children on child protection plans (<19yrs) per 1,000 population <19yrs [Torbay UA; ONS; DfE]
- Rate of looked after children (<19yrs) per 1,000 pop <19y [Torbay UA; ONS; DfE]
- Rate of safeguarding queries for children <19yrs per 1,000 pop <19y [MASH; ONS]
- % of Key Stage 2 meeting expected in reading, writing & maths [Torbay UA]
- % of GCSEs achieved (%A*-C including English and maths) [Torbay UA]
- % of possible school sessions with an unauthorised or authorised absence [DfE]
- % of 16-18yrs not in education, employment or training [PHE]
- % (16-24yrs) claiming Job Seekers Allowance [DWP; ONS]
- % of children (10-11yrs) who are overweight or very overweight [Torbay UA; PHE]
- % of children (15yrs) who are regular smokers [Way Survey, PHE]
- % of girls (13-14yrs) who received second dose of HPV vaccine [TSDF; PHE]
- Rate of chlamydia detection per 100,000 aged 15-24yrs [PHE]
- % aged 5-18yrs with a hospital dental extraction due to caries [HES- NHSD; ONS]
- Rate of admissions for injuries per 100,000 5-18yrs pop [HES- NHSD; ONS]
- DSR of emergency self-harm admissions per 100,000 10-24yrs [HES- NHSD; ONS]
- Rate of alcohol specific admissions per 100,000 <18yrs [HES- NHSD; ONS; PHE]
- DSR of ED & MIU attendances per 100,000 5-24yrs pop [HES- NHSDigital; ONS]
- DSR of emergency admissions per 100,000 5-24yrs pop [HES- NHSDigital; ONS]
- DSR of elective admissions per 100,000 5-24yrs population [HES- NHSD; ONS]
- DSR of ambulance call outs taken to hospital per 100,000 5-24yrs [SWAST; ONS]

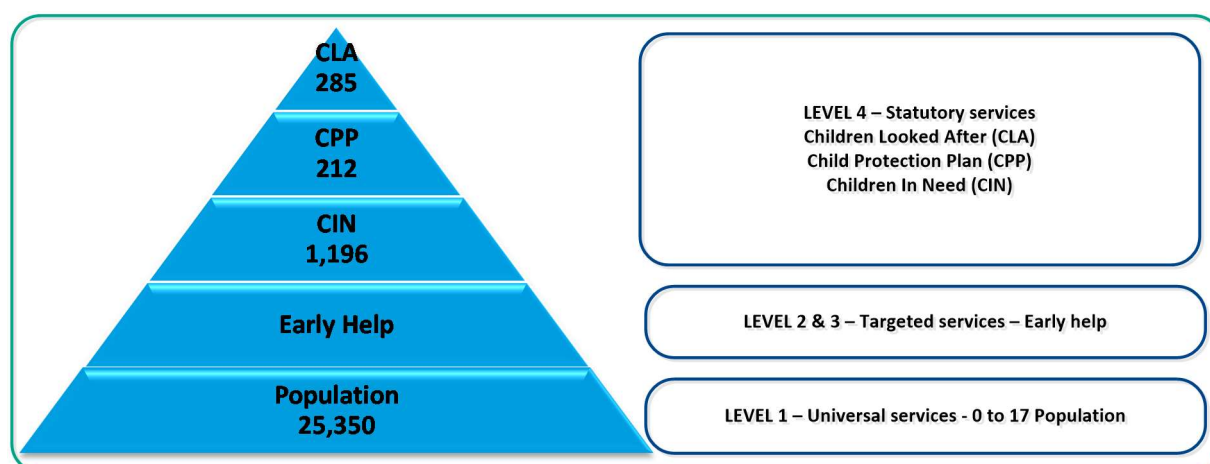
Children's statutory services in Torbay

The rate of children looked after, and the rate of children engaged in statutory services is higher in Torbay compared to comparative areas and the national average. There are a number of challenges for the children of Torbay, as highlighted in the profiles, and the local authority's children's service is currently rated as inadequate at a time when the number of children on child protection plans increase.

As a hierarchy of need, children looked after (CLA) are considered top of the list of need. These are children who are given accommodation away from their families at the request of their parent and those in care as the result of a Care Order. These are the most vulnerable children, and for the local authority, represent a significant cost.

Opportunities to prevent or reduce the flow of children entering statutory services could be considered from the perspective of going upstream and understanding potential causal factors. A specific needs assessment of children entering children's services would enable understanding of these factors allowing opportunity to commission services to intervene and prevent.

Figure 43: levels of need with counts of children in Torbay (2017)



Source: gov.uk

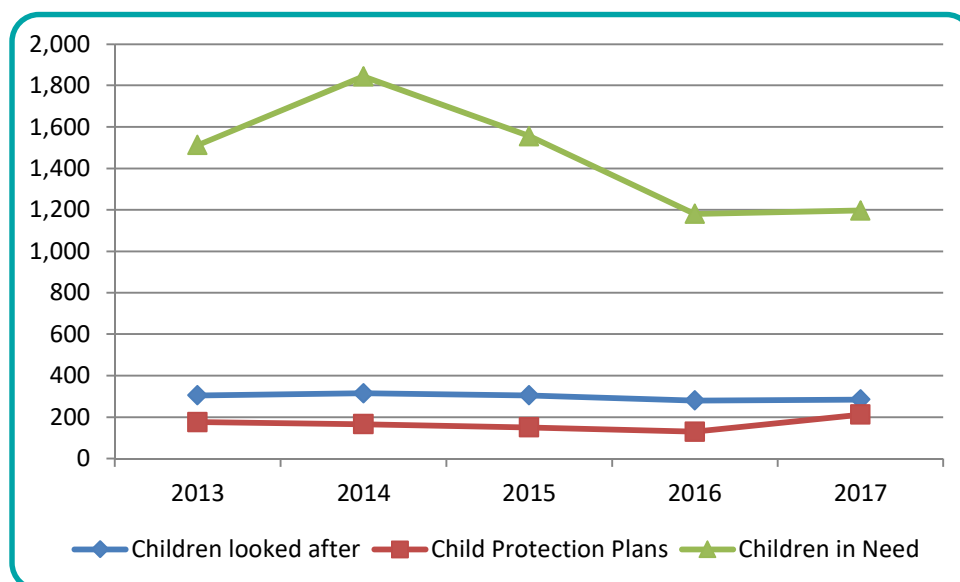
Table 7: Counts and rates of children (per 10,000 aged under 18) in Torbay over time

Year	Children looked after		Child Protection Plans		Children in Need	
	Count	Rate per 10,000	Count	Rate per 10,000	Count	Rate per 10,000
2013	305	122	176	70.8	1,513	576.9
2014	315	126	166	66.6	1,843	701.9
2015	305	122	151	60.2	1,555	585.8
2016	280	111	130	51.5	1,180	438.9
2017	285	112	212	84.0	1,196	445.0

Source: gov.uk

Over recent years, there has been a significant reduction in the number of children in need in Torbay, however there has also been a significant increase in children on child protection plans, while the number of children looked after remains fairly static.

