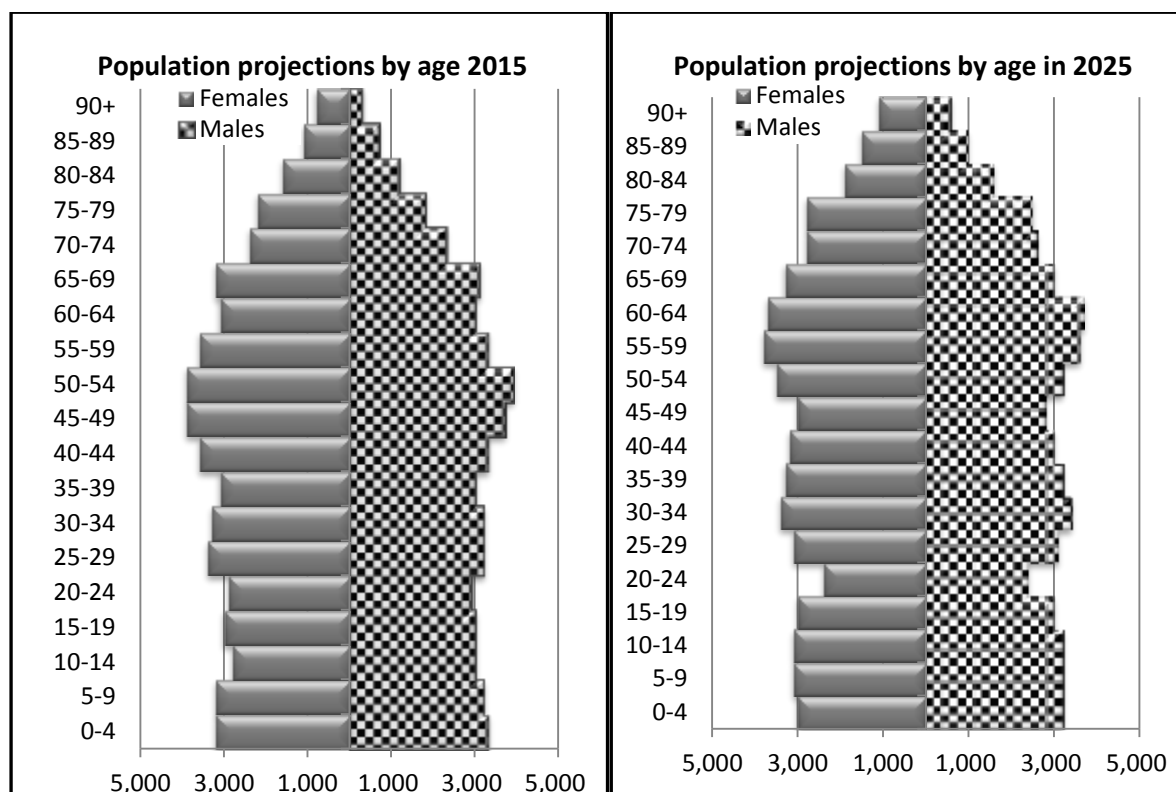


### SECTION 3: POPULATION AND DEMOGRAPHY

Population data is produced using different time frames for various pieces of data. For example in the period 2004 to 2014 the population of Darlington has increased to 105,396, an increase of 6.1% which uses ONS mid-year estimates for this period. However available data for population projections by age group draws from the detailed population estimates mid-2012 which are shown below. Due to the range of data available, each graph states the source and year of the data being used i.e. the most recently available.

**Fig 6: Darlington mid-2012 population estimates pyramid 2015 and projected to 2025**



[Source: ONS Mid-year population estimates 2012]

The population projections for males and females are estimated from 2012 then projected for 2017, 2027 and 2037. A comparison with North East England is also available. The most pronounced difference is the relative lack of those people aged between 20 and 30, especially at the lower end of this range, in Darlington compared to the North East. However, it should be noted that in percentage terms the differences are relatively small although the numbers can be significant. In Darlington 1% equates to 1,000 people.

The following diagrams show the population estimates and 2012-based projections to 2037, Darlington and the North East [Source: ONS 2015]

