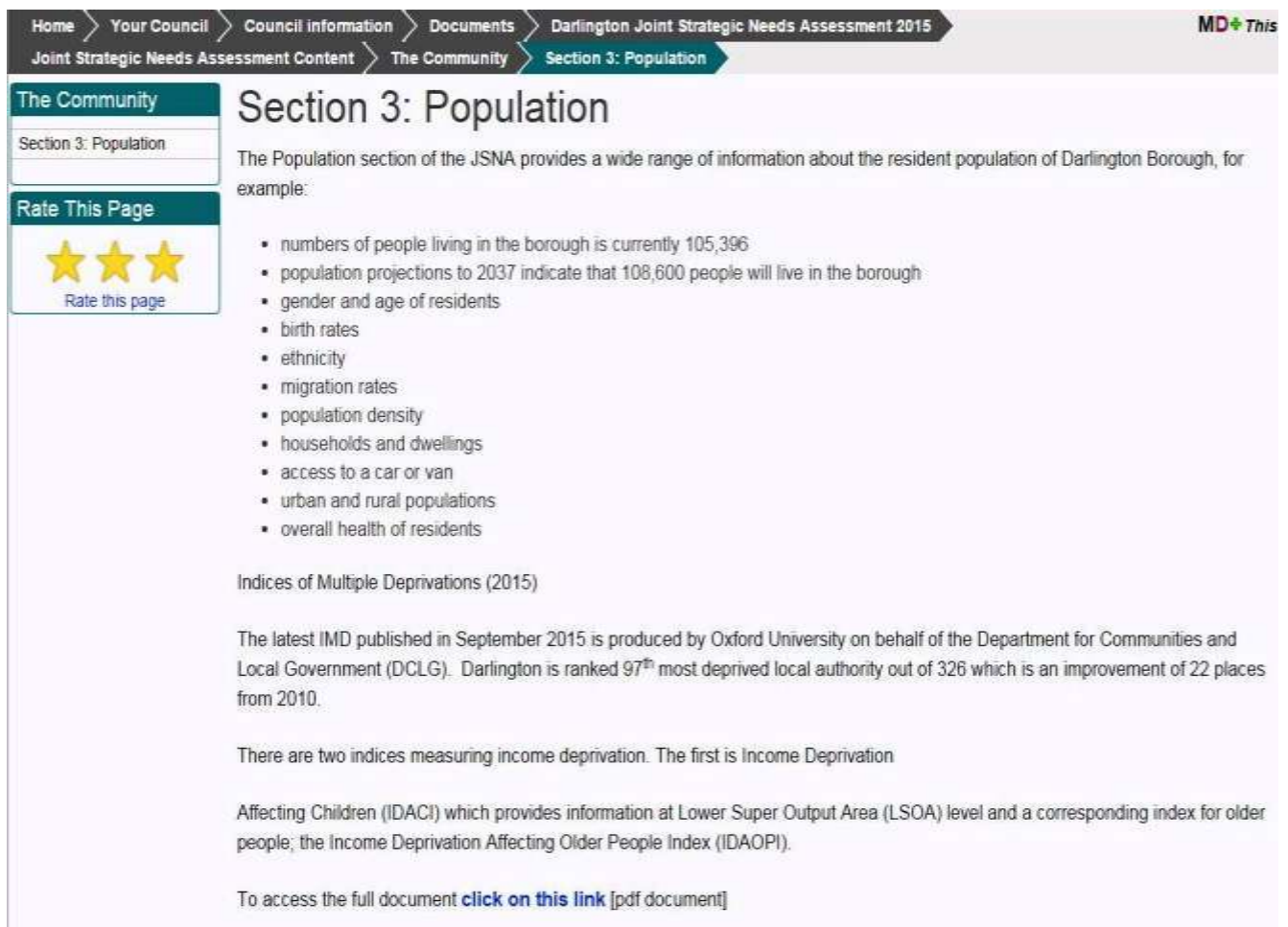Joint Strategic Needs Assessment 2016 – Example Sections

The JSNA has been design to be accessible and low maintenance. The following examples show how 'live' web pages will look and the concise and informative nature of the content. At the end of each web page is a hyperlink to a pdf version of the text for the subject section.

For each example a copy of the full script follows at the end of the graphic.

EXAMPLE 1:

Section 3: Population and Demography

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.

Darlington mid-2012 population estimates pyramid 2015 and projected to 2025
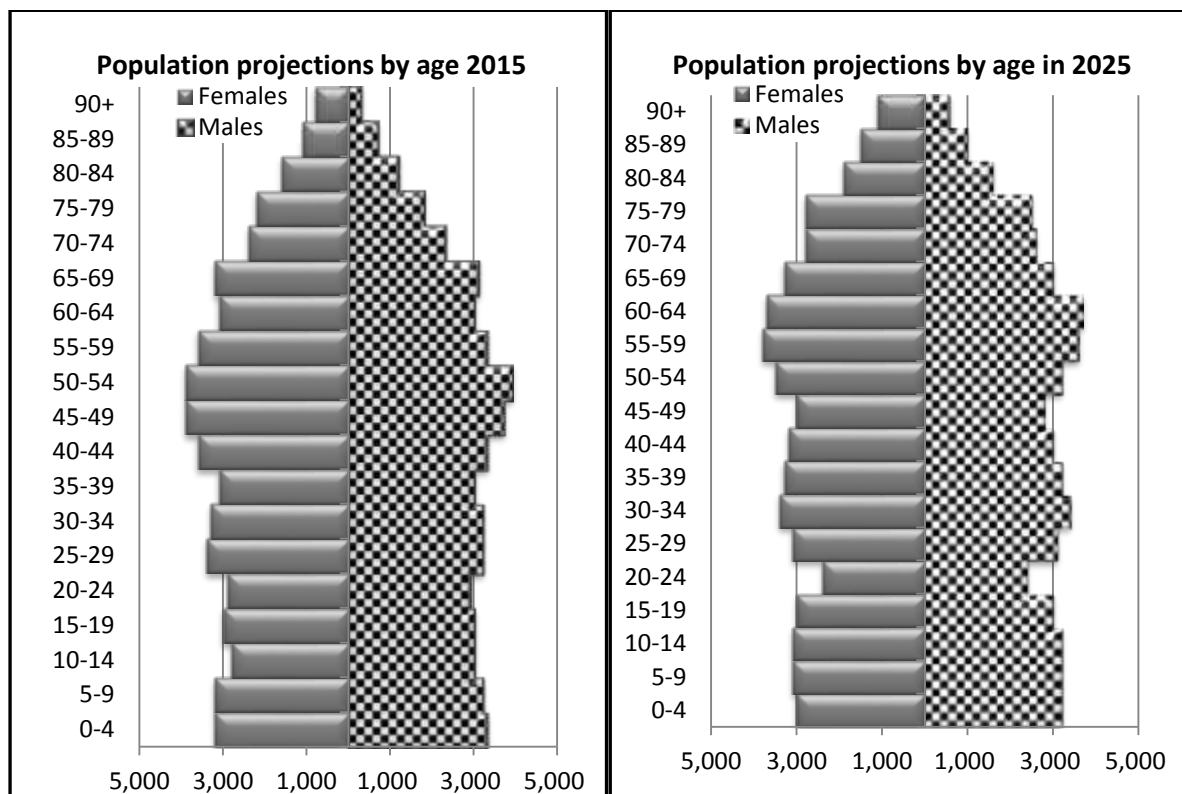
[Source: ONS Mid-year population estimates 2012]