Figure 44: Counts of children in services in Torbay over time



Source: gov.uk

Rates of children looked after in Torbay have reduced slightly over the last five years, but not significantly. The rates remain significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children looked after (fig 46), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 45: Rates per 10,000 CLA

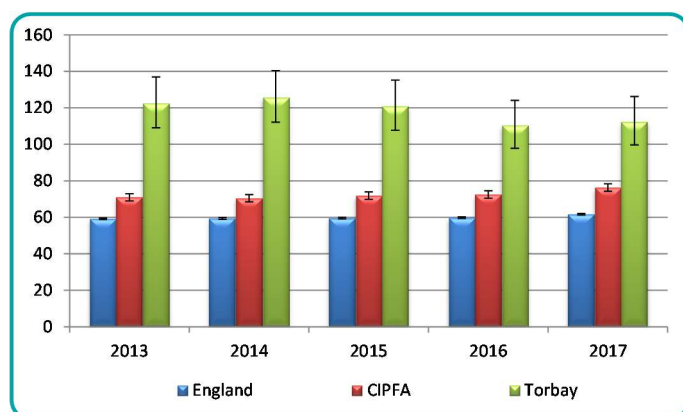
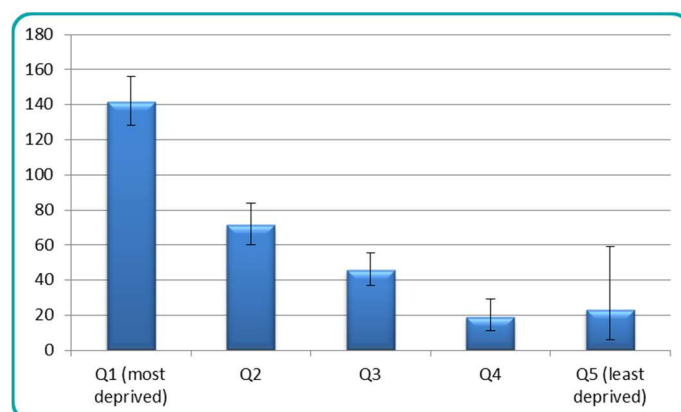


Figure 46: Rate of CLA per 10,000



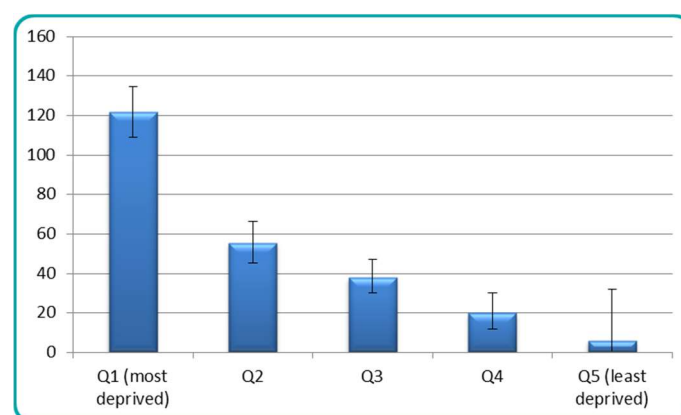
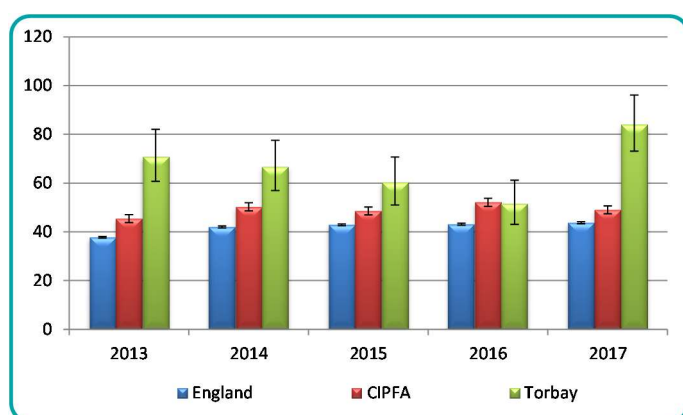
Source: Gov.uk. Table LAA1: Children looked after at 31 March, by local authority; local authority data from Children's services

Rates of children subject to a child protection plan in Torbay increased significantly in 2017 compared to the last five years. The rate has fluctuated in recent years and is now again significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children who were subject to a child protection plan (fig 48), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 47: Rate of children who were the subject of a child protection plan at 31 March per 10,000 children

Figure 48: Rate of CPP per 10,000 in Torbay by deprivation



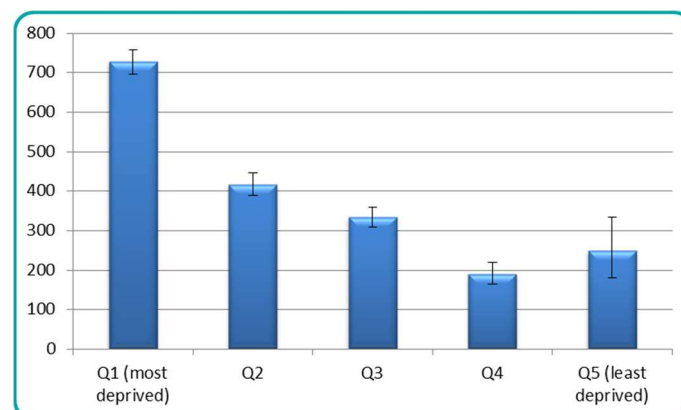
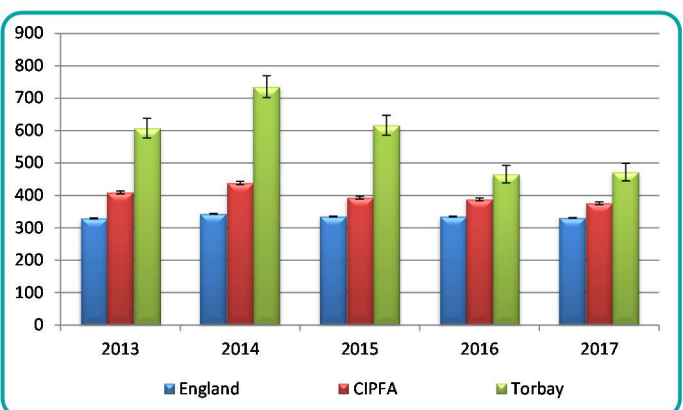
Source: Gov.uk. Table D1: Numbers of children who were the subject of a child protection plan

Rates of children in need in Torbay have reduced significantly over the last five years. The rates remain significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children in need in Torbay (fig 50), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 49: Rate of children in need per 10,000

Figure 50: Rate of CIN per 10,000



Source: Gov.uk. Table B1: Numbers of children in need

This section brings together key information around Torbay's working age population. It includes population estimates for the working age population, as well as presenting key challenges and outcomes for the population.

Population

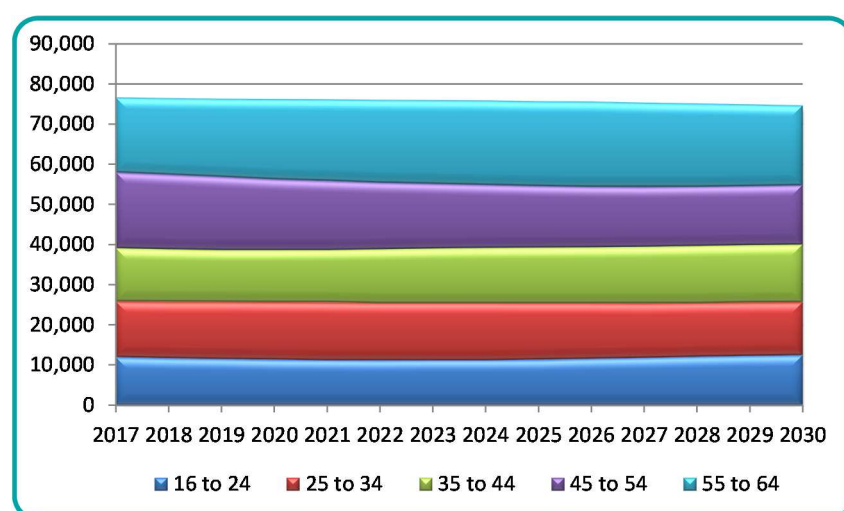
Population projections suggest the number of working age people in Torbay will average around 1,400 per year. However, over the next 10 to 12 years, the number of children of school age is expected to increase. Most acutely in secondary school provision, with an estimated 1,000 more in the population aged 12 to 16 between 2017 and 2030.