**Fig 7: Population Based Projections 2012**



**Fig 8: Population Based Projections 2017**



**Fig 9: Population Based Projections 2027**



**Fig 10: Population Based Projections 2037**



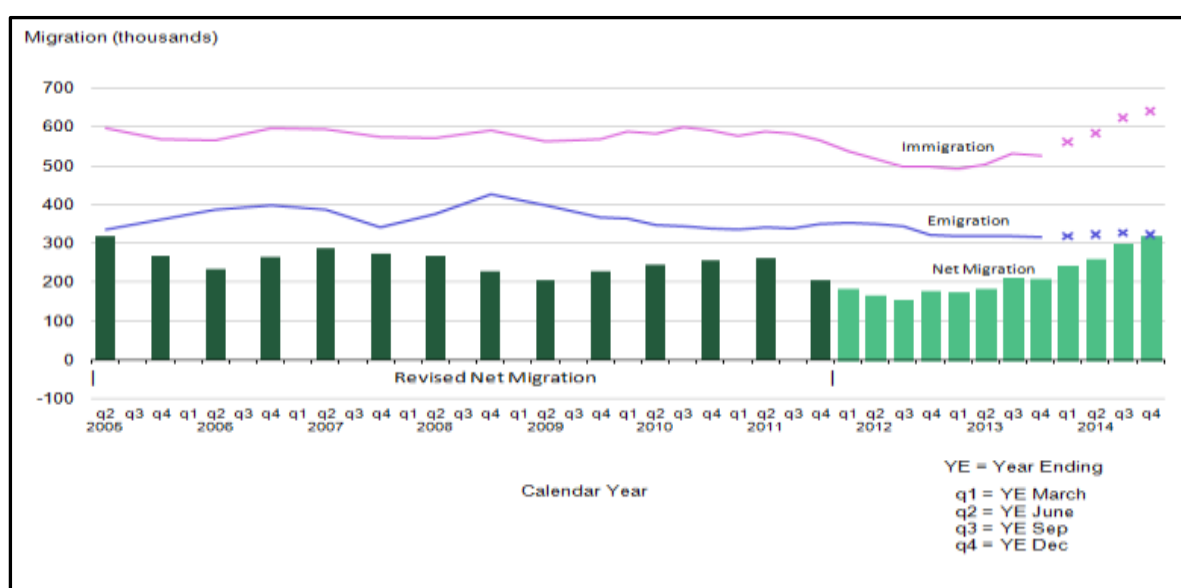
[Source: ONS 2015] <http://www.ons.gov.uk/ons/interactive/subnational-population-estimates-and-projections---dvc4/index.html>

It is important to remember that most population projections are trend-based in that they consider past (often the most recent) population changes and simply project these into the

future. They do not therefore reflect changes in the policy framework or external factors that may drive change. So for example, the change in the size of the population in the UK, in particular England, over the last few years has been driven substantially by migration. This has included a substantial number of East Europeans due to the expansion of the European Union but even greater numbers from Africa and Asia, as shown by the graph of estimated migration.

The nature of the migrants themselves will change the population characteristics of the areas they inhabit and may have the potential for considerable future population growth, as recent immigrants tend to be young and have more children than the indigenous population. The following table shows the estimated net migration to/from the UK 2005-2104.

**Fig 11: Estimated net migration to/from UK 2005-2014**

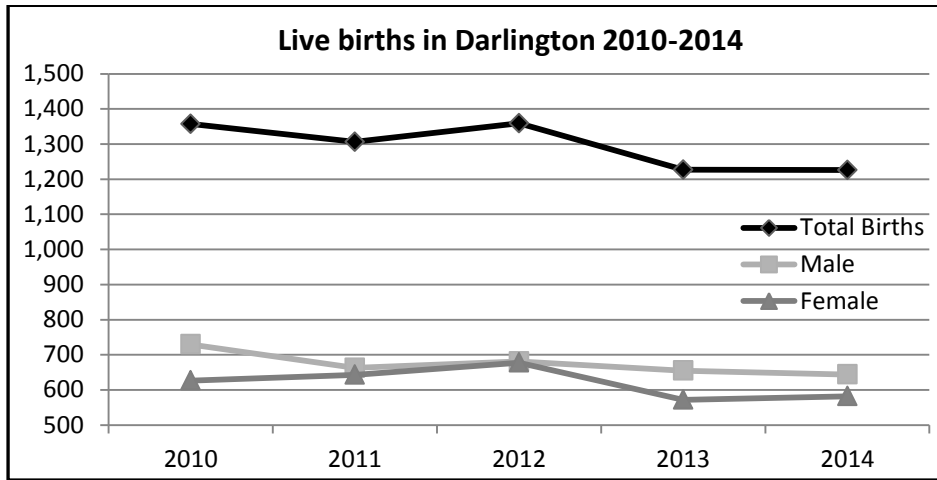


**Births:**

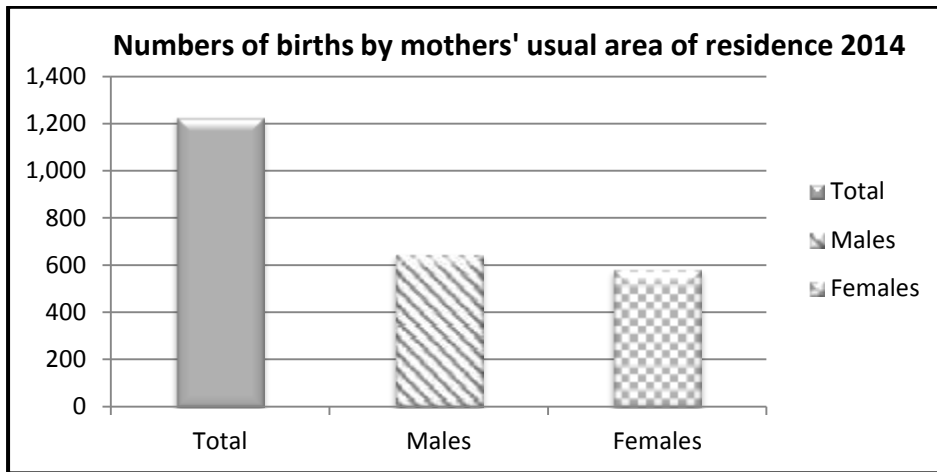
The population of Darlington is 54.2% female of which 19.6% are aged between 15-44 years. Births in Darlington have fluctuated over the last five years, although the overall trend is downward. The proportion of male births continues to be higher than female. In 2014 there were 1,226 births of which 644 were boys and 582 were girls. The age breakdown of births shows over 55% were born to women aged 25-34.