The population projections for males and females are estimated from 2012 then projected for 2017, 2027 and 2037 as shown in the graphs on the following pages. A comparison with North East of 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]

2012-based Population Projections
2012-2037, by Region, County and Local Authority

Choose an area
Darlington

105,200 people in 2012

51,200 males 48.7%
54,000 females 51.3%

age
male   female
90
80
70
60
50
40
30
20
10

1   0   0   1
percentage of population in age band
outline shows year 2012

2012   2017   2022   2027   2032   2037

Choose an area
North East

2,602,300 people in 2012

1,273,300 males 48.9%
1,329,000 females 51.1%
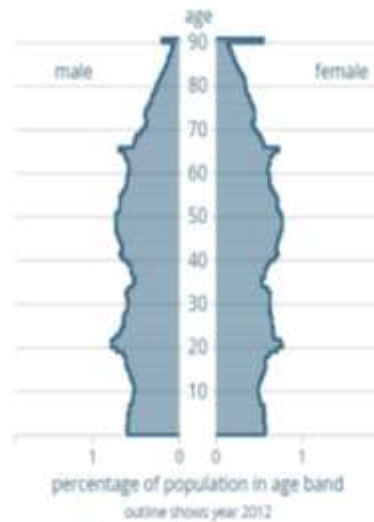
age
male   female
90
80
70
60
50
40
30
20
10

1   0   0   1
percentage of population in age band
outline shows year 2012

overlay   unlock outlines   settings   size   %

2012-based Population Projections
2012-2037, by Region, County and Local Authority

Choose an area
Darlington

105,900 people in 2017

51,600 males 48.8%
54,300 females 51.2%

age
male   female
90
80
70
60
50
40
30
20
10

1   0   0   1
percentage of population in age band

2012   2017   2022   2027   2032   2037
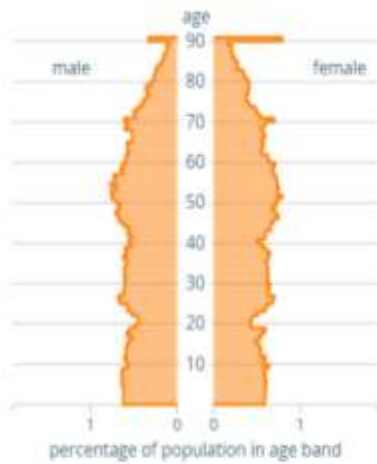
Choose an area
North East

2,639,600 people in 2017

1,296,000 males 49.1%
1,343,600 females 50.9%
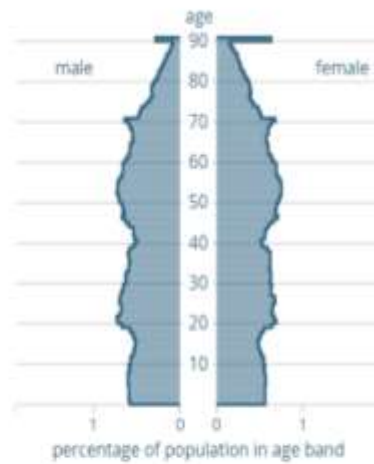
age
male   female
90
80
70
60
50
40
30
20
10

1   0   0   1
percentage of population in age band

overlay   lock outlines   settings   size   %

Note: figures have been rounded to the nearest 100 people therefore totals may not add exactly.

2012-based Population Projections
2012-2037, by Region, County and Local Authority

Choose an area
Darlington

107,600 people in 2027

52,600 males — 48.9%
55,000 females — 51.1%
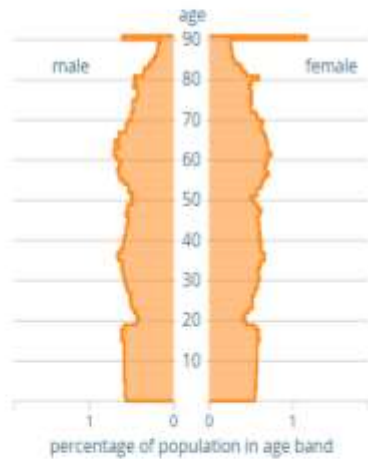
male | age | female
(percentage of population in age band)

2012 — 2017 — 2022 — 2027 — 2032 — 2037

overlay | lock outlines | settings | size %

Note: figures have been rounded to the nearest 100 people therefore totals may not add exactly.

Choose an area
North East

2,714,500 people in 2027

1,338,900 males — 49.3%
1,375,600 females — 50.7%
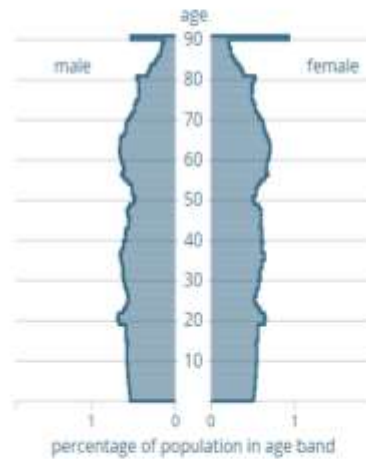
male | age | female
(percentage of population in age band)

overlay | lock outlines | settings | size %

2012-based Population Projections
2012-2037, by Region, County and Local Authority

Choose an area
Darlington

108,600 people in 2037

53,100 males — 48.8%
55,600 females — 51.2%

male | age | female
(percentage of population in age band)

2012 — 2017 — 2022 — 2027 — 2032 — 2037

overlay | lock outlines | settings | size %
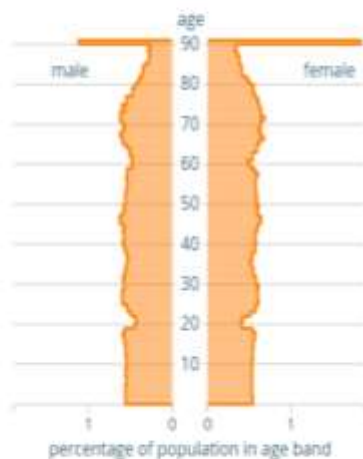
Choose an area
North East

2,765,800 people in 2037

1,368,500 males — 49.5%
1,397,200 females — 50.5%

male | age | female
(percentage of population in age band)
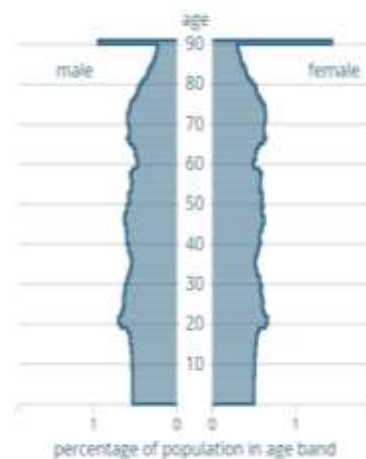
overlay | lock outlines | settings | size %

[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.