Table 8: Population projections for 16 to 64's with ratios of working age population to dependent population (non-working age)

Age groups	2017	2018	2019	2020	2025	2030
Torbay's working age population (16 to 64)	76,673	76,463	76,345	76,273	75,714	74,642
Torbay's non-working age population	57,808	58,613	59,345	60,093	64,095	68,498
Ratio of working age to dependent age population						
Torbay	1.33	1.30	1.29	1.27	1.18	1.09
England	1.69	1.67	1.65	1.64	1.56	1.48
CIPFA	1.49	1.47	1.45	1.43	1.34	1.25

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

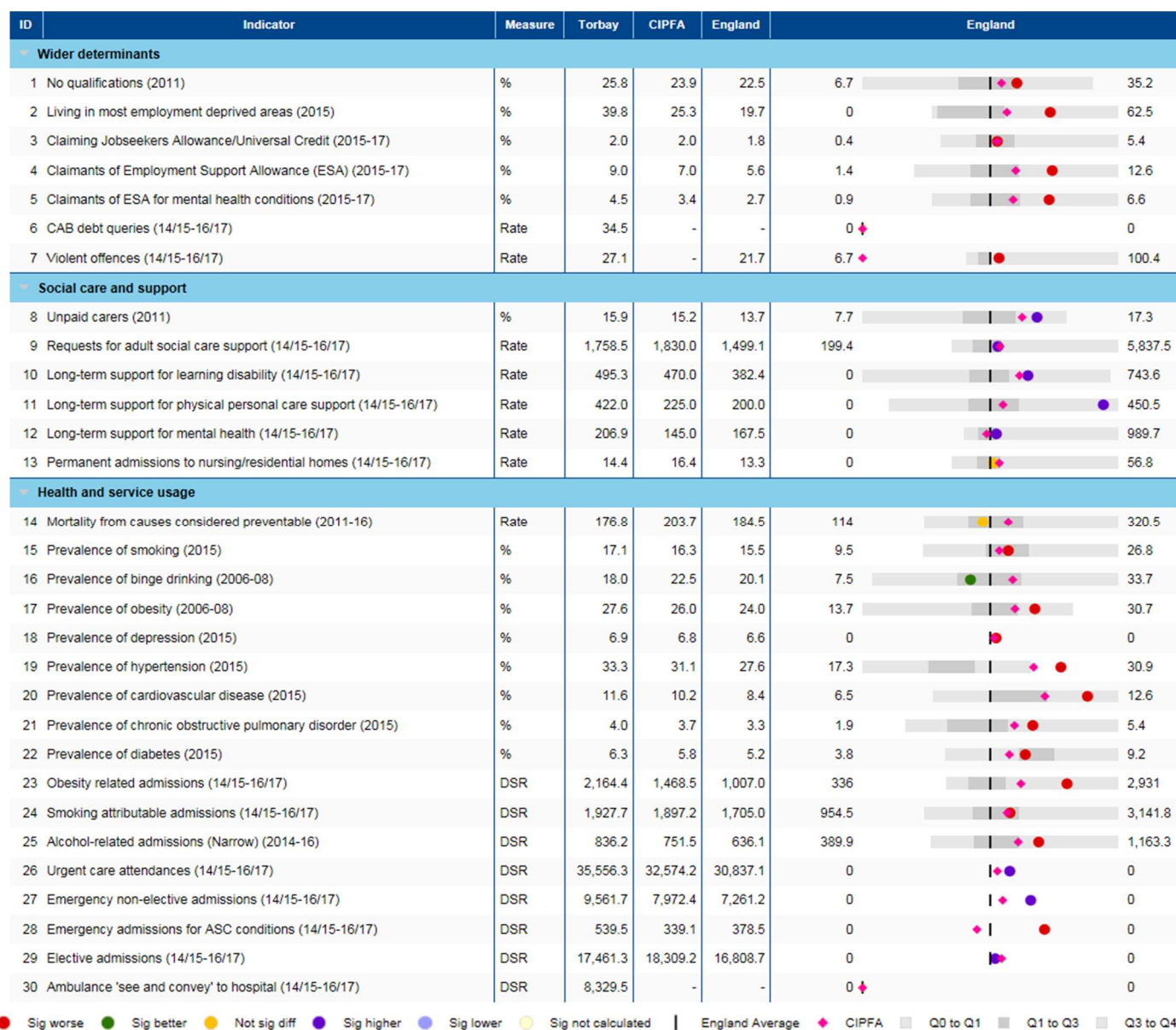
Figure 51: Population projections for 16 to 64's in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 52: Living and working well overview profile



Indicator notes:

- % with no qualifications [CENSUS]
- % of population (all ages) living in areas amongst 20% most employment deprived in England [DCLG]
- % claiming Job Seekers Allowance/Universal Credit (16-64yrs) [NOMIS; ONS]
- % claiming Employment Support Allowance (ESA) 16-64 years [DWP; ONS]
- % claiming ESA for a mental and behavioural disorders 16-64 years [DWP; ONS]
- Rate of CAB debt queries per 1,000 16-64yrs pop [Torbay CAB; ONS]
- Rate of violence against the person offences per 1,000 population (all ages) [Police Universal Dataset (Torbay UA); ONS]
- % of unpaid carers (care 1+hrs per week) under 25-64 years [CENSUS]
- Rate of requests for Adult Social Care (ASC) support for new clients aged 18-64 years per 100,000 population aged 18-64 years [TSDNHSFT; NHS Digital]
- Rate of ASC long-term support for learning disability aged 18-64 years per 100,000 population aged 18-64 years [TSDNHSFT; NHS Digital]
- As indicator above for physical personal care [TSDNHSFT; NHS Digital]
- As indicator above for mental health [TSDNHSFT; NHS Digital]
- Rate of permanent admissions to residential and nursing care homes per 100,000 population aged 18-64 years [TSDNHSFT; ASCOF- PHE]

