Demography

Summary

- The population in Hampshire is continuing to grow and now stands at 1.32 million people.
- The age structure has an increasing proportion of older people. 18.5% of the Hampshire population is aged 65 and over compared to 17.2% regionally and 16.3% nationally. An estimated 28.8% of the population of Hampshire will be aged 65 or older in 2021, higher than regional (25.8%) and national averages (24.3%).
- Nearly one quarter (23.5%) of Hampshire's population is under the age of 20 and this proportion is projected to remain broadly the same between now and 2021. The birth rate has risen since 2002.
- There is variation in population age between districts. New Forest district has an older population with an average age of 47 years, whilst Rushmoor's average age is 11 years younger at 36 years. Rushmoor and Basingstoke and Deane have the highest proportions of their population of working age (aged 18 to 64 years), whilst New Forest has the highest proportion of retirement aged people (aged 65 and over). Basingstoke and Deane, Hart and Rushmoor have the largest proportions of their population consisting of children and young people (aged under 20 years).
- There is increasing diversity across the county. 95.0% of the population was estimated to be of a white ethnic group (91.8% of which were categorised as 'White British') – a higher proportion than regionally (90.7% of which 85.2% were 'White British) or nationally (85.4% of whom 79.8% were 'White British'). However, this proportion has dropped since the 2001 Census when the 'white' ethnic group stood at 97.8% of the population of Hampshire. Asian ethnic groups make up the largest non-white categories across Hampshire, the South East and across England.

Recommendations

- We need to ensure we have adequate capacity in services for children and their families, at the same time as ensuring we scale up and target services and support for older people.
- The differences in population demographics between districts means the level of need for particular services and support will be different, so we must make sure we target our resources appropriately.
- There are increasing numbers of people from Black and Minority Ethnic groups in Hampshire (predominantly the Nepali population in Rushmoor, and the Eastern European population in Rushmoor, Basingstoke and Deane and other parts of Hampshire). While the proportion is still lower than the national average (with the exception of Rushmoor), we need to make sure that our services meet the needs of these people, so that everyone can be supported to take responsibility for their own and their families' health and have timely access to services and interventions to improve health and wellbeing.
- We need to ensure that all services contracts include a requirement to record all statutory data, to maximise our ability to analyse and understand our changing population and their needs.

Demography

1. Introduction

Demographic change has a major influence on social and economic trends. The characteristics of the population such as its age composition, ethnic break-down, numbers with disabilities and the inequalities within each of these groups also influence health and wellbeing across Hampshire. Our communities are becoming ever more diverse and mobile. Understanding the drivers of both the current situation and possible future trends are key if plans and programmes for service provision are to be soundly based.

A census is conducted in England and Wales every 10 years. This chapter uses 2011 Census data as it is the most reliable estimate of the population and it is nationally consistent and hence comparable.

There are other sources of population estimates for Hampshire County. The Office for National Statistics (ONS) calculates mid year estimates (MYE), while Hampshire County Council's Small Area Population Forecasts (SAPF) provides a current picture of the population across Hampshire as well as population estimates for the coming 7 years. ONS has rebased their MYE to be derived from the 2011 Census, but SAPF is still based on 2001 Census data. SAPF will be rebased for the 2013 base (to be published in Spring 2014). Both the MYE and SAPF rely on census figures, adding on new births and subtracting deaths and allowing for the ageing on of the population and migration. The advantage of SAPF is that it also makes use of known and planned dwelling information which gives a locally driven set of population estimates for Hampshire used for local service planning. However, the ONS MYE figures enable comparison across the country.

The ONS Sub-National Population Projections (SNPP) enables us to gain a picture of the population across Hampshire in the coming years – again to allow for comparisons beyond Hampshire to be made. The most recent dataset, interim 2011 based project age and gender changes in the population at district level to 2021. It should be noted that these projections are interim and will be amended to incorporate more up to date migration assumptions within the next year.