Estimated net migration to/from UK 2005-2014
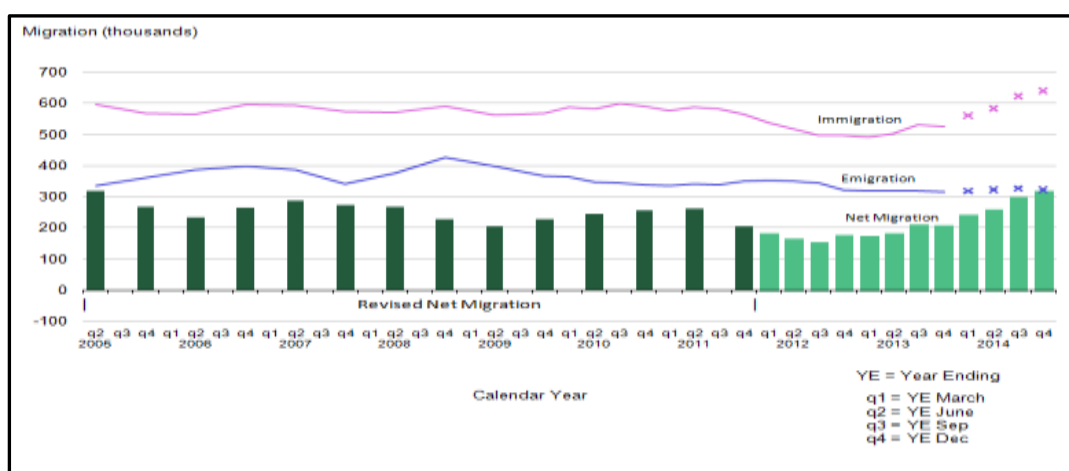
Births:

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.

Live births in Darlington 2010-2014

Numbers of births by mothers' usual area of residence 2014

[Bar chart showing Total approximately 1,200, Males approximately 620, Females approximately 580. Legend: Total, Males, Females]

Numbers of births by age of mother

[Bar chart showing births by age of mother. All ages approximately 1,200, U18 near 0, U20 approximately 60, 20-24 approximately 240, 25-29 approximately 330, 30-34 approximately 300, 35-39 approximately 140, 40-44 approximately 20, 45+ near 0. Legend: age of mother]

[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%.

% 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.

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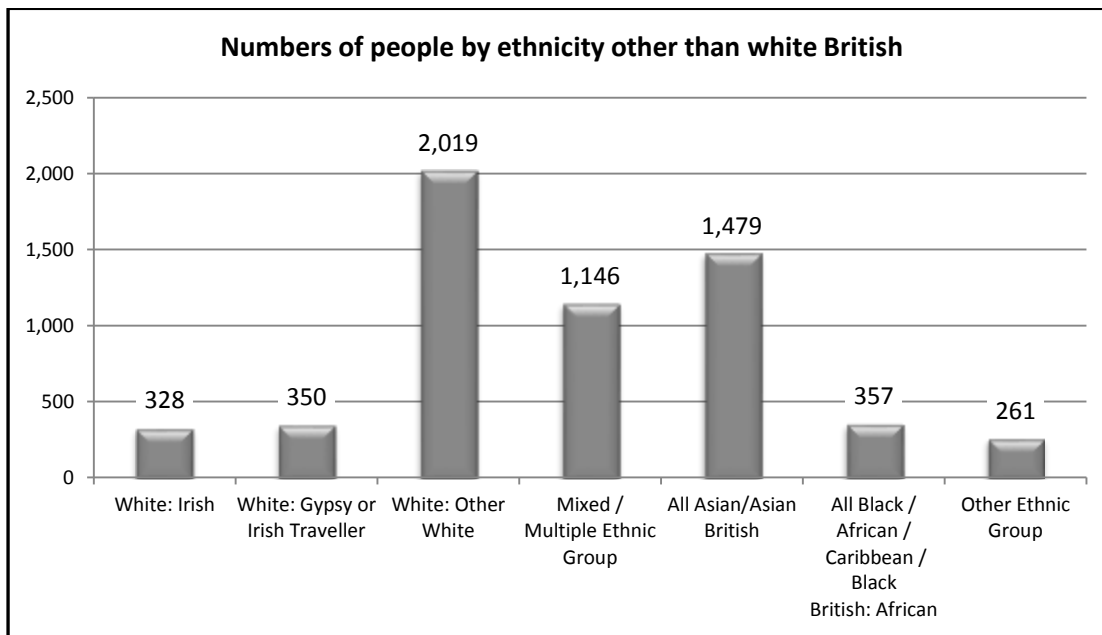
The largest non-white ethnic group is Asian/Asian British (2,205 or 2.1% of the population) followed by people of mixed or multiple ethnicity (1,146 or 1.1%).

Darlington is often referred to as the 'Gypsy Traveller capital of the North'[1]. 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.

	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 [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.

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[1] Gypsy and Traveller Accommodation Assessment 2014

Population projections by age in Darlington
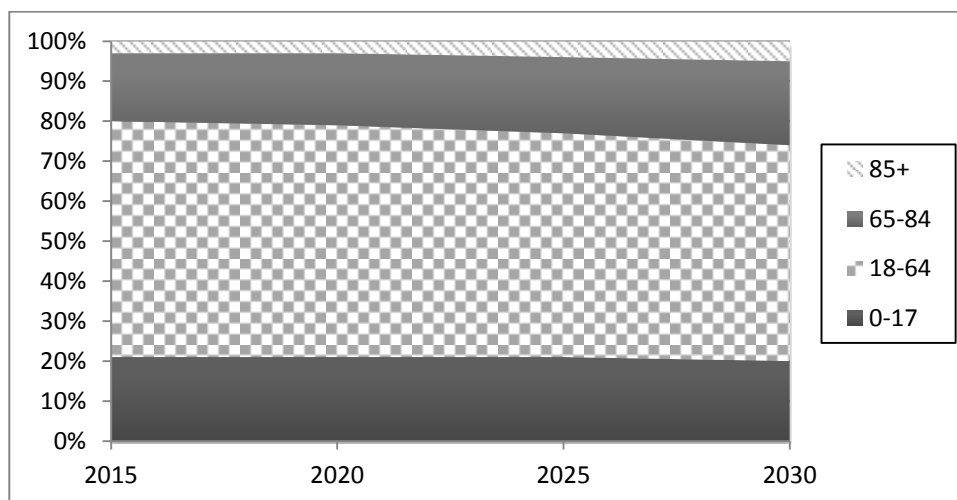
[Source: ONS population projections 2014]

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.

Population density (persons per hectare)

Place	Population (Census 2011)	Area (hectares)	Population density (persons per hectare)
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.

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]

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

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.

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

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 North East figure of 31.5%.

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

Car or van availability by households in Darlington, North East and England [2013]

Category	England	North East	Darlington
4 or more Cars or Vans	424,883	13,302	524
3 Cars or Vans	1,203,865	46,036	1,962
2 Cars or Vans	5,441,593	238,160	10,450
1 Car or Van	9,301,776	476,508	20,682
No Cars or Vans	5,691,251	355,929	13,052
All Households	22,063,368	1,129,935	46,670
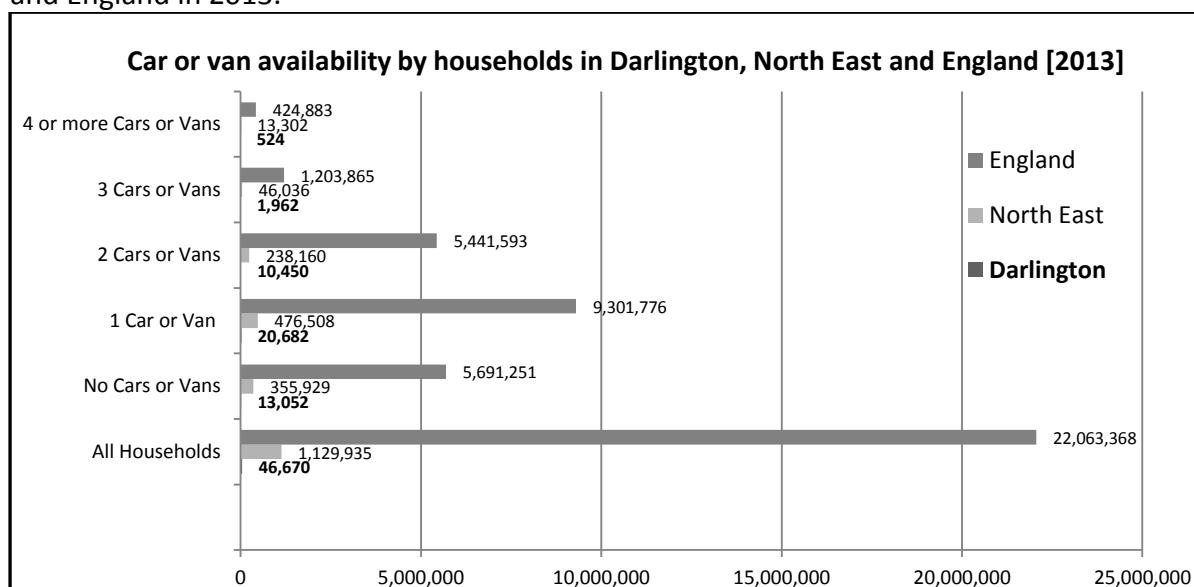
INDICES OF MULTIPLE DEPRIVATIONS (2015)