The following charts show the breakdown of births by usual area of residence (Fig 12-14)

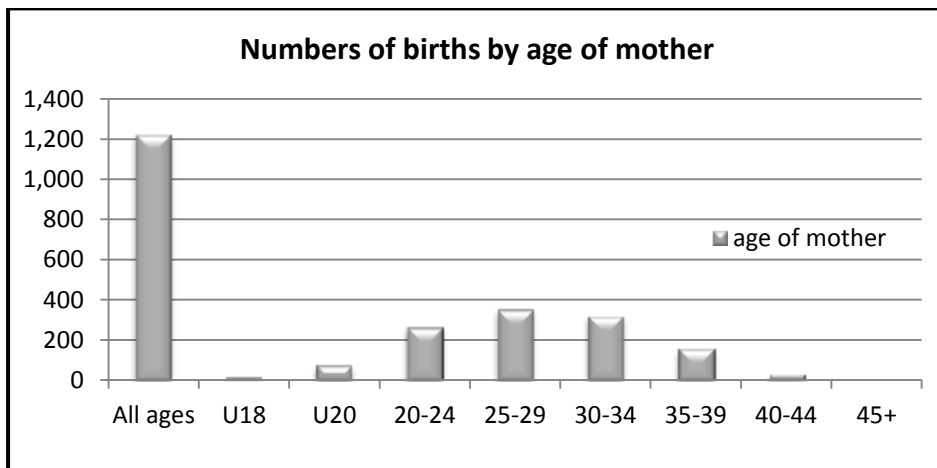
**Fig 12: Live Births in Darlington 2010-2014**



**Fig 13: Numbers of births by mothers' usual area of residence 2014**



**Fig 14: Numbers of births by age of mother 2014**



[Source: ONS Births by usual area of residence 2014]

### Ethnicity Information:

The 2011 Census demonstrated that 96.2% of Darlington's population are White and 3.8% from Black and Minority Ethnic (BME) groups, which are defined as everyone who is not White British. This is an increase from 2.1% in 2001 but these populations remain a lower proportion of the population than the North East at 4.7% and England at 14.6%.

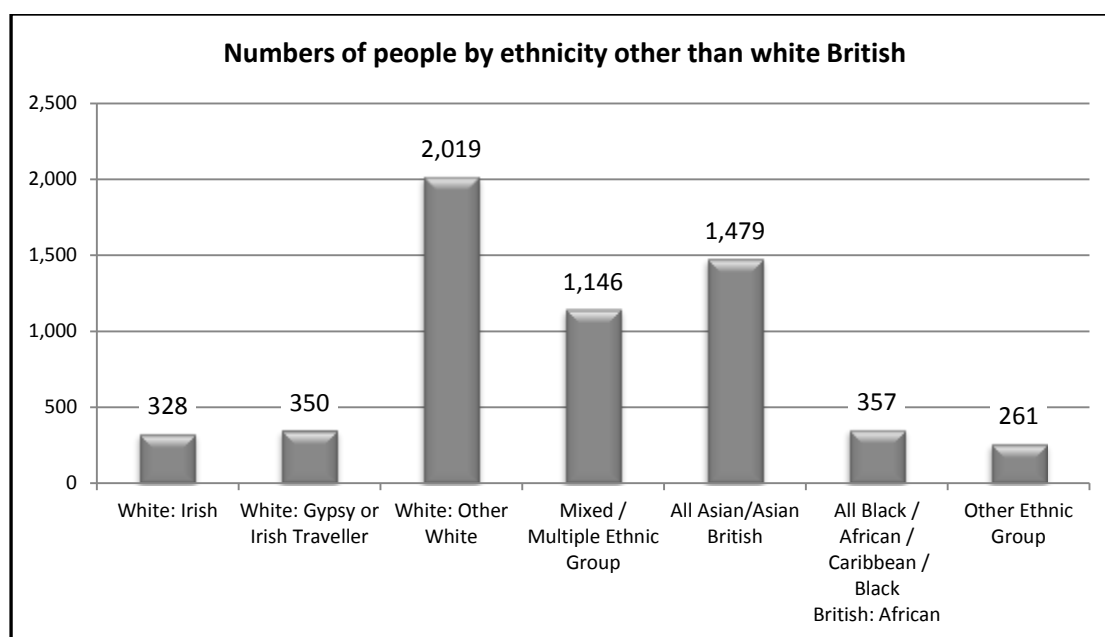
**Fig 15: % of the population declaring a non-white ethnicity**

Place	% non-white
Darlington	3.8%
Tees Valley	5.2%
North East	4.7%
England	14.6%

[Source: Census 2011]

The following graph shows the distribution of people from Non-White backgrounds based on the 2011 Census.

**Fig 16: Numbers of people by ethnicity other than white British**



The largest non-white ethnic group is Asian/Asian British (2,205 or 2.1% of the population) followed by people of mixed or multiple ethnicity (1,146 or 1.1%).