- Directly age standardised rate (DSR) of mortality from causes considered preventable (with public health intervention) per 100,000 pop [PCMD; ONS; PHE]
- % age & sex modelled (local) prevalence of smoking 16yrs+ [IHS; ONS; PHE]
- % modelled prevalence of binge drinking 16yrs+ [PHE Local Health]
- % modelled prevalence of obesity 16yrs+ [PHE Local Health]
- % modelled prevalence (local) of depression 16yrs+ [Thomas et al, 2000; ONS]
- % modelled prevalence (local) of hypertension 16yrs+ [THIN 2006; ONS; PHE]
- % modelled prevalence (local) of CVD all ages [CPRD 2013; ONS; PHE]
- % modelled prevalence (local) of COPD 15yrs+ [HSE 2005; ONS; PHE]
- % modelled prevalence of Type 1 and 2 diabetes 16yrs+ [HSE 2006; ONS; PHE]
- DSR of obesity related admission episodes per 100,000 [HSE-NHSD; ONS; NHSD]
- DSR of smoking attributable admissions per 100,000 35yrs+ [HSE; ONS; PHE]
- DSR of admission episodes for alcohol-related conditions (Narrow) per 100,000 (all ages) [HSE-NHSD; ONS; PHE]
- DSR of ED & MIU attendances per 100,000 25-64yrs pop [HSE- NHSDigital; ONS]
- DSR of emergency admissions for ambulatory care sensitive (ACS) conditions per 100,000 16-64yrs population [HSE- NHSD; ONS]
- DSR of emergency admissions per 100,000 25-64yrs pop [HSE- NHSDigital; ONS]
- DSR of elective admissions per 100,000 25-64yrs population [HSE- NHSD; ONS]
- DSR of ambulance call outs taken to hospital per 100,000 25-64yrs [SWAST; ONS]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

Highlights from the living and working well overview profile:

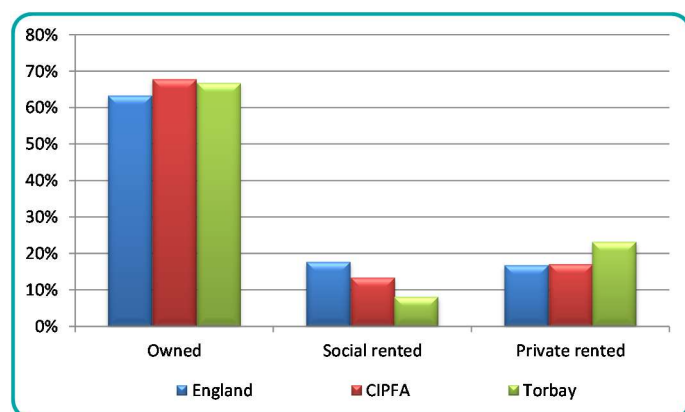
- 1 in 4 adults in the population do not have any formal qualifications
- Torbay has significantly higher levels of people on employment support allowance
- A high proportion of the population provided support as an unpaid carer
- Torbay has high levels of long-term support need in the population
- Prevalence of long term conditions are high in the population
- There are high levels of potentially avoidable lifestyle related hospital admissions

Housing

Torbay has a housing stock of around 64,370 household spaces. Occupancy of household spaces is below the England average, with some 59,010 (91.7%) occupied with at least one usual resident. This compares to 95.7% across England and 93.8% across CIPFA nearest neighbours. This is to be expected given Torbay's position as a seaside tourist destination.

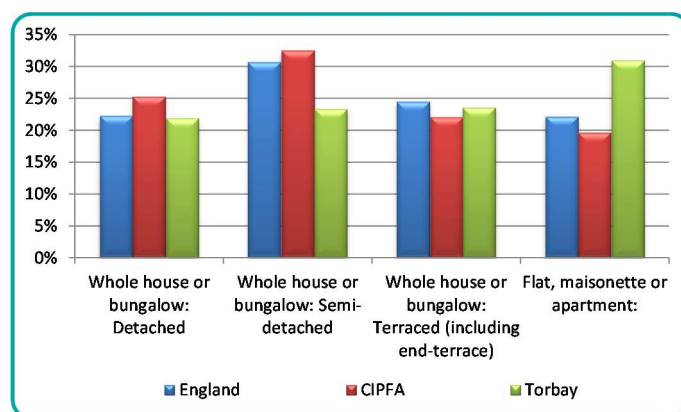
More acutely for the population is the underrepresentation of social housing in the market. Torbay has higher levels of private rented accommodation, and significantly lower social rented (fig 53). Of the occupied housing stock, just under 1 in 3 dwellings are a flat, maisonette or apartment. A more detailed analysis would be needed to understand if the planning policy and provision of dwelling types are meeting the populations housing needs.

Figure 53: Tenure of dwellings



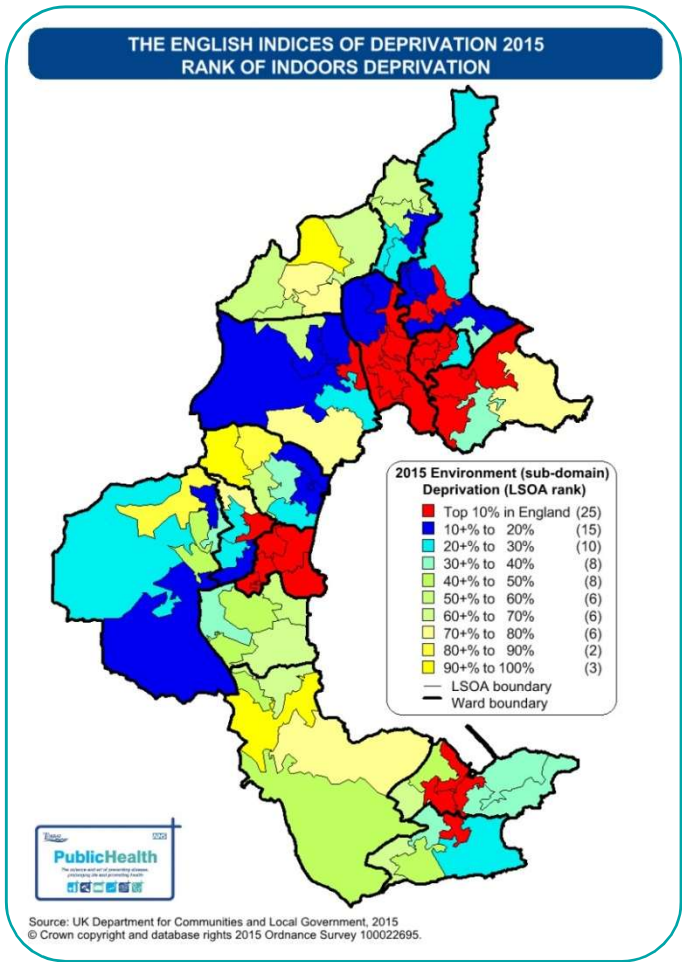
Source: NOMIS, 2011 Census

Figure 54: Dwelling Types



The quality of Torbay's housing stock is relatively poor. Torbay has high levels of indoor deprivation, identified in figure 55 with areas in red and dark blue. 45% of Torbay's population live in an area in the top 20% most deprived in England. The drivers for the indoor living environment domain are: houses without central heating and houses in poor condition (do not meet the Decent Home standard).

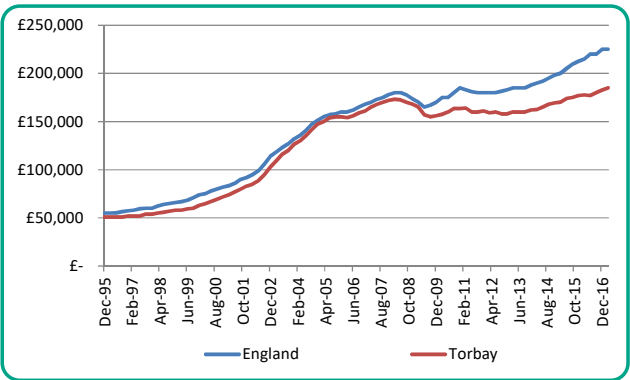
Figure 55: Indoor deprivation in Torbay



House prices in Torbay

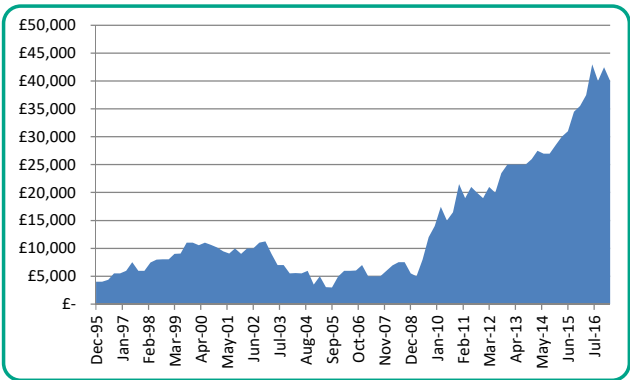
House prices in Torbay have increased in recent years, and are at levels prior to the 2008 recession. The difference between the Torbay and England average house price has widened in recent years. House prices, on average, cost £40,000 less in Torbay than the England average (fig 57).