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 97th 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 become 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 Lower Super Output Areas (LSOA) (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.

Darlington Health Profile 2015:

Legend:
- 🔴 Significantly worse than England average
- 🟠 Not significantly different from England average
- 🟢 Significantly better than England average

Domain	Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation	28,788	27.4	20.4	83.8	🔴	0.0
	2 Children in poverty (under 16s)	4,300	21.7	20.6	43.6	🔴	6.4
	3 Statutory homelessness	0	0.0	2.4	33.2	🟢	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	750	64.8	60.8	38.1	🟢	81.9
	5 Violent crime (violence offences)	886	8.4	10.6	27.1	🟢	3.3
	6 Long term unemployment	1,036	15.7	9.9	32.6	🔴	1.3
Children's and young people's health	7 Smoking status at time of delivery	277	21.1	12.7	30.8	🔴	2.3
	8 Breastfeeding initiation	790	60.2	73.9	40.8	🔴	94.7
	9 Obese children (Year 6)	200	19.1	18.9	27.3	🟠	10.1
	10 Alcohol-specific hospital stays (under 18)	20	87.6	44.9	126.7	🔴	11.9
	11 Under 18 conceptions	73	38.2	27.7	52.0	🔴	8.8
Adults' health and lifestyle	12 Smoking prevalence	n/a	21.3	19.5	30.1	🟠	8.4
	13 Percentage of physically active adults	n/a	53.3	56.0	43.8	🟠	68.5
	14 Obese adults	n/a	29.3	23.0	35.2	🔴	11.2
	15 Excess weight in adults	165	62.9	63.8	75.9	🟠	45.9
Disease and poor health	16 Incidence of malignant melanoma	15	13.9	14.8	31.8	🟠	3.6
	17 Hospital stays for self-harm	324	314.1	188.0	596.0	🔴	50.4
	18 Hospital stays for alcohol related harm	802	778	637	1,121	🔴	365
	19 Drug misuse	779	11.4	8.6	26.3	🔴	0.8
	20 Recorded diabetes	5,712	6.7	6.0	8.7	🔴	3.5
	21 Incidence of TB	2	3.8	15.1	112.3	🟢	0.0
	22 Acute sexually transmitted infections	738	699	804	3,210	🟢	162
	23 Hip fractures in people aged 65 and over	118	533	568	828	🟠	403
Life expectancy and causes of death	24 Excess winter deaths (three year)	43	13.1	16.5	32.1	🟠	-3.0
	25 Life expectancy at birth (Male)	n/a	78.7	79.2	74.0	🟠	82.9
	26 Life expectancy at birth (Female)	n/a	82.7	83.0	79.5	🟠	86.6
	27 Infant mortality	5	4.0	4.1	7.5	🟠	0.7
	28 Smoking related deaths	198	333	292	480	🔴	172
	29 Suicide rate	9	8.7	8.5			
	30 Under 75 mortality rate: cardiovascular	82	90.5	81.1	144.7	🟠	37.4
	31 Under 75 mortality rate: cancer	140	158	146	213	🟠	106
	32 Killed and seriously injured on roads	35	32.8	40.5	116.3	🟢	11.3

[Source: Association of Public Health Observatories]

Comparison between Darlington Health Profiles 2011-2015.

No	Indicator	Basis	2015 Health Profile			2014 Health Profile			2013 Health Profile			2012 Health Profile			2011 Health Profile		
			2014 HP	2015 HP Significantly worse than England?	Period	2014 HP	2014 HP Significantly worse than England?	Period	2013 HP	2013 HP Significantly worse than England?	Period	2012 HP	2012 HP Significantly worse than England?	Period	2011 HP	2011 HP Significantly worse than England?	Period
1	Deprivation	%	27.8	Yes	2013	27.4	Yes	2010	27.4	Yes	2010		Yes	2010	24.9	Yes	2007
2	Children in poverty	%	20.6	Yes	2012	21.7	Yes	2011	21.3	No	2010	22.9	No	2009	21.2	No	2008
7	Smoking in pregnancy	%	21.1	Yes	2013-14	21.1	Yes	2012/13	19.6	Yes	2011/12	21.7	Yes	2010/11	28.3	Yes	2009/10
8	Breast feeding initiation	%	62.9	Yes	2013-14	60.2	Yes	2012/13	63.7	Yes	2011/12	64.2	Yes	2010/11	61.0	Yes	2009/10
9	Obese children (year 6)	%	16.7	No	2013-14	19.3	No	2012/13	16.8	No	2010/11	16.8	No	2010/11	19.4	Yes	2009/10
11	Teenage conceptions (<18)	Rate/1000	28.1	No	2013	38.2	Yes	2012	38.4	Yes	2009-11	37.2	No	2010	52.8	Yes	2007-09 pooled
12	Adults smoking	%	19.1	No	2013	25.3	No	2012	23.3	Yes	2011/12	23.3	No	2010/11	19.1	No	2009/10
13	Physically active adults	% 16+		No	2013	53.3	No	2012	53.3	No	2012	13.8	No	2009-11	12.3	No	2009/10
14	Obese adults	% 16+		Yes	2012		Yes	2012	27.6	Yes	2006-08	27.6	Yes	2006-08		Yes	2006-08
17	Hospital stays for self harm	Rate/100,000	349.9	Yes	2013-14	264.1	Yes	2012/13	360.9	Yes	2011/12	449.1	Yes	2010/11	315.9	Yes	2009/10
18	Hospital stays for alcohol related harm	Rate/100,000	737	Yes	2013-14	778	Yes	2012/13	2447		2010/11	1947	Yes	2010/11	2129	Yes	2009/10
19	Drug misuse	Rate/1000	10.5	Yes	2011-12	11.4	Yes	2010/11	11.4	Yes	2010/11	18.9	Yes	2009/10 (revised)	11.2	Yes	2009/10
20	People diagnosed with diabetes	%		Yes	2013-14	8.7	Yes	2012/13	6.4	Yes	2011/12	5.3	Yes	2010/11	5.9	Yes	2009/10
23	Hip fractures in 65s and over	Rate/100,000		No	2013-14	536	No	2012/13	494	No	2011/12	521	No	2010/11	498.7	Yes	2005-09
25	Life expectancy - male	Years	78.4	No	2011-13	78.7	No	2010-12	78.0	Yes	2009-11	77	Yes	2008-10	76.6	Yes	2007-09
26	Life expectancy - female	Years	82.4	No	2011-13	82.7	No	2010-12	82.4	No	2009-11	81.3	Yes	2008-10	80.3	Yes	2007-09
27	Infant deaths	Rate/1000	4.4	No	2011-13	4.9	No	2010-12	3.9	No	2009-11	4.2	No	2008-10	4.83	No	2007-09
29	Deaths from smoking	Rate/100,000	122.4	Yes	2011-13	310	Yes	2010-12	237	Yes	2009-11	354	Yes	2008-10	344.5	Yes	2007-09
30	Early deaths: heart disease and stroke	Rate/100,000	85.8	No	2011-13	90.5	No	2010-12	78.2	Yes	2009-11	78.6	Yes	2008-10	83	Yes	2007-09
31	Early deaths: cancer	Rate/100,000	152.8	No	2011-13	139	No	2010-12	123.1	Yes	2009-11	126.1	Yes	2008-10	123.1	No	2007-09
32	Road injuries and deaths	Rate/100,000	35.5	No	2011-13	32.8	No	2010-12	35.5	No	2009-11	36.5	No	2008-10	35	No	2007-09