Darlington is often referred to as the Gypsy Traveller capital of the North. However it is difficult to obtain accurate information about the exact numbers of Gypsy Travellers living in the Borough. Estimates vary from 350 [NOMIS 2014] to a couple of thousand with a best estimate of about 700 derived from officers who work supporting the welfare of traveller children in the borough.

## Migration

Migration figures are available for internal migration which monitors movement across local authority boundaries and international migration for people moving to a local authority area from abroad. The following table shows that overall more people leave than move into the borough.

**Fig 17: Migration Flow**

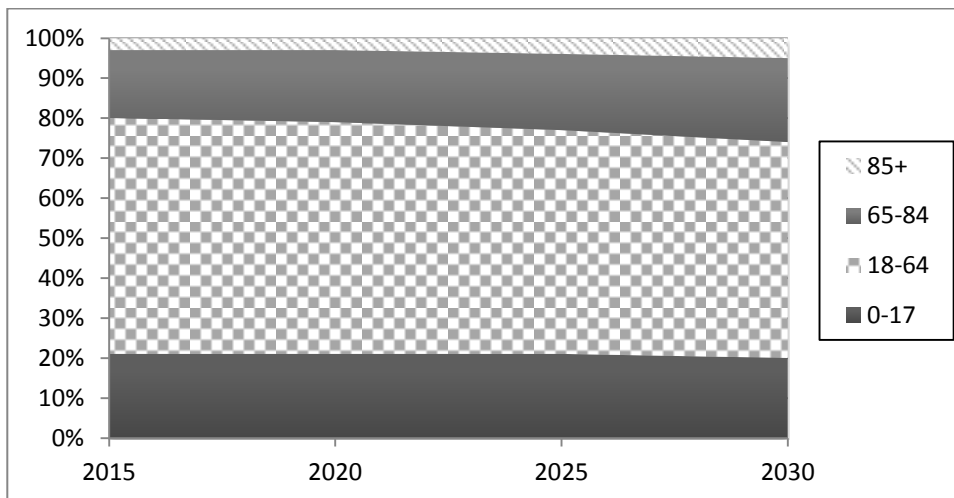
	Inflow	Outflow	Net
Net Internal migration	3,780	3,758	+22
Net International migration	275	523	-248
Combined migration	4,055	4,281	226

[Source: ONS Census 2014]

Further information about population data can be found via the Office for National Statistics (ONS) Website - [www.ons.gov.uk](http://www.ons.gov.uk) [external link]

The population projections show an increasing number of elderly people as illustrated in the graph below. The number of people aged 65 and over in Darlington is projected to increase from 22,300 in 2015 to 27,300 in 2030. The number of people aged 85 and over is projected to increase from 2,900 in 2015 to 4,900 in 2030.

**Fig 18: Population projections by age in Darlington**



[Source: ONS population projections 2014]

The population density is shown in the table below. Darlington is more densely populated than the North East and England and Wales but less so than the Tees Valley.

**Fig 19: Population density (persons per hectare)**

Place	Population (Census 2011)	Area (hectares)	Population density (persons per ha)
Darlington	105,564	19,747	5.3
Tees Valley	662,791	79,403	8.3
North East	2,596,886	857,316	3.0
England	53,012,456	13,027,842	4.1

[Source: ONS – Census 2011]

From Census 2011 there were an estimated 46,670 households in Darlington and 48,850 dwellings.

**Fig 20: Number of households (2011)**

Place	Households	Area (hectares)	Household density (per hectare)
Darlington	46,670	19,747	2.4
Tees Valley	283,071	79,403	3.6
North East	1,129,935	857,316	1.3
England and Wales	22,063,368	13,027,842	1.7

[Source: ONS - Census 2011]

**Fig 21: Number of dwellings in Darlington**

Place	Dwellings	Area (hectares)	Dwelling density (per hectare)
Darlington	49,280	19,747	2.5
Tees Valley	298,520	79,403	3.7
North East	1,191,190	857,316	1.4
England	23,372,000	13,027,842	1.8

[Source: DCLG 2014]

The domestic valuation list provides detail of the number of dwellings that are liable for Council Tax and provides a convenient method by which changes can be measured. In March 2001 there were 44,310 and this had increased to 48,850 by March 2012, an increase of 10%. In the same period the population increased by nearly 7.8% and household size is therefore decreasing.