ONS projections are based solely on past trends so take no account of an area's ability to accommodate the projected rise in population, nor do they take into account any policy or planning information. As such they should be used primarily to understand likely trends rather than specific population totals.
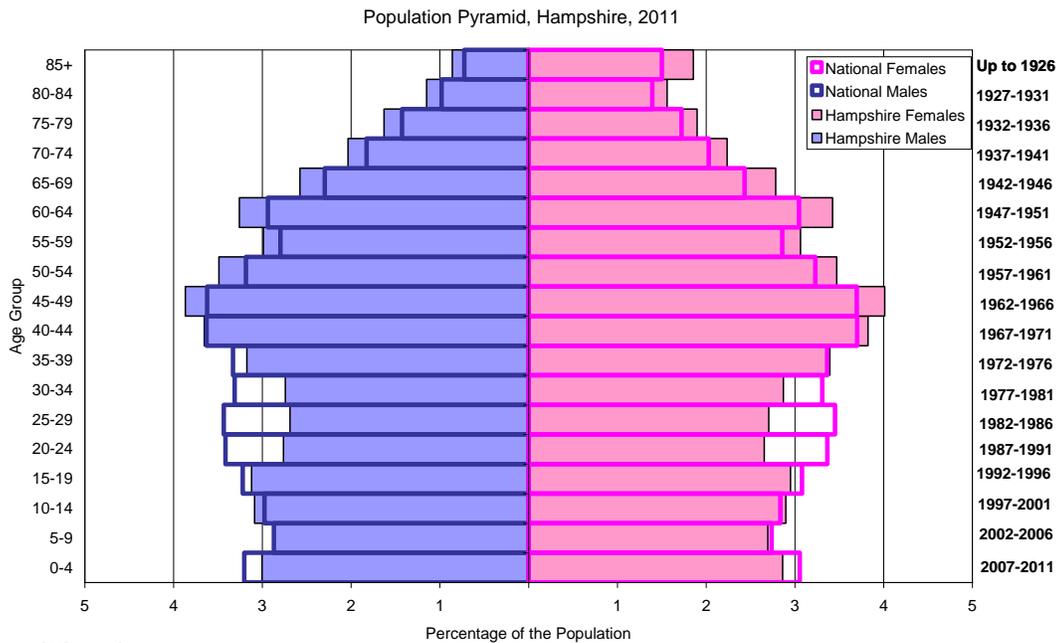
Demography

2. Level of need in the population

2.1 Population

The current population estimate for Hampshire is 1.32 million people, making it the third largest shire county in England behind Kent and Essex. There are estimated to be 545,000 households in Hampshire[1].

The age structure of the county reflects the demographic history of the population and can also influence its future. Figure 1 shows the population pyramid for Hampshire in 2011, with the darker lines showing the national picture[2]. The population pyramid shows the age and gender structure of the population. The large cohorts of the post 2nd World War and 1960s baby booms can be seen in their 40's and 60's. The lower mortality seen in females is reflected in the larger proportions of females in the oldest age groups compared to males.

Figure 1: Population Pyramid, Hampshire, 2011

Population Pyramid, Hampshire, 2011

Source - ONS 2011 Census

In Hampshire the average age[3] of the population is 42 years, slightly older than both the South East of England as a whole (40 years) and England (39 years). Hampshire has a slightly smaller proportion of its population aged 0-4 years compared to the region and nationally (5.9% in Hampshire compared to just over 6% of both the region and national populations). Hampshire also has a smaller proportion of its population in the 20-39 age group at 23%, compared to 25.2% for the South East and 27.0% nationally. However, the older population groups of

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[1] Source: 2011 Census
[2] National refers to England.
[3] Median age.

3

Demography

Hampshire hold a larger proportion. 18.5% of the Hampshire population is aged 65 and over and 2.6% are aged 85 years and over, compared to 17.2% and 16.3% respectively for the regional and national proportions age 65 and over and 2.5% and 2.2% for those aged 85 years and over.