(green)	Indicator has improved from previous Health Profile
(red)	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

Quality Outcomes Framework (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

Disease Register	2014-15			2014-15 v 2013-14	2013-14		
	Darlington		England		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%

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

Key	
* Please note change to age group measured. Previously 18+, now all ages.	
	20% higher than the England value
	Within 20% of the England value
	20% lower than the England value

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

www.pansi.org.uk

EXAMPLE 2:

Section 3: Economic Factors

The Community

Section 3: Economic Factors

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Section 3: Economic Factors

In a recent Royal Bank of Scotland Growth tracker report Darlington has been identified as leading the way for economic growth in the region with the best performing economy in NE for third consecutive quarter (2.9% y/y growth for quarter 2, 2015). This is calculated when analysing sector make up of an area against overall sector growth by quarter. While this is positive news it is important to consider wider economic factors to get a full picture of how our economy is performing.

Darlington's economy relies on a large amount of small to medium businesses employing 1- 50 employees as well as a significant number of registered head offices employing low levels of staff within the borough; in reality of the 4,796 businesses registered within Darlington only 8 are large private sector businesses employing over 300 employees.

Darlington also continues to face a major challenge in making the transition from an economy that relies significantly on public sector employment. ONS estimate that 77% of Darlington's employee jobs are within the public sector opposed to 23% in the private sector; this is further compounded given the recent movement of public sector work to private sector businesses meaning the true scale of our reliance on the public sector could be greater than these statistics suggest.

Darlington's overall employment rate fell between 2013 and 2014 by 1,100 people, representing a 1.3% reduction in working age population in employment. This reduction follows three years of steady growth in employment within the borough. Darlington's in employment level (72.2%) is higher than the North East average and is not far behind the national average (73.1%) suggesting Darlington's economy is performing well even following this recent reduction.

For information and statistics on Economic Factors in Darlington **click on this link** [pdf document]

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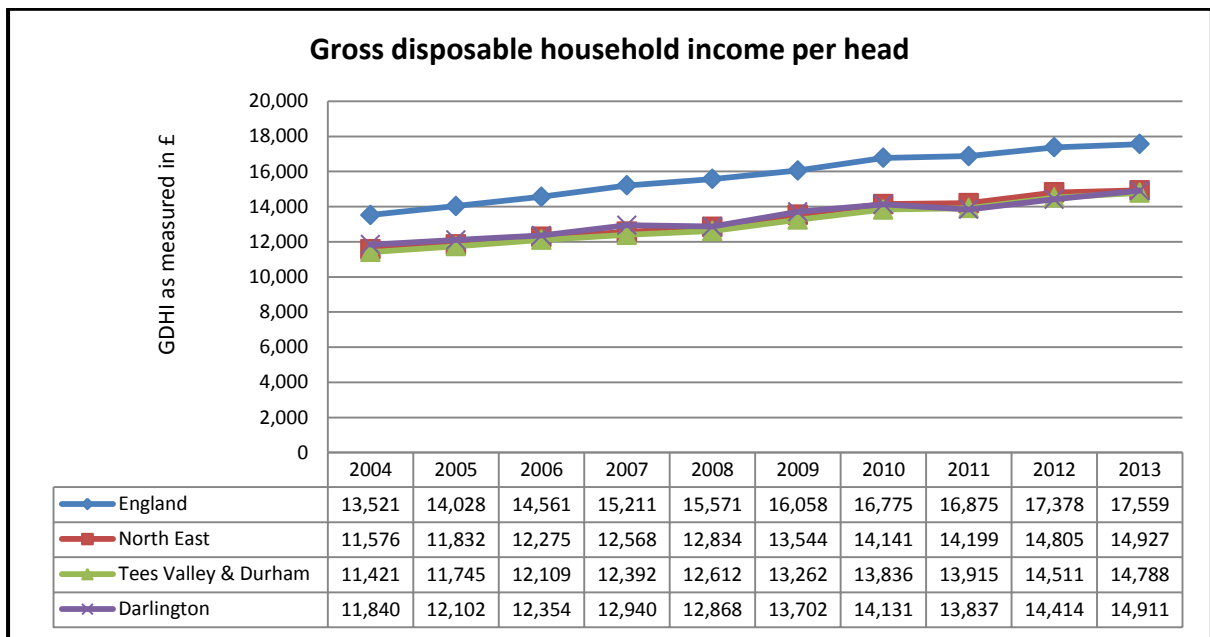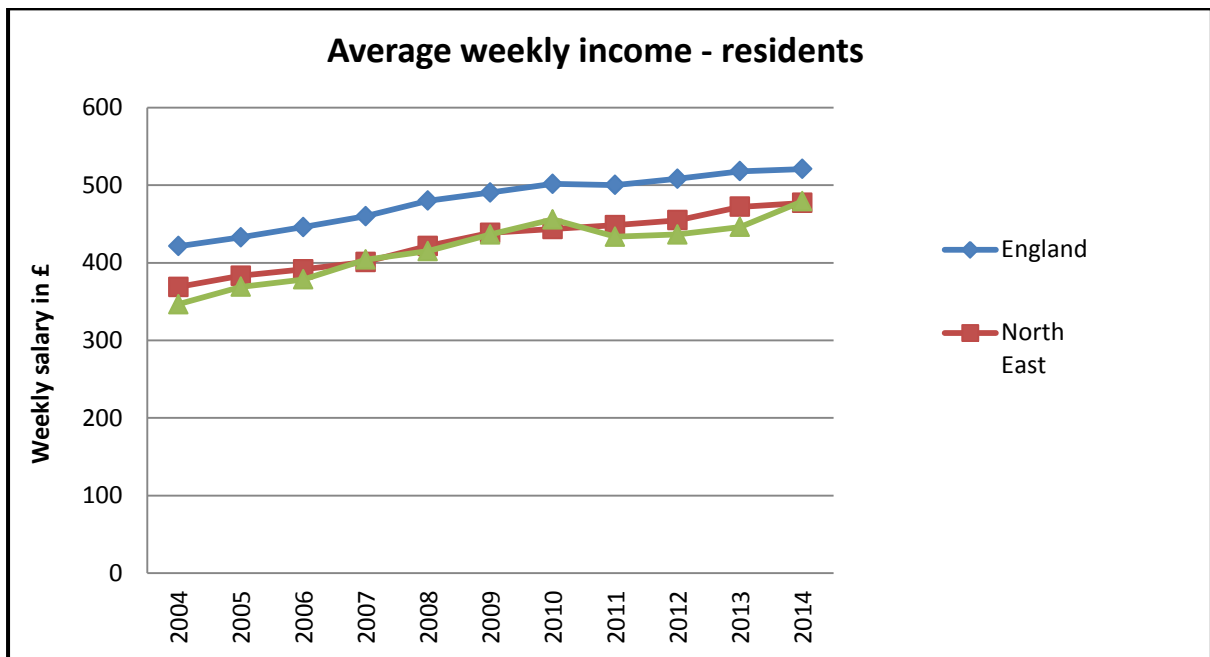
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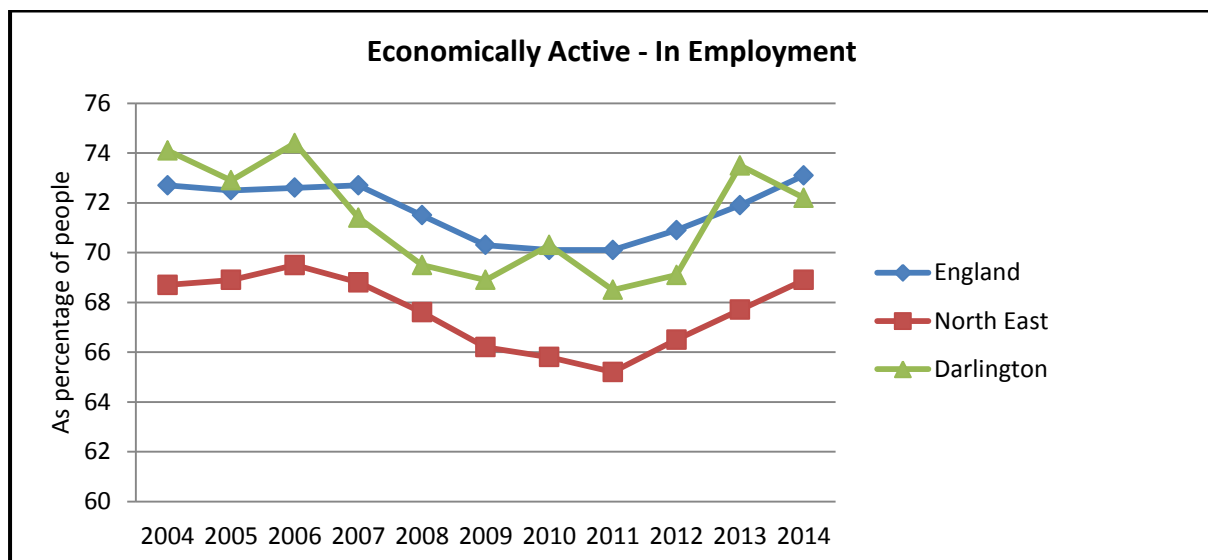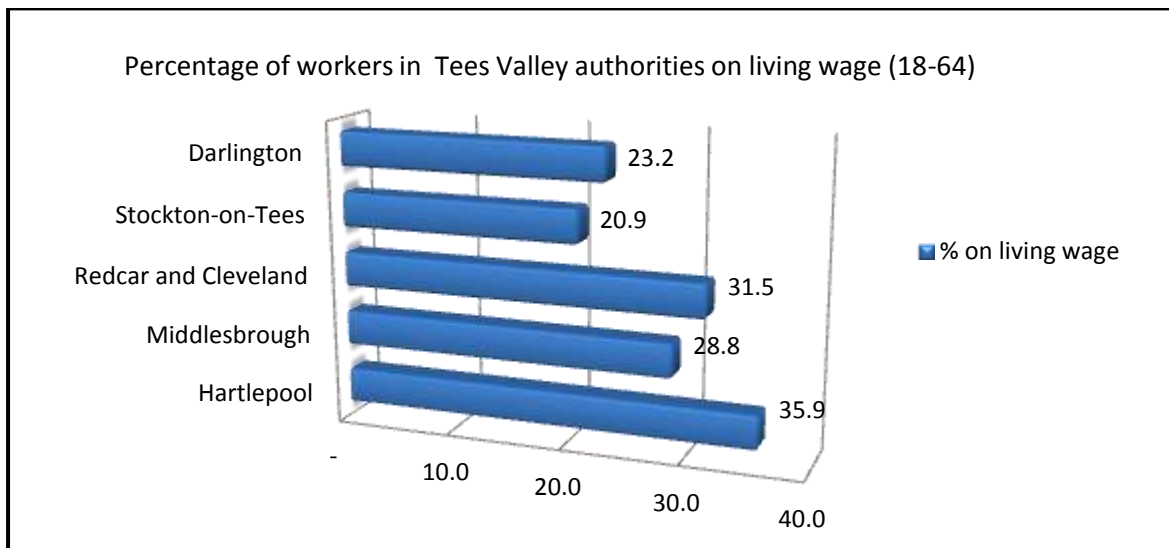