**Fig 22: Number of dwellings and population [Darlington]**

Year	Number of dwellings on the VO list (March)	Population (mid-year estimate)	Number of people per dwelling
2010	48,281	100,800	2.09
2011	48,435	105,600	2.18
2012	48,678	105,528	2.17
2013	48,763	105,248	2.16
2014	48,920	105,367	2.15
2015	49,290	105,564	2.14

[Source: DCLG/DBC Revenues and Benefits 2015]

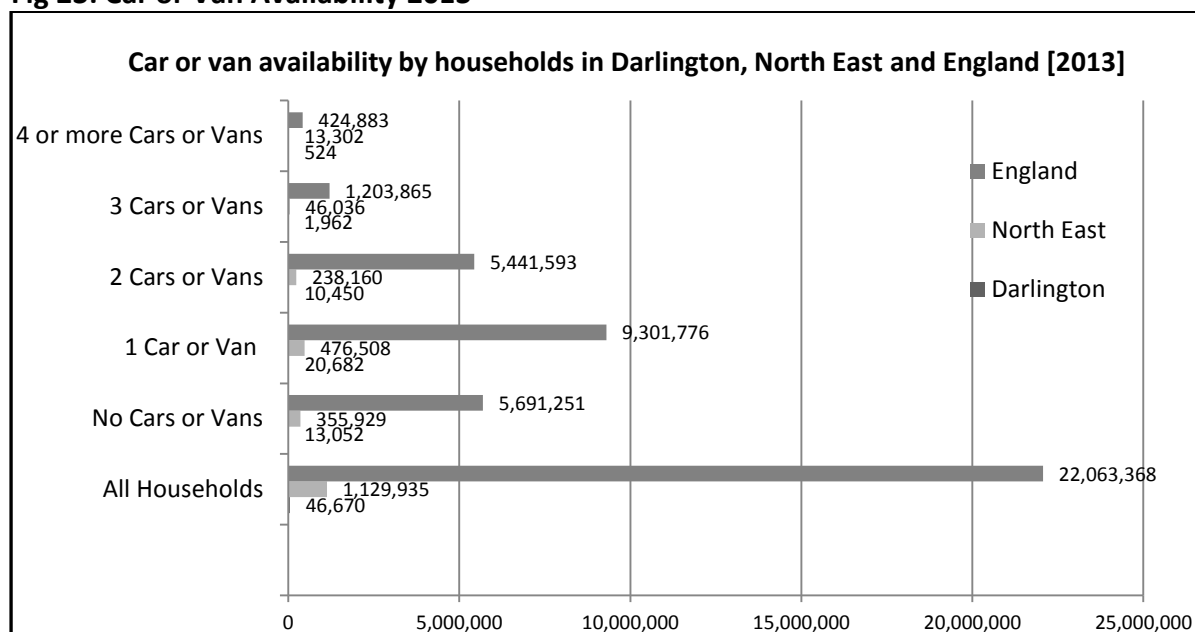
### Access to car or van

The numbers of households with access to either a car or a van is 33,618 or 72%. There are 13,052 household (28%) without access to a car or van compared to an England figure of 25% and a Northeast figure of 31.5%.

The following graph shows the distribution of car or van availability in Darlington, the North East and England in 2013.



**Fig 23: Car or Van Availability 2013**



### INDICES OF MULTIPLE DEPRIVATIONS (2015)

The latest IMD published in September 2015 is produced by Oxford University on behalf of the Department for Communities and Local Government (DCLG). Within IMD2015 there are seven domains that combine to form the Index:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Crime
- Living environment

The model of deprivation under pinning IMD2015 is based on the idea of distinct dimensions which can be recognised and measured separately. These are experienced by individuals living in the area. People may be counted in one or more of the domains, depending upon the number and type of deprivation that they experience. The overall IMD score is a weighted aggregate of these specific dimensions of deprivation. It should also be noted that a low level of deprivation as measured by IM2015 does not signify a high level of affluence. IMd2015 uses indicators that measure deprivation and affluence would tend to be measured by a largely different set of indicators.

Darlington is ranked as the 97<sup>th</sup> most deprived local authority area out of 326 on the IMD 2015, which is an improvement of 22 places from its rank of 75 on the IMD 2010. In the Tees Valley, Darlington appears to have bucked the general trend by improving its relative position, effectively swapping positions with Stockton-on-Tees to become the least deprived authority area in the region. Darlington's rank rose significantly since 2010, indicating a relative decline in deprivation, and this pattern is broadly followed by the Extent and Concentration ranks. This indicates that its most deprived parts have becomes relatively less deprived over the last five years, however it is important to note that these increases follow a sharp decrease in many of the same rankings between 2007 and 2010.

The general picture therefore indicates more of a return to 2007 levels of deprivation, rather than a sharp decline overall.

### **Income deprivation affecting children index 2015 (IDACI)**

#### ***8 of Darlington's LSOAs (12.3%) are amongst the most deprived 10% in England on IDACI***

The concentrations of the most deprived 10% nationally in Darlington are in the Bank Top and Lascelles, Cockerton, Redhall and Lingfield, Stephenson, North Road, Park East and Northgate wards.

#### ***3 of Darlington's LSOAs are amongst the top 1,000 most IDACI deprived in England (out of 32,844)***

These LSOAs are, in order of IDACI deprivation, in the Northgate, Redhall and Lingfield and Bank Top and Lascelles wards.

### **Income deprivation affecting older people index 2010 (IDAOPI)**

It is widely accepted that the stresses of living in poverty are particularly harmful to a number of vulnerable groups including older people. IDAOPI measures income deprivation affecting older people, defined as those adults aged 60 or over living in pension credit households as a proportion of all those 60 or over.

- Almost 35% of LSOAs are in the 10% most deprived nationally, indicating income deprivation for older people is a significant issue in Darlington.
- 9% of its LSOAs in the most deprived 10% of LSOAs nationally.