Figure 56: Median house price paid in Torbay compared to England over time



Source: ONS

Figure 57: Gap between England and Torbay median house price

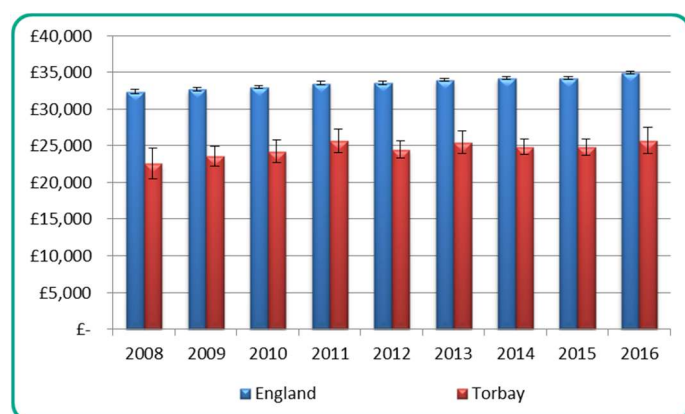


House prices may be lower; however earnings are also significantly lower than the average. This gives Torbay a higher than average affordability ratio (fig 59). This means that it is harder for people in Torbay to afford their own housing.

Earnings and employment

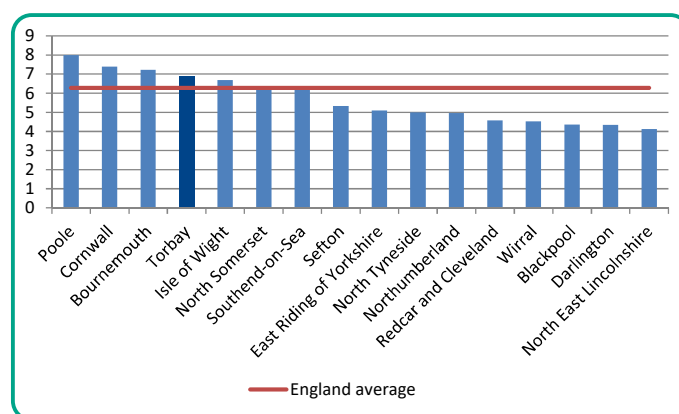
Average earnings for full time workers in Torbay are significantly lower than the England average. Residents in Torbay earn the 4th lowest earnings (full time annual gross pay) in England out of 152 local authority areas. The gap between the England and Torbay average is some £9.3k per year (fig 58).

Figure 58: Gross annual pay - mean full time workers



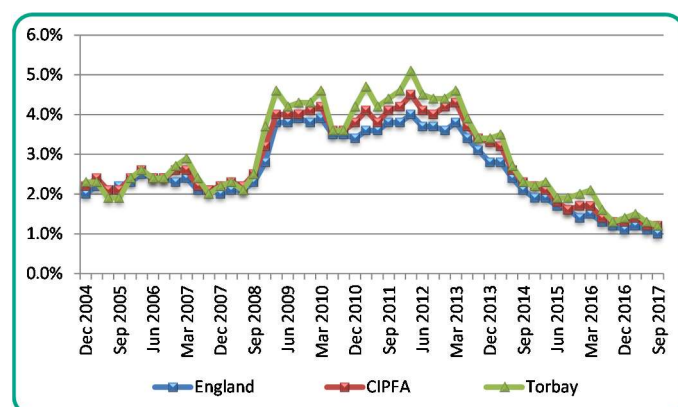
Source: NOMIS, ONS

Figure 59 Ratio of average full time earnings to house prices



The levels of residents claiming JSA (job seekers allowance) has been reducing at a rate similar to the national average. Around 1% of the working age population are currently claiming JSA.

Figure 60: Job seekers allowance



Source: NOMIS

As a tourist destination it is expected that Torbay would have higher levels of employment in the distribution, hotels and restaurants sector (fig 61). Around 1 in 3 of those aged 16 to 64 in

employment work in public admin, education and health. There are significantly higher levels of those in employment aged 16 to 64 being part time employment in Torbay compared to both CIPFA nearest neighbours and the England average (fig 62).

Figure 61: % aged 16-64 in employment who work in:

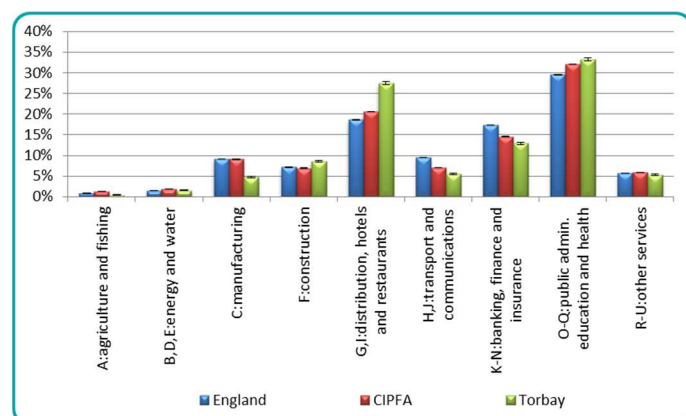
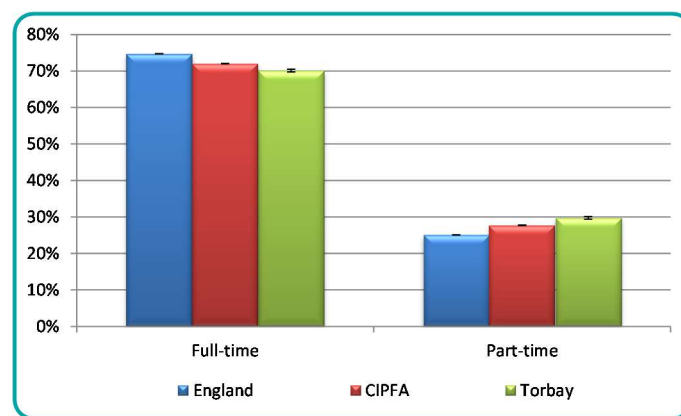


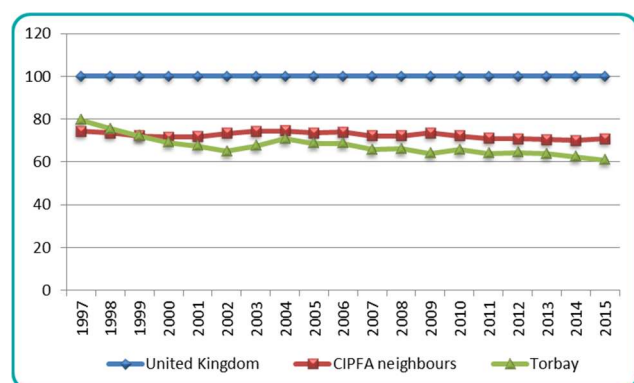
Figure 62: % in employment working full-time or part time- aged 16-64