Since 2011 Darlington's unemployment level has fallen by 1,400 people or 2.9%, this is mirrored by similar deductions in the number of residents claiming out of work benefits including job seekers allowance.

Economically Active - Unemployed

Claimant Count

Working age out of work benefits (JSA)
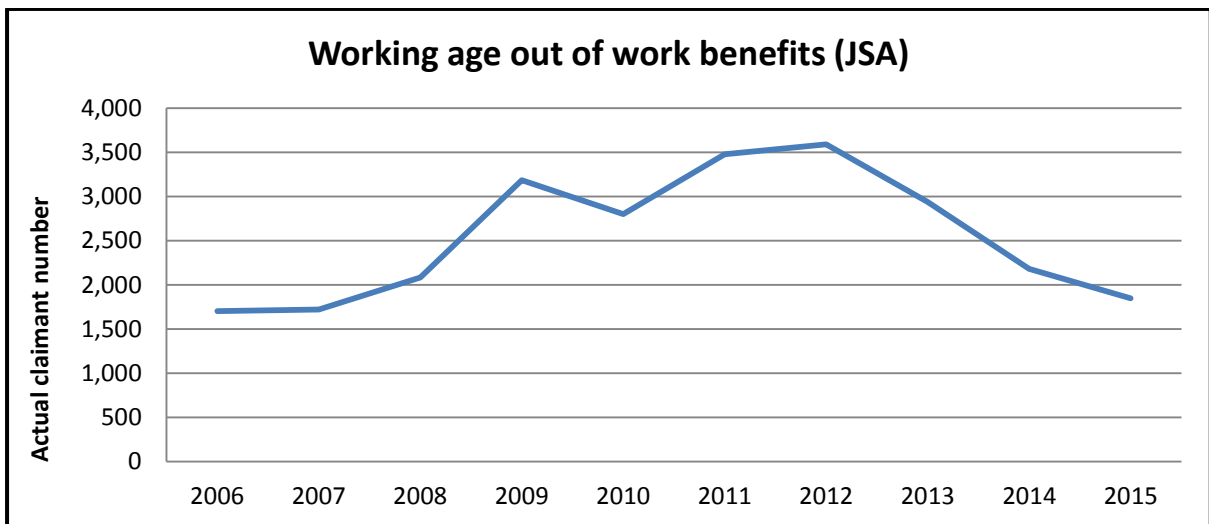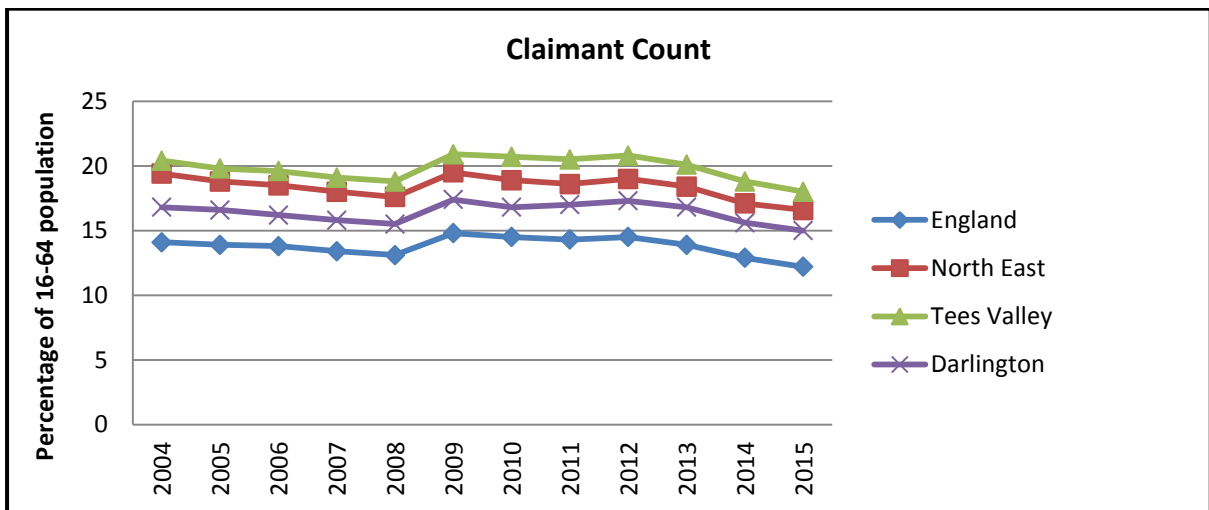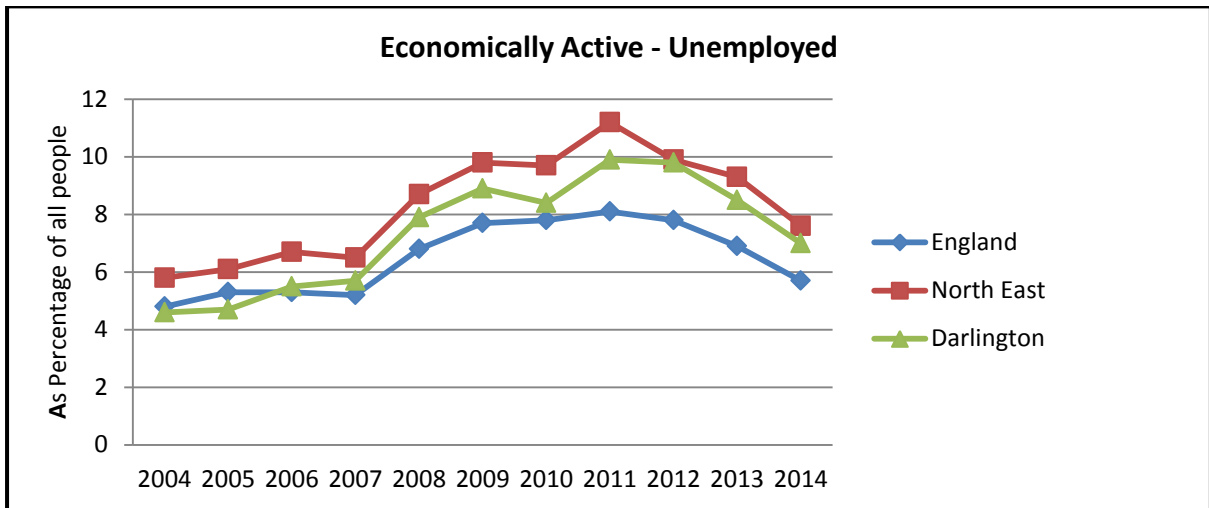
The average weekly income of Darlington residents has dramatically increased between 2011 and 2014 in real terms by £46.50 per person per week; this matches a steady year on year increase in Gross Disposable Household Income (GDHI) per head which has rose by £1074 per person/per year since 2011. Nevertheless this growth in GDHI is still below the North East, Tees Valley and National averages which show our residents are not as prosperous as our local and national counterparts.

Average weekly income - residents

Gross disposable household income per head

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
England	13,521	14,028	14,561	15,211	15,571	16,058	16,775	16,875	17,378	17,559
North East	11,576	11,832	12,275	12,568	12,834	13,544	14,141	14,199	14,805	14,927
Tees Valley & Durham	11,421	11,745	12,109	12,392	12,612	13,262	13,836	13,915	14,511	14,788
Darlington	11,840	12,102	12,354	12,940	12,868	13,702	14,131	13,837	14,414	14,911

This is further reinforced when you look at recent ONS data which calculates the percentage of the 18 -64 population paid under the 2013 living wage (£7.65 p/h) on a workplace basis which estimates 23.2% of Darlington employees are paid below the living wage. When you compare our percentage with our North East neighbours Darlington ranks eighth out of 12 local authorities. This high percentage of employees earning under the living wage suggests almost a quarter of Darlington jobs are low skilled and low paid.

Percentage of workers in Tees Valley authorities on living wage (18-64)

Authority	% on living wage
Darlington	23.2
Stockton-on-Tees	20.9
Redcar and Cleveland	31.5
Middlesbrough	28.8
Hartlepool	35.9

In 2012 the Economic Strategy for Darlington (2012 – 2026) was developed to rebalance the local economy by focusing on creating jobs and investment into the area. Flowing from the development of the Economic Strategy major investment has been secured for the town which totals over £150M and includes:

- £38M investment on Central Park for National Biologics Manufacturing Centre
- Confirmed a further £20M investment in Biologics Factory of the Future
- £30M multiplex cinema, hotel and leisure complex to town centre Feethams site
- £6.6M business central hub on central park encouraging start-up businesses
- £13M Teesside University Darlington campus opened
- Progress Rail investment in new manufacturing facility at Faverdale

The gap in key quality of life outcomes between Darlington's most and least deprived wards is an important measure of whether Darlington is managing to reduce inequalities across the borough. The five most deprived Wards are North Road, Northgate, Redhall and Lingfield, Park East and parts of Cockerton Ward: The five least deprived areas are Hummersknott, Mowden, College, Park West and Brinkburn and Faverdale.

Ward level data on numbers of JSA claimants shows that since 2012-13 the gap between wards with the highest and lowest JSA claimant rate has reduced substantially from a gap of 10.8 percentage points in June 2012 (highest figure 12.1%, lowest 1.3%) to 5.7 percentage points in December 2015 (highest figure 6.3%, lowest 0.6%).

For 18-24 year old claimants the gap has also reduced from a high of 21.94 percentage points in December 2012 (highest figure 21.94%, lowest 0%) to 11 percentage points in December 2015 (highest figure 11.0%, lowest 0%).

Although trends for both all JSA claimants and claimants aged 18-24yrs old are both positive the relative narrowing of the gap between the most and least deprived wards is primarily a function of overall reductions in claimant levels.

EXAMPLE 3:

Section 7: Chronic Obstructive Pulmonary Disease

Section 7: Illness and Disease

Chronic Obstructive Pulmonary Disease

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Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a condition of the lung that results in an irreversible reduction of airflow making breathing increasingly difficult. The condition is due to the long term damage to the lungs caused mainly by smoking.

COPD is the UK's fifth biggest killer, claiming more lives than breast, bowel or prostate cancer. It is the second most common cause of emergency admission to hospital. The direct cost of providing care in the NHS for people with COPD is almost £500 million a year – more than half of which relates to hospital care.