### **URBAN/RURAL CLASSIFICATION**

Darlington forms part of the Tees Valley sub-region which as a whole comprises five unitary authorities and has a population of around 650,000. Darlington is a compact area of some 76.2 square miles, comprising the town of Darlington and a number of surrounding villages. The borough has a population of around 105,564 people living in 46,670 households (Office for National Statistics 2011).

Geography affects health and a range of other personal issues. The imagined "rural idyll" can in reality mean expensive housing, fewer jobs and training opportunities, and poor access to a range of services from schools and shops to pharmacies and hospitals. In urban areas other issues such as air pollution, poor housing, and road traffic accidents are more common. There are many different ways of classifying rural/urban areas but this report uses work from the **Rural and Urban Definitions Project** (DEFRA 2009). Two types of classification were produced.

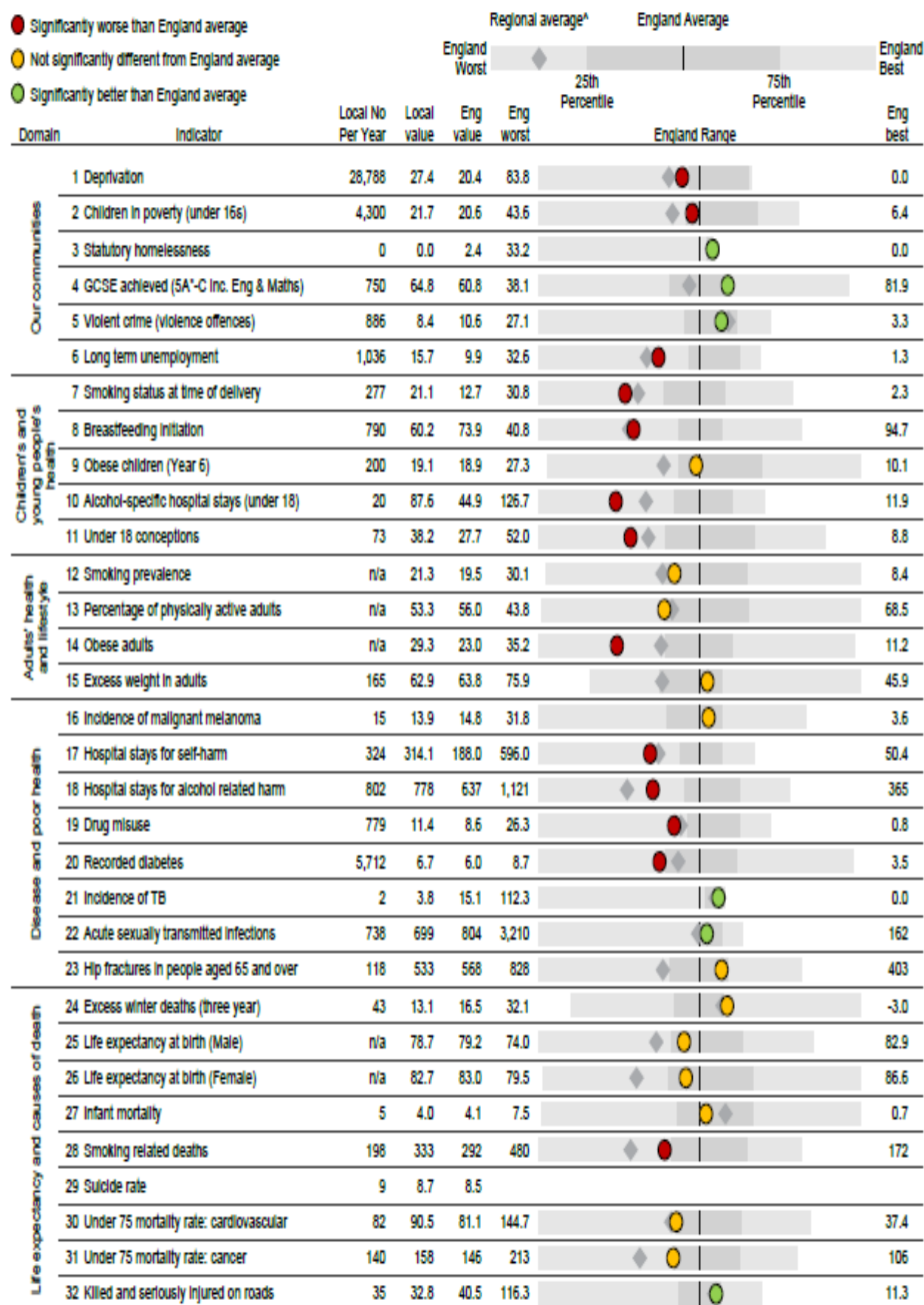
The first classifies small areas on the basis of the settlement form (urban and fringe, small town, village, hamlet and dispersed dwellings) and the second on whether the area is included in the 5% most sparsely populated areas of England. The second classification provides categorically grouped summaries for larger areas, such as local authority districts. In addition to the population density and settlement form, this classification also considers the extent to which small towns serve a rural hinterland. Darlington falls into the second classification and is identified as OTHER URBAN (OU).