Source: NOMIS, Annual population survey

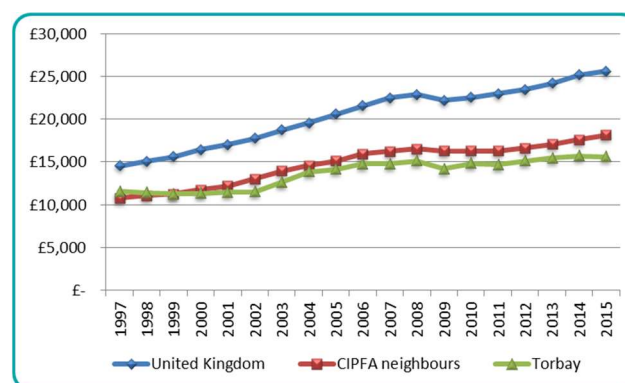
Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry or sector and is used in the estimation of Gross Domestic Product (GDP). Based on GVA the local economy of Torbay is amongst the weakest in England (figure 63 shows the relative contribution of Torbay compared to CIPFA neighbours). Recent figures from the Office for National Statistics suggest Torbay's economic worth in 2015, was in the region of £2.081 billion, or around £15,600 per head of population. This compares to £18,127 per head across CIPFA neighbours and £25,601 per head across England (figure 64).

Figure 63: Headline GVA per head indices at current basic prices



Source: ONS

Figure 64: Gross Value Added (Income Approach) per head of population at current basic prices



This section brings together key information around Torbay's retirement age population. It includes population estimates for the over 65 population, mortality forecasts as well as presenting key challenges and outcomes for the population.

Population

Population projections suggest the number of people aged over 65 in Torbay will increase by almost 10,000 by 2030. The largest increase is expected in those aged 80 to 84, which is expected to see an increase of some 3,000, or a 62% increase on the current number. Populations aged 85 and over are expected to increase by over 50% by 2030. These increases are expected to increase demand on support services as increased people become frail towards the end of their life.

Table 9: Population projections for the over 65's

Age group	2017	2018	2019	2020	2025	2030
65 to 69	9,586	9,314	9,058	9,006	9,770	11,203
70 to 74	9,339	9,723	9,890	9,908	8,763	9,548
75 to 79	6,339	6,605	6,980	7,330	9,139	8,173
80 to 84	4,948	5,054	5,193	5,296	6,361	8,020
85 to 89	3,099	3,166	3,260	3,364	3,917	4,851
90+	2,043	2,062	2,072	2,102	2,512	3,188

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

The number of people dying a year is expected to start increasing towards the end of the 2020's.

Figure 65: population projections by age group

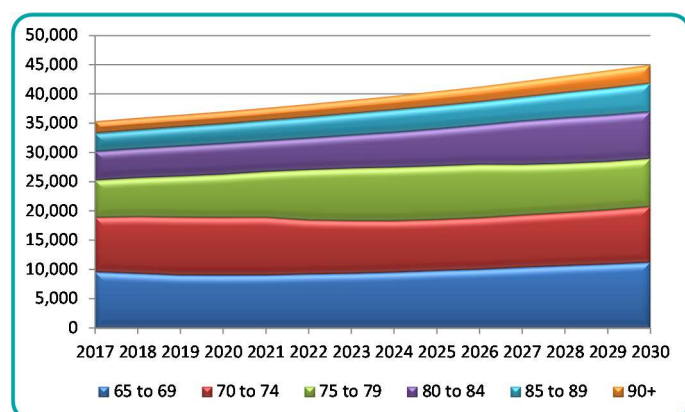
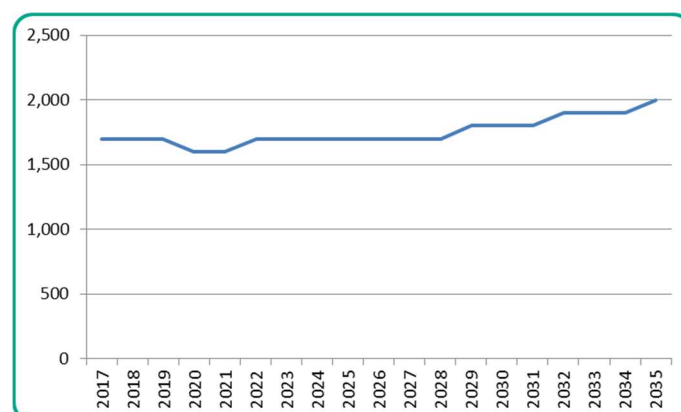


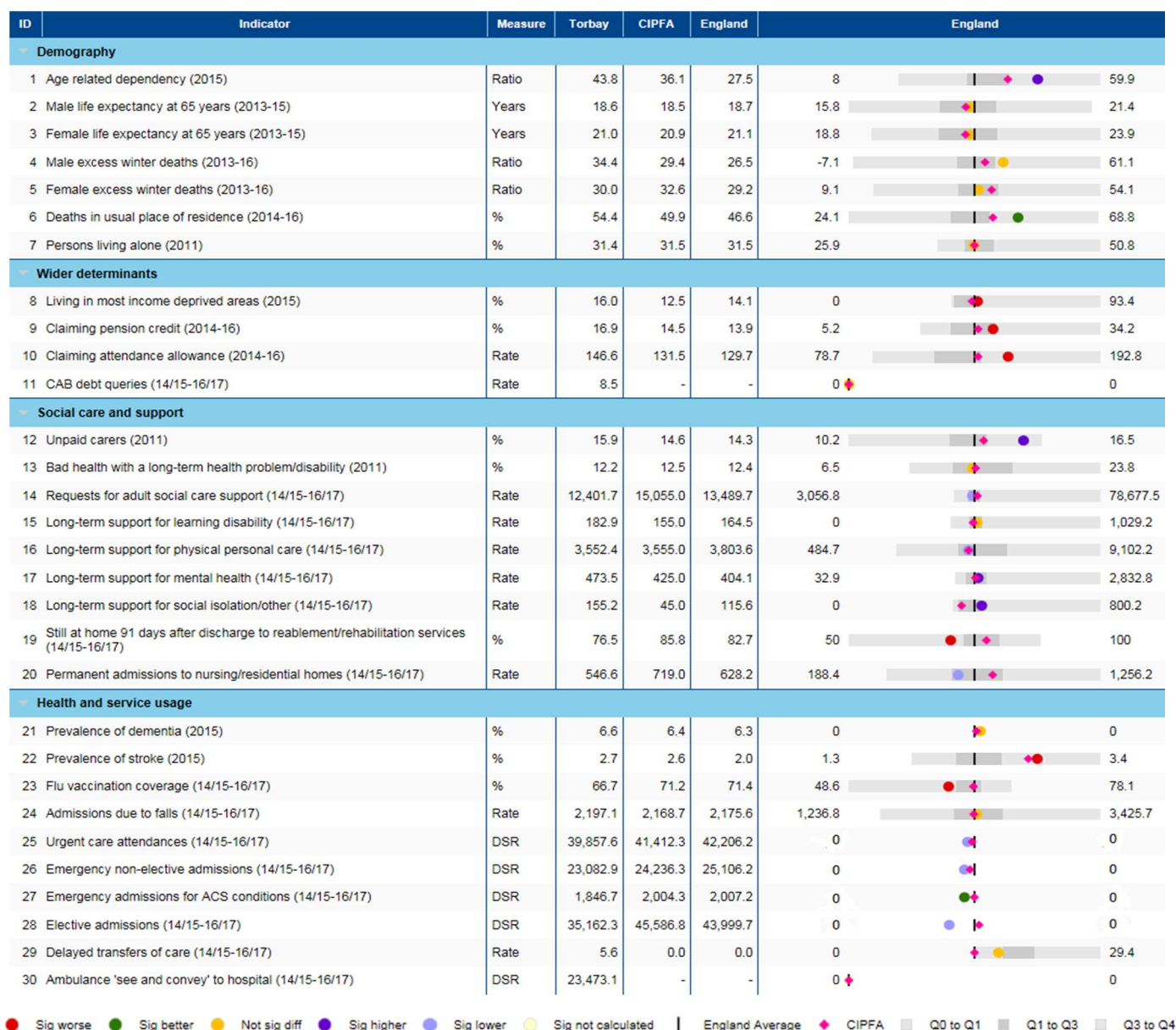
Figure 66: Estimated number of deaths in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 67: Ageing and dying well overview profile