Support (or dependency) ratios show the distributions of the population by broad age groups; namely, children (aged 0-15), those of working age (aged 16-64) and those of retirement age (aged 65 and over), in relation to others. The total support ratio represents the ratio of the non-working age population to the working age population.
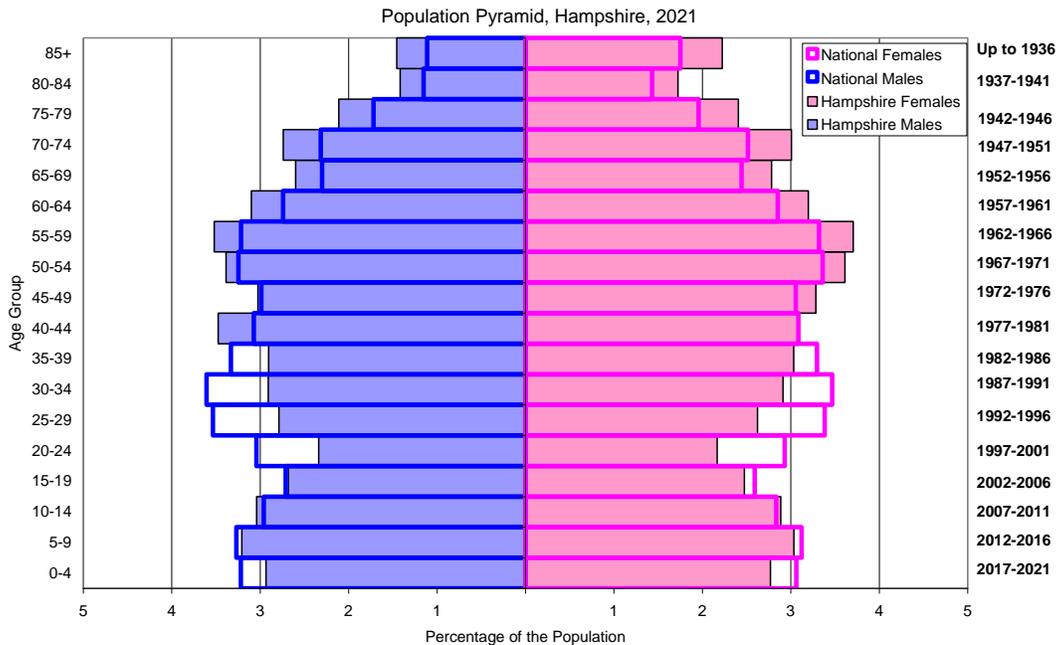
In 2011, the total support ratio for Hampshire was 59, meaning there were 59 elderly and young people to every 100 people of working age. This compares to 57 elderly and young people to every 100 people of working age across the South East of England as a whole and 54 nationally. The higher dependency ratio is a result of Hampshire's older age structure and relatively small proportion of young adults (aged 20-39).

The age structure is not consistent across Hampshire. For example, the New Forest has an older population with an average age of 47 years, whilst Rushmoor's average age is 11 years younger at 36 years. Rushmoor and Basingstoke and Deane have the highest proportions of their population of working age (aged 18 to 64 years), whilst New Forest has the highest proportion of retirement aged people (aged 65 and over). Basingstoke and Deane, Hart and Rushmoor have the largest proportions of their population consisting of children and young people (aged under 20 years).

The population of Hampshire is projected to grow by 7.9% from 1,317,800 in 2011 to 1,421,600 in 2021, slightly less than the South East and England as a whole which are projected to increase by 9.5% and 8.8% over the period. An estimated 28.8% of the population of Hampshire will be aged 65 or older in 2021, higher than the region (25.8%) and nationally (24.3%). The proportion of young people is projected to decline marginally with those aged under 20 accounting for 23% of the population by 2021 compared to 23.5% currently. The proportion of the population aged 20-39 is expected to decline from 23% in 2011 to 21.7% in 2021. Similar proportions are projected to be seen across the region as a whole and nationally. However, as with the South East region and nationally, the absolute number of young people aged 0 to 19 years is projected to increase, in Hampshire by 18,000 people. Figure 2 shows the projected age structure of the population of Hampshire, compared to the national picture for 2021. As these are ONS projections, they are just based on past trends and do not take into account proposed housing developments.

Demography

Figure 2: Population Pyramid, Hampshire, 2021

Population Pyramid, Hampshire, 2021

Legend	Cohort
National Females	Up to 1936
National Males	1937-1941
Hampshire Females	1942-1946
Hampshire Males	1947-1951

Source - ONS interim 2011-based Sub National Population Projections

At district level the projections indicate that the majority of the population growth is projected in the 65 and older age groups over this time period. The 85 and over population group is likely to be where the largest proportionate change will be seen. However, all districts are also projected to see numerical increases in their child and young people populations (aged 0-19 years).

2.2 Births
In 2011 there were 15,238 births registered in Hampshire. This number has risen largely year on year from 12,780 in 2002 (Office for National Statistics Vital Statistics).

The absolute number of births is influenced both by the overall size of the population and by its age structure – a population with a high proportion of young women and men will probably give rise to more births than a population with an older age structure. The Total Period Fertility Rate (TPFR) measures the number of children a woman would be expected to give birth to if she experienced the prevailing age specific birth rates throughout her reproductive life.

The current TPFR for Hampshire is 2.1 children per woman, which has risen from a low of 1.61 in 2002 and is similar to trends at both the regional and national level. Replacement level TPFR is 2.1 as this figure allows for each parent to be replaced and takes account of the small number of children that fail to survive to reproduction age.

Demography

Across Hampshire both the number of births and TPFR vary. In East Hampshire (2.25 births per woman), Test Valley (2.25), Basingstoke and Deane (2.21), Havant (2.21), Rushmoor (2.13) and Gosport (2.10), the TPFR in 2011 was just above replacement level, with the lowest levels seen in Hart (1.92 births per woman), New Forest (1.98) and Fareham (1.98).