The Defra definition is “Other Urban: districts with fewer than 37,000 people or less than 26 percent of their population in rural settlements and larger market towns”. Further details of the classifications can be found at: <https://www.gov.uk/government/statistics/statistical-digest-of-rural-england-2012-september-2012>

The Darlington Health Profile 2015 shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

The Health Profile 2015 is shown on the following page and is accessible via the Strategies, Plans and Data Profiles button on the JSNA Homepage.

Fig 24: Darlington Health Profile 2015:



[Source: Association of Public Health Observatories]

Fig 25: Comparison between Darlington Health Profiles 2011-2015.

Darlington Health Profile Indicators  
 Comparison between 2015, 2014, 2013, 2012 and 2011 Profiles for key health indicators  
 Source: 2015, 2014, 2013, 2012 and 2011 Health Profiles for Darlington, APHO.

Indicator	Indicator	Units	2015 Health Profile			2014 Health Profile			2013 Health Profile			2012 Health Profile			2011 Health Profile		
			2014 HP (vs 2015 HP worse than England?)	2014 HP	Period	2014 HP (vs 2014 HP worse than England?)	2014 HP	Period	2013 HP (vs 2013 HP worse than England?)	2013 HP	Period	2012 HP (vs 2012 HP worse than England?)	2012 HP	Period	2011 HP (vs 2011 HP worse than England?)	2011 HP	Period
1	Deprivation	%	Yes	27.4	2013	Yes	27.4	2010	Yes	27.4	2010	Yes	28.3	2010	24.9	2007	
2	Children in poverty	%	Yes	20.6	2012	Yes	21.2	2011	No	21.3	2010	No	22.9	2009	21.2	2008	
7	Smoking in pregnancy	%	Yes	21.1	2013-14	Yes	21.3	2012-13	Yes	18.6	2011-12	Yes	21.2	2010-11	20.3	2009-10	
8	First hearing initiation	%	Yes	62.3	2013-14	Yes	62.3	2012-13	Yes	63.7	2011-12	Yes	64.2	2010-11	61.0	2009-10	
9	Obese children (Year 6)	%	No	18.7	2013-14	No	19.3	2012-13	No	19.3	2011-11	No	19.8	2010-11	19.4	2009-10	
11	Teenage conceptions (<18)	Rate/1000	No	28.3	2013	Yes	30.2	2012	Yes	34.4	2011	Yes	37.2	2010	52.8	2007-09 pooled	
12	Adults smoking	%	No	19.3	2013	No	21.3	2012	Yes	21.3	2011-12	Yes	21.3	2010-11	19.1	2009-10	
13	Physically active adults	% 16+	No	53.3	2013	No	53.3	2012	No	53.3	2012	No	53.3	2010-11	52.3	2009-10	
14	Obese adults	% 16+	Yes	26.3	2012	Yes	27.6	2012	Yes	27.6	2010-08	Yes	27.6	2008-09	27.4	2008-08	
17	Hospital stays for self harm	Rate/100,000	Yes	311.9	2013-14	Yes	344.1	2012-13	Yes	368.8	2011-12	Yes	435.1	2010-11	316.8	2009-10	
18	Hospital stays for alcohol related harm	Rate/100,000	Yes	78.2	2013-14	Yes	78.2	2012-13	Yes	84.7	2011-11	Yes	89.7	2010-11	81.8	2009-10	
19	Drug misuse	Rate/1000	Yes	10.3	2011-12	Yes	11.4	2010-11	Yes	11.4	2010-11	Yes	11.4	2009-10 (revised)	11.2	2009-10	
20	People diagnosed with diabetes	%	Yes	8.8	2013-14	Yes	8.7	2012-13	Yes	8.4	2011-12	Yes	8.3	2010-11	8.3	2009-10	
23	Hip fractures in 65s and over	Rate/100,000	No	33.2	2013-14	No	33.2	2012-13	No	34.9	2011-12	No	37.0	2010-11	48.7	2009-10	
25	Life expectancy - male	Years	No	78.4	2011-13	No	78.2	2010-12	No	78.0	2009-11	Yes	77	2008-10	76.6	2007-08	
26	Life expectancy - female	Years	No	82.3	2011-13	No	82.2	2010-12	No	81.4	2009-11	No	81.5	2008-10	80.8	2007-08	
27	Infant deaths	Rate/1000	No	4.4	2011-13	No	4.4	2010-12	No	3.3	2009-11	No	4.2	2008-10	4.33	2007-08	
28	Deaths from smoking	Rate/100,000	Yes	222.4	2011-13	Yes	233	2010-12	Yes	237	2009-11	Yes	264	2008-10	266.5	2007-08	
30	Early deaths: heart disease and stroke	Rate/100,000	No	55.3	2011-13	No	56.3	2010-12	No	58.2	2009-11	Yes	71.6	2008-10	61	2007-08	
31	Early deaths: cancer	Rate/100,000	No	132.2	2011-13	No	139	2010-12	No	122.1	2009-11	Yes	138.4	2008-10	122.7	2007-08	
32	Road injuries and deaths	Rate/100,000	No	36.3	2011-13	No	37.3	2010-12	No	35.5	2009-11	No	38.1	2008-10	36	2007-08	

Indicator has improved from previous Health Profile
Indicator has not improved from previous Health Profile
Yes Indicator value is significantly worse than England
No Indicator value is not significantly worse than England

## **Disease prevalence (Quality Outcomes Framework) 2013-14**

QOF prevalence rates for Darlington practices can be used as proxy measures for disease prevalence. Prevalence is a measure of the burden of a disease or health condition in a population at a particular point in time (and is different to incidence, which is a measure of the number of newly diagnosed cases within a particular time period). Prevalence data within the QOF are collected in the form of practice disease registers. They can potentially be used to examine variations in the prevalence of the chronic diseases included in the clinical domains, but they should be interpreted with caution. QOF registers do not necessarily equate to prevalence.