Indicator notes:

- % of dependents (65+ yrs) per working population (15-64 yrs) [ONS]
- Years of male life expectancy aged 65 yrs+ [PCMD; ONS; PHE]
- Years of female life expectancy aged 65 yrs+ [PCMD; ONS; PHE]
- Ratio of extra male deaths (65+) in winter months compared with the expected number of deaths (average non-winter deaths) expressed as % [PCMD; PHE]
- As indicator above for females. [PCMD; PHE]
- % of deaths in usual place of residence [PCMD; PHE]
- % of persons living alone 65+ yrs [CENSUS]
- % of 60+ yrs living in areas amongst 20% most income deprived (affecting older people 60+) in England [DCLG]
- % 60+ yrs claiming Pension Credits [DWP; ONS]
- % 65+ yrs claiming Attendance Allowance (in payment) [DWP; ONS]
- Rate of CAB debt queries per 1,000 65 yrs+ pop [Torbay CAB; ONS]
- % of unpaid carers (care 1+ hrs per week) under 65+ years [CENSUS]
- % 65+ yrs with bad health and a long-term health problem/disability [CENSUS]
- Rate of requests for Adult Social Care (ASC) support for new clients aged 65+ yrs per 100,000 population aged 65+ yrs [TSDNHSFT; NHS Digital]
- Rate of ASC long-term support for learning disability aged 65+ yrs per 100,000 population aged 65+ yrs [TSDNHSFT; NHS Digital]
- As indicator above for physical personal care [TSDNHSFT; NHS Digital]
- As indicator above for mental health [TSDNHSFT; NHS Digital]
- As indicator above for social isolation/other [TSDNHSFT; NHS Digital]
- % 65+ yrs still at home 91 days after discharge to reablement/rehabilitation services [TSDNHSFT; ASCOF- PHE]
- Rate of permanent admissions to residential and nursing care homes per 100,000 population aged 65+ yrs [TSDNHSFT; ASCOF- PHE]
- % modelled prevalence (local) of dementia 65+ yrs [Matthews et al, 2013; ONS]
- % modelled prevalence (local) of stroke all ages [BHF 2014; ONS]
- % flu vaccination coverage aged 65 yrs+ [PHE]
- Directly age standardised rate (DSR) of emergency admissions for injuries due to falls per 100,000 65 yrs+ [HES- NHSDigital, PHE]
- DSR ED & MIU attendances per 100,000 65 yrs+ population [HES- NHSD; ONS]
- DSR of emergency admissions per 100,000 65 yrs+ pop [HES- NHSDigital; ONS]
- DSR of emergency admissions for ACS conditions per 100,000 65 yrs+ [HES-; ONS]
- DSR of elective admissions per 100,000 65 yrs+ population [HES- NHSD; ONS]
- Rate of delayed transfers of care aged 18+ yrs [ASCOF- PHE]
- DSR of ambulance call outs taken to hospital per 100,000 65 yrs+ [SWAST; ONS]

Highlights from the ageing and dying well overview profile:

- Torbay has a high proportion of dependents (65+yrs) compared to those of working age;
- More people die in their own homes;
- Significantly more are claiming Attendance Allowance for physical or mental disability;
- There are significantly more unpaid carers;
- Less people are still at home 91 days after discharge from hospital (this is a negative);
- There are less permanent admissions to nursing or residential care;
- There is a higher prevalence of stroke;
- Torbay vaccination coverage for flu is worse;
- Admissions for chronic conditions that could be treated in the community are lower.

Long term conditions

People in more deprived communities tend to experience multiple long-term conditions and generally have poorer health outcomes, such as shorter life expectancy.

Long-term conditions are those that, at present, cannot be cured but can be managed through treatment and behaviour. These include conditions such as heart disease, diabetes and mental health problems. People with long term conditions are the most frequent users of healthcare services. Those with long-term conditions account for around 29% of the population, but use around 50% of all GP appointments and 70% of all inpatient bed days. Long-term conditions fall more heavily on the poorest in society: according to ONS people in the poorest social class have 60% higher prevalence of long-term conditions than those in the highest social class. Half of people aged over 60 in England have a long-term condition. With an ageing population and the growth of health harming behaviours such as physical inactivity, harmful alcohol consumption and smoking, we would expect the prevalence of long-term conditions to rise unless checked. The number of people with comorbidities (more than one health condition) is expected to rise by a third in the next ten years.

As our population ages, we expect the number of frail people, people with, for example, limited physical mobility, weakness, weight loss, slowness and low physical activity to increase, specifically in our older age groups. The number of people with dementia is also expected to increase over the coming years. Estimates for the counts of frail people and also those with dementia are presented in figures 68 and 69.

Figure 68: Frailty estimates for Torbay

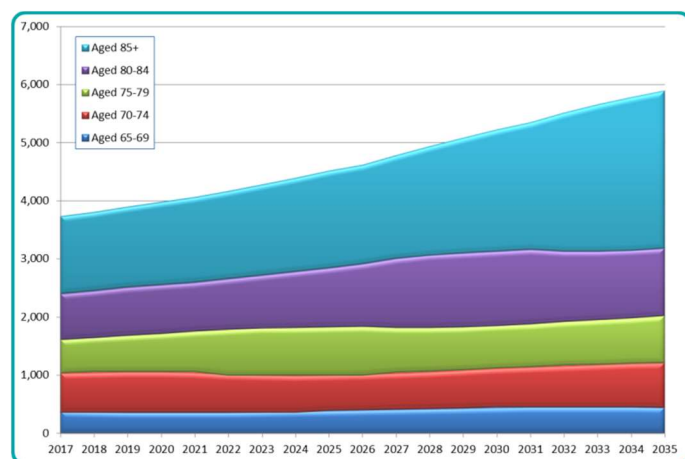
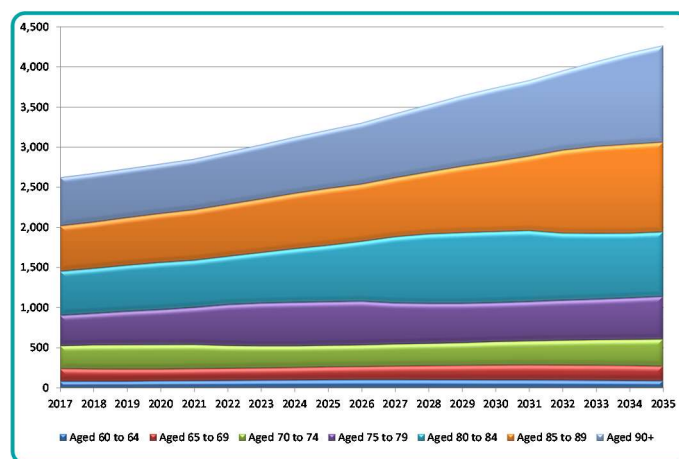