The age at which women have their children has been getting older for some time. Many women now have their children in their late 30's and into their 40's. Across Hampshire 22.5% of births in 2011 were to women aged 35 or older, compared to 20.2% nationally. At the other end of the age spectrum, in 2011 the conception rate amongst females aged under 18 was 23.3 per 1,000 women (aged 15-17), lower than the South East and England as a whole (26.1 and 30.7).

The JSNA chapters on Children and Young People and Maternity provide more information and describe the proportionate changes in birth rate.

2.3 Ethnicity

The 2011 Census shows that Hampshire has a predominantly white ethnic population, 95.0% of the population was estimated to be of a white ethnic group (91.8% of which were categorised as 'White British'). This represents a higher proportion than either the South East (90.7% of which 85.2% were 'White British) or England as a whole (85.4% of whom 79.8% were 'White British'). However, this proportion has dropped since the 2001 Census when the 'white' ethnic group stood at 97.8% of the population of Hampshire. Asian ethnic groups make up the largest non-white categories across Hampshire, the South East and across England.

Rushmoor has the largest non-white population at 15.3% (up from 4.4% in 2001); mostly due to a growing Nepalese population. Variation across the county's other districts is relatively small, from a non-white population of 7.1% in Basingstoke and Deane (up from 3.4% in 2001); to a low of 2.9% (up from 1.5% in 2001) in Havant.

Looking more closely at children and young people, the 2011 Census reported 9.6% of Hampshire children (aged 0-19 years) as being of a non-White British ethnic group, 3.2% categorised as being of Mixed/multiple ethnicity, 3.1% categorised as Asian and 2.1% White Other.

Until 2011 the Census did not collect ethnicity on Gypsies and Travellers. The 2011 Census revealed 2,069 Gypsies and Travellers in Hampshire; the majority being of Romany Gypsy heritage with the second largest group being Irish Travellers. This is likely to be an undercount because of unwillingness to self-ascribe to Gypsy Traveller ethnicity amongst some. Hart, New Forest, East Hampshire and Winchester districts had the highest proportion of Gypsies and

Demography

Travellers in Hampshire. The JSNA chapter on Gypsies and Travellers provides more information.

2.4 Disability

The Disability Discrimination Act (DDA) states "a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities".

Disability is a multi-dimensional and, often dynamic, concept which presents measurement challenges. Perceptions of disability among the general population are diverse and there is no clear consensus on what constitutes "disability".

Finding data that matches the array of definitions and fully captures disability is an evolving area, both in terms of measuring the numbers of disabled people, as well as capturing information on the transitions into and out of disability at key stages such as childhood into adulthood, as well as the meaningful segregation by type of disability.

The demographic structure of the UK and Hampshire has changed over recent decades with a continued increase in life expectancy at all ages. A key concern is the extent to which our increasing longevity is aligned with more years of good health.

Office for National Statistics (ONS) estimates suggest that across Hampshire disability free life expectancy (i.e. the number of years lived free from disability) in 2001 ranged from a low of 62.6 years in Gosport to 68.8 years in Hart amongst males and 65.1 and 69.7 years amongst females. Both male and female estimates across Hampshire are higher than the national averages (61.7 years for males and 64.2 for females), but Gosport, Rushmoor and Havant are all lower than the regional averages (64.7 years for males and 67.0 for females).

The age structure of those suffering from limiting long term illnesses or disability can be seen from the 2011 Census data. The reported prevalence of a long-term illness or disability increase with age. Of those aged 75 and over, 61% reported having such a condition, compared with 5.1% of the 16 -24 age group.

In terms of the numbers claiming benefits, Department for Work and Pensions (DWP) data for August 2012 recorded around 47,400 people in Hampshire on disability living allowance (DLA), which is just over 4,000 more than August 2009. Of the August 2012 claimant cohort, 32% were aged 60 and over. In terms of duration, 68% of all DLA claimants had done so for 5 or more years[4]. From April 2013 most of the individual income based benefits will be replaced by a single Universal Credit. The introduction will be phased in between 2013 and 2017 because of the number of people affected. Personal Independence Payment

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[4] Source: Department for Work and Pensions Disability Living Allowance August 2012

Demography

(PIP) was also introduced in April 2013 to replace Disability Living Allowance (DLA) for eligible working age people aged 16 to 64.

The Adult Social Care and Children and Young People chapters provide more information on disability.