For example, prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. Year-on-year changes in the size of QOF registers are difficult to interpret for various reasons including: changes in epidemiological factors (such as an ageing population); improvements in case finding by practices; and changes over time in the definition of the registers.

QOF prevalence rates can also be affected by other factors such as:

- health care seeking behaviour - people differ in the readiness with which they seek health care when they are not well
- access to services - people are more likely to consult for a condition if services are readily accessible
- diagnostic practice - it is impossible to completely standardise the methods clinicians use to make diagnoses
- data recording - there may be variations in the completeness and accuracy of practice records.
- QOF information is not a comprehensive source of data on quality of care in general practice, but it is potentially a rich and valuable source of such information, providing the limitations of the data are acknowledged.

Disease prevalence in Darlington, as measured by QOF (2013-14) was 20% greater than England for obesity, chronic heart disease, chronic obstructive pulmonary disease, stroke/TIA, epilepsy, dementia, learning disabilities, heart failure due to left ventricular disease, and palliative care.

The following table shows the comparison between 2012-13 and 2013-14.

## Quality Outcomes Framework (crude) prevalence rates, Darlington & England, 2014-15

Source: Quality and Outcomes Framework, NHSIC

**Fig 26: Disease Prevalence: Quality and Outcomes Framework (QOF) for April 2013 - March 2015**  
England drawn from numbers on QOF disease registers and raw prevalence rates by CCG

Disease Register	2014-15				2013-14		
	Darlington		England	2014-15 v 2013-14	Darlington		England
	No.	Prevalence	Prevalence		No.	Prevalence	Prevalence
Hypertension	16,137	15.1%	13.8%	Higher	15,983	15.00%	13.70%
Obesity (16+)	10,880	12.5%	9.0%	Lower	11,080	12.80%	9.40%
Depression (18+)	6,999	8.3%	7.3%	Higher	6,214	7.40%	6.50%
Asthma	6,580	6.2%	6.0%	Higher	6,415	6.00%	5.90%
Diabetes (17+)	5,862	6.8%	6.4%	-	5,797	6.80%	6.20%
CHD	4,235	4.0%	3.2%	-	4,269	4.00%	3.30%
Chronic Kidney Disease (18+)	3,573	4.2%	4.1%	Higher	2,421	2.90%	4.00%
Hypothyroidism	No longer reported				3,572	3.40%	3.30%
COPD	2,781	2.6%	1.8%	Higher	2,705	2.50%	1.80%
Stroke/TIA	2,200	2.1%	1.7%	-	2,213	2.10%	1.70%
Cancer	2,559	2.4%	2.3%	Higher	2,272	2.10%	2.10%
Atrial Fibrillation	1,963	1.8%	1.6%	-	1,880	1.80%	1.60%
Mental Health	1,066	1.0%	0.9%	-	1,064	1.00%	0.90%
Heart Failure	1,110	1.0%	0.7%	-	1,034	1.00%	0.70%
Epilepsy (18+)	822	1.0%	0.8%	-	823	1.00%	0.80%
Dementia	1,021	1.0%	0.7%	Higher	977	0.90%	0.60%
Heart Failure - LVD	No longer reported				No longer reported		
Learning Disabilities all ages *	587	0.6%	0.4%	Lower	559	0.70%	0.50%
Palliative Care	545	0.5%	0.3%	-	528	0.50%	0.30%

Key	
*	20% higher than the England value
	Within 20% of the England value
	20% lower than the England value

Please note change to age group measured. Previously 18+, now all ages.

## **Projecting Adult and Older People's Needs (2015)**

Projecting Adult Needs & Service Information System (PANSI) and Projecting Older People Population Information System (POPPI) provide population data by age band, gender, ethnic group, religion, tenure, transport, living with no central heating, household growth and by state pension for English local authorities.

Calculations are applied to population figures to estimate projected numbers of older people by: those living alone, living in care home, receiving unpaid care, their ability to carry out domestic tasks and self-care.

Prevalence rates from research have been used to estimate the impact of:

- limiting long term illness,
- depression, severe depression,
- dementia,
- heart attack,
- stroke,
- bronchitis\emphysema,
- falls,
- continence,
- visual impairment,
- hearing impairment,
- mobility,
- obesity,
- diabetes and learning disability including Down's syndrome.

Finally, nationally available performance data on: helped to live at home, intensive home care, community based services, supported residents in care homes, admissions to permanent residential and nursing care, and carers receiving services are applied to the projected population figures.

More information is available on their websites:

[www.poppi.org.uk](http://www.poppi.org.uk)

[www.pansi.org.uk](http://www.pansi.org.uk)