Figure 69: Dementia estimates for Torbay



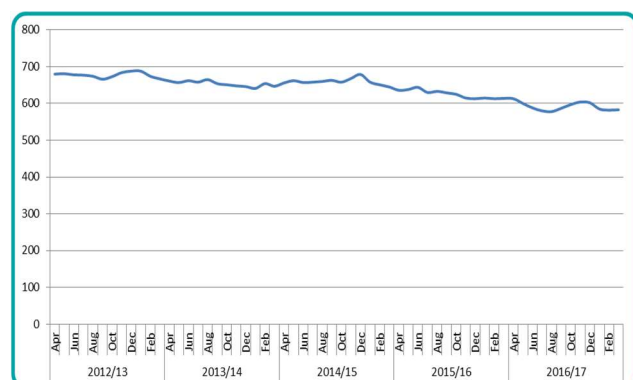
Source: ONS Sub-National Population Projections, 2014. Prevalence of frailty in community-dwelling older persons (Collard *et al* 2012) and Dementia UK Prevalence Estimates, 2014

Adult social care

Adult social care is defined as including all forms of personal care and other practical assistance provided for individuals aged 18 and over who, by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or other assistance ^[11]. Some people need practical or emotional care or support to lead an active life and do the everyday things that most of us take for granted. The social care system provides this support for those who need it to help them keep their independence and dignity. Adult social care services are commissioned through the upper tier local authorities of Devon County Council and Torbay Council for the South Devon and Torbay population. Provider organisations are responsible for assessing individuals need for 'community care' or 'social care' services ^[12]. Community Care describes the services and support which help people to continue to live independently at home, whilst social care services help people who are in need of support due to illness, disability, old age or poverty. This could take place in residential settings.

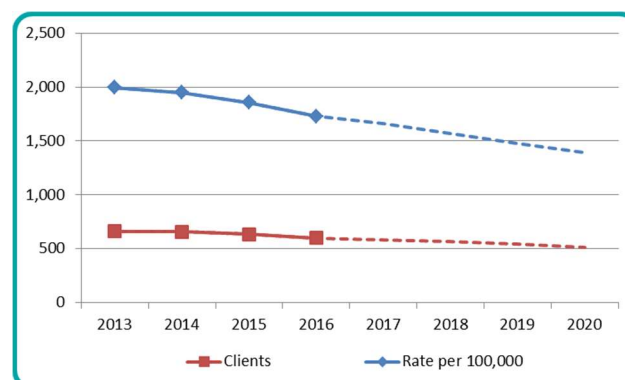
The number of long term residential and nursing placements has been reducing over time as alternative care models are implemented. That is the number of placements that the local authority funds. The monthly trend is shown in fig 70. A model of future demand based on current activity, and allowing for demographic change, suggests a continued slight reduction in LA funded placements (fig 71).

Figure 70: Long term residential and nursing LA funded placements Torbay



Source: Torbay and South Devon NHS Foundation Trust

Figure 71: Long term residential and nursing LA funded placements Torbay historical averages and future modelled averages



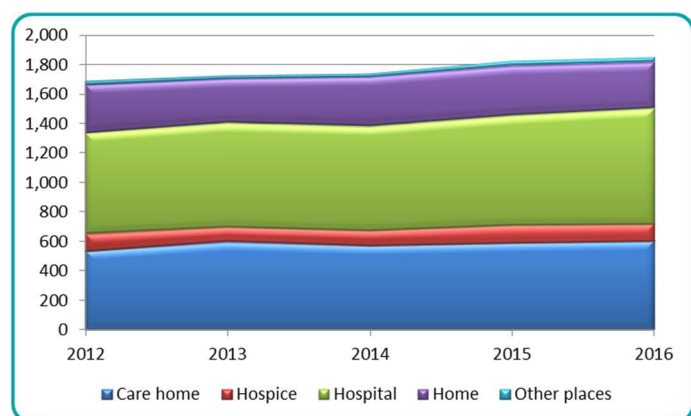
Mortality and end of life

The number of mortalities has increased in recent years in Torbay. The proportion of people dying in hospital has increased slightly, as the proportion dying at home decreased.

Overall of all mortality over the period 1st Jan 2012 to 31st Dec 2016, around 4 in 10 people die in hospital, 3 in 10 in a care home, 2 in 10 at home and 1 in 10 die either in a hospice, or elsewhere.

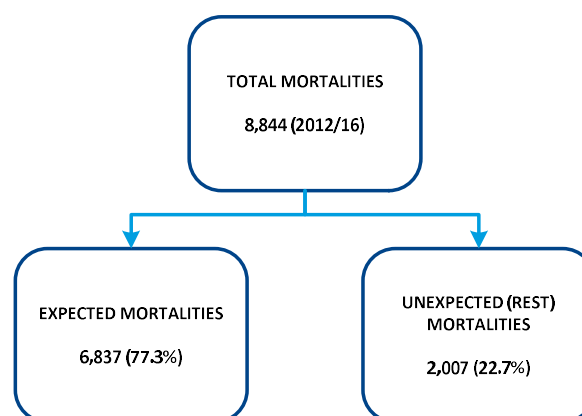
Around 77% of mortalities in Torbay are expected (fig 73). This suggests a significant need for palliative care, with around 1,370 people dying from expected deaths per year. However, the primary care palliative care register has around 570 people on it, suggesting significant unmet need.

Figure 72: Count of deaths over time by place of death



Source: PCMD, Murtagh *et al* (2014) ^[13]

Figure 73: Proportion of mortalities that are expected



1. Sir Michael Marmot. (2010) Fair Society, Healthy Lives; The Marmot Review
2. NHS Confederation. (2011) The joint strategic needs assessment; a vital tool to guide commissioning
3. Department of Health. (2011) Joint Strategic Needs Assessment and joint health and wellbeing strategies explained; Commissioning for populations
4. Torbay Council (2013) Torbay Director of Public Health Annual Report
5. D, Kuh. Y, Shlomo. J, Lynch. J, Hallqvist. C, Power. (2003) Life course epidemiology. Journal and Epidemiology Community Health 2003;57:778-783 doi:10.1136/jech.57.10.778
6. G, Dahlgren. M, Whitehead. (1991) Policies and strategies to promote social equity in health; back ground document to WHO – strategy paper for Europe.
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10. Public health guideline [PH28] Looked-after children and young people <https://www.nice.org.uk/guidance/ph28/chapter/3-considerations>
11. Source: Torbay and South Devon NHS Foundation Trust
12. Local government Ombudsman. <http://www.lgo.org.uk/adult-social-care/>
13. Murtagh et al (2014) <http://journals.sagepub.com/doi/pdf/10.1177/0269216313489367>



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Written and compiled by the Torbay Knowledge and Intelligence Team

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