

# **Community Risk Profile**

**2020 / 2021**

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## INTRODUCTION

Community risk represents the likelihood of an emergency incident occurring in a given location and expected impact on the community. Understanding these risks forms a key part of our decision making processes and is reported in this Community Risk Profile.

To ensure we keep abreast of changes to our existing, emerging and future projected risks and subsequently keep the communities of Cleveland safe, we annually update our Community Risk Profile.

We make use of extensive data and information sources, both internal and external, to fully understand all risks so that we can shape our prevention, protection and emergency response interventions.

Our **Community Integrated Risk Management Plan (CIRMP)** sets out how locally identified risks will be addressed and this document updates the evidence based information used to support the development of our latest CIRMP.

This document presents our community profile and operating environments and through the use of incident data, population data and risk assessment processes provides the most up to date details of our community risks.



# CLEVELAND AREA PROFILE

Cleveland is an area in the North East of England and incorporates the unitary borough authorities of Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees.

Cleveland Fire Authority provides fire and rescue services to an area of approximately 597km<sup>2</sup> across the above four borough council areas. The Brigade's area is centred around the mouth of the River Tees and we protect a population of 569,141<sup>1</sup>, 254,258<sup>2</sup> dwellings and 14,782<sup>3</sup> industrial and commercial premises.

Cleveland is a major production centre for the chemical industry with 29 'top tier' COMAH sites<sup>4</sup> located within the area.

These sites represent a high hazard in the local area. Should serious incidents occur in such sites it would take the deployment of

significant fire service resources, in terms of both equipment and people with suitable skills and abilities, to bring them to a safe conclusion.



We have seven solar powered energy farms, 12 onshore and one offshore windfarms; and two 4 bio-

mass (wood pellets) power stations are being constructed in Port Clarence and Tees Port to produce electricity for the national grid. The demand to build renewable energy sources is expected to grow as Tees Valley has been awarded UK Government Care Status as a centre for Offshore Renewable Engineering<sup>5</sup>.



<sup>1</sup> ONS Mid-Term Estimates 2019

<sup>2</sup> <https://www.gov.uk/government/statistics/council-taxbase-2019-in-england>

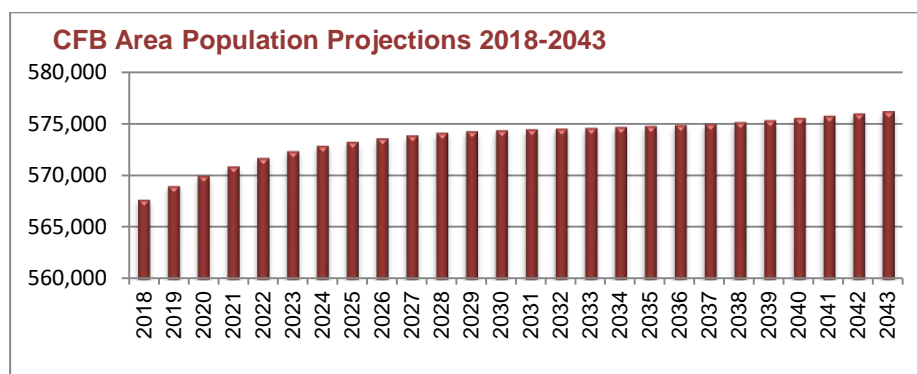
<sup>3</sup> CFB, CFRMIS

<sup>4</sup> CFB Emergency Resilience Dept

<sup>5</sup> Strategic Transport Plan 2020-2030, <https://teesvalley-ca.gov.uk/transport/strategic-transport-plans/>

## Population