2.5 Religion

The breakdown of the population by religion is collected during the decennial census and is the only voluntary question. The 2011 Census found that 62.4% of the population of Hampshire stated their religion as Christian, higher proportions than either the South East of England or England as a whole. Conversely 27.9% stated they had no religion across Hampshire compared with 27.7% across the South East of England. As the question is voluntary, 7.2% of Hampshire residents did not state a religion, similar to South East (7.4%) and England (7.2%). Other religions account for very small percentages across Hampshire, with Hindu the largest at 0.7%, followed by Muslim (0.6%) and Buddhist (0.5%).

2.6 Migration

Migration can have an impact on population change and even relatively small numbers can impact on the level of need for public services in an area. Migration is difficult to measure accurately since there are no routinely collected data for measuring the movement of people. Different data sources use different definitions of migration, so estimates of current levels as well as trends are hard to predict and plan for.

Migration can be considered in two categories: internal (migration within a country); and international (between countries). Figures suggest that most migration into and out of Hampshire is internal. Office for National Statistics 2010 estimates showed that of the 54,800 people who migrated into Hampshire, only 8.4% were from overseas. Similarly, of the 50,000 who left Hampshire, just 8.2% were estimated to have moved overseas.

The National Insurance number (NINO) allocations database provides an indication of international migration numbers. This shows the annual number of people being allocated NINOs since 2004 in Hampshire was between 4,000 and 8,600, with numbers peaking in 2007 and subsequently declining to 5,760 in 2011. In 2011, a large percentage of allocations were to those from Asia and the Middle East (38.7%), closely followed by EU Accession States (31.6%). The main nationalities receiving NINO allocations in 2011 were Nepali (1,170 allocations), Polish (820) and Indian (450). At district level, numbers have been highest in Basingstoke and Deane and Rushmoor.

The NHS patient register suggests that 6,860 people with a Hampshire address who registered with a GP in 2011 came from abroad, again down from a peak in 2007.

Demography

Neither NINO nor NHS data sources capture outward international migration so the number leaving is unknown. Estimates by ONS suggest that up to 500 more people enter Hampshire from outside the UK than leave it during the course of a year. Currently the estimated internal net migration into Hampshire is 4,300 people (source: ONS).

2.7 Urban/rural
The majority of Hampshire's land is classified as rural (85%), but only 23% of Hampshire's population live in rural areas. 77% live in the 15% of Hampshire that is categorised as urban[5].

Hampshire has a lower population density than the national average with 3.6 people per hectare compared to 4.5 people per hectare for the South East of England and 4.1 nationally[6]. Gosport, Rushmoor and Havant remain the most densely populated districts within Hampshire and have population densities much higher than the regional and national averages. There are 24.0 people per hectare living in Rushmoor, 32.6 people per hectare in Gosport, and 21.8 people per hectare in Havant (Census 2011).

2.8 Sexual Identity
The little data available on sexual identity relies on the national census and other national surveys. The 2011 Census shows 0.17% of the population aged 16 and over were registered in a same-sex civil partnership, slightly lower than the South East and England percentages which were both about 0.23%. These figures will underestimate the number of same sex couples as they only capture those that are in formal civil partnerships.

Office for National Statistics (ONS) reported estimates of the gay/lesbian and bisexual population of the UK from the Integrated Household Survey, a survey of some 227,000 people across the UK. The estimates suggest that 1.5% of the British population reports their sexual identity as gay/lesbian or bisexual (1% gay/lesbian and 0.5% bisexual) with a similar percentage for the South East (0.8% gay/lesbian and 0.5% bisexual). The percentage of the population that identified themselves as gay/lesbian or bisexual declined with age, with 2.1% of those aged 16 to 24, compared to 0.6% of those aged 65 and over.[7]

3. Recommendations

- We need to ensure we have adequate capacity in services for children and their families, at the same time as ensuring we scale up and target services and support for older people.

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[5] Source: Hampshire County Council's 2012 based Small Area Population Forecasts
[6] Nationally refers to England
[7] Source: Integrated Household Survey April 2010 to March 2011: Experimental Statistics
http://www.ons.gov.uk/ons/dcp171778_227150.pdf

Demography

- The differences in population demographics between districts means the level of need for particular services and support will be different, so we must make sure we target our resources appropriately.
- There are increasing numbers of people from Black and Minority Ethnic groups in Hampshire (predominantly the Nepali population in Rushmoor, and the Eastern European population in Rushmoor, Basingstoke and Deane and other parts of Hampshire). While the proportion is still lower than the national average (with the exception of Rushmoor), we need to make sure that our services meet the needs of these people, so that everyone can be supported to take responsibility for their own and their families' health and have timely access to services and interventions to improve health and wellbeing.
- We need to ensure that all services contracts include a requirement to record all statutory data, to maximise our ability to analyse and understand our changing population and their needs.