As well as being one of the leading causes of mortality, chronic respiratory diseases pose a significant burden of disease to patients and their carers. Patients with chronic respiratory disease have a poor quality of life, poor mental health and emotional wellbeing, difficulties in carrying out activities of daily living and considerable personal discomfort. In children and young people respiratory illness, especially asthma, has been associated with higher school absences, poor participation in extra-curricular activities and poor exam results.

Respiratory diseases place a high burden on health services accounting for the largest proportion of primary care consultations and emergency medical admission to hospital across England and Wales.

For information and statistics on Chronic Obstructive Pulmonary Disease in Darlington **click on this link** [pdf document]

SECTION 7: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Introduction

Chronic obstructive pulmonary disease (COPD) is a condition of the lung that results in an irreversible reduction of airflow making breathing increasingly difficult. The condition is due to the long term damage to the lungs caused mainly by smoking.

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As well as being one of the leading causes of mortality, chronic respiratory diseases pose a significant burden of disease to patients and their carers. Patients with chronic respiratory disease have a poor quality of life, poor mental health and emotional wellbeing, difficulties in carrying out activities of daily living and considerable personal discomfort. In children and young people respiratory illness, especially asthma, has been associated with higher school absences, poor participation in extra-curricular activities and poor exam results.

Respiratory diseases place a high burden on health services accounting for the largest proportion of primary care consultations and emergency medical admission to hospital across England and Wales.

What the data tells us

COPD prevalence is greater in Darlington (2.5%) than England (1.8%). There are over 2,705 people registered with COPD in Darlington (QOF, 2013/14). It is estimated there are over 300 people in Darlington with undiagnosed COPD. 'Invisible Lives – Chronic Obstructive Pulmonary Disease (COPD) – finding the missing millions' (British Lung Foundation, 2007) estimated there are 2.8 million people in the UK with undiagnosed COPD, which if left untreated could severely restrict their lives and eventually kill them.

The COPD Prevalence Modeller (based on the Health Survey for England 2001 and a representative sample of the population of England who had lung function tests and data collected on relevant risk factors) estimates 302 patients with COPD in Darlington that have not been recognised by their GP ('missing'). The model gives an estimate of the number of patients a practice could expect to have based on the population characteristics.

The actual and estimated COPD prevalence using disease registers and raw prevalence rates by CCG shows Darlington with 2,705 actual cases of COPD. However, the estimated numbers are 2,843 with 302 'missing' from the GP registers.

Premature COPD mortality rates (aged under 75) for the period 2011-13 were significantly higher in Darlington than England for all people and females; however the rate for males was lower than England. Darlington mortality is considerably lower across all three categories compared to the North East. During this period 51 people aged under 75 died from COPD which is 20 less than 2008-10.

Directly age standardised premature mortality rates per 100,000 for COPD, Darlington, North East and England, 2011-13 pooled
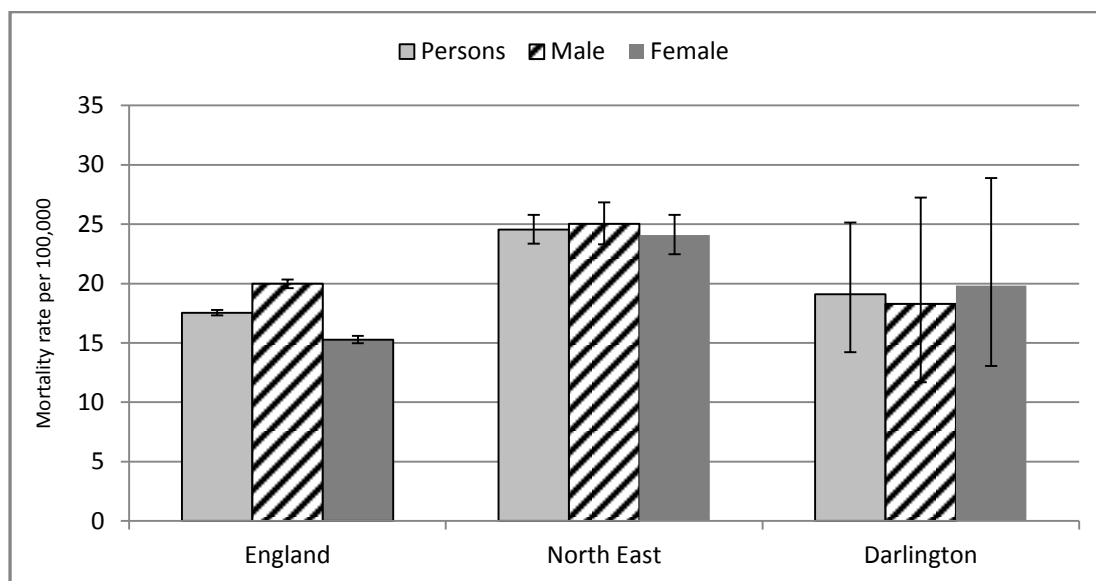
Source: Health & Social Care Information Centre (HSCIC)

Annual COPD mortality rates in Darlington (<75 years) have shown variation over time but the overall trend is downward as shown in the table below.   Between 2000 and 2013 an average of 58 people in Darlington died per year from COPD. In 2013 there were 51 deaths of people aged less than 75 years of age; 20 fewer than the period 2008-10.

Directly age standardised mortality rates per 100,000 for COPD, < 75 years, Darlington and England, 1995-2013.
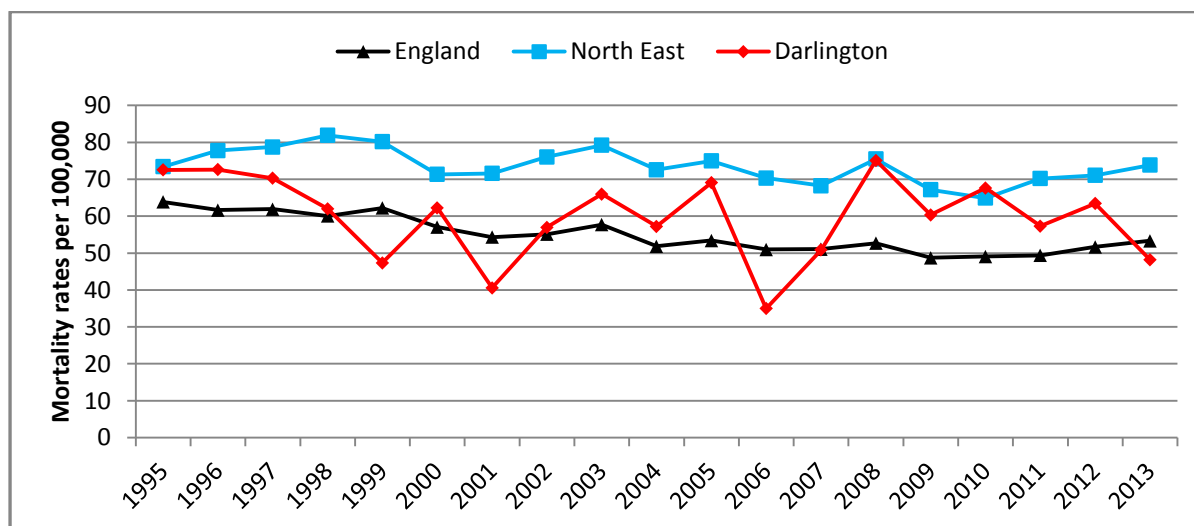
[Source: HSCIC]

Public Health England Fingertips website contains a profile of COPD in Darlington CCG area as part of the Inhale – Interactive Health Atlas of Lung conditions in England. The full profile can be accessed using the following link:

Inhale - Chronic Obstructive Pulmonary Disease in Darlington [external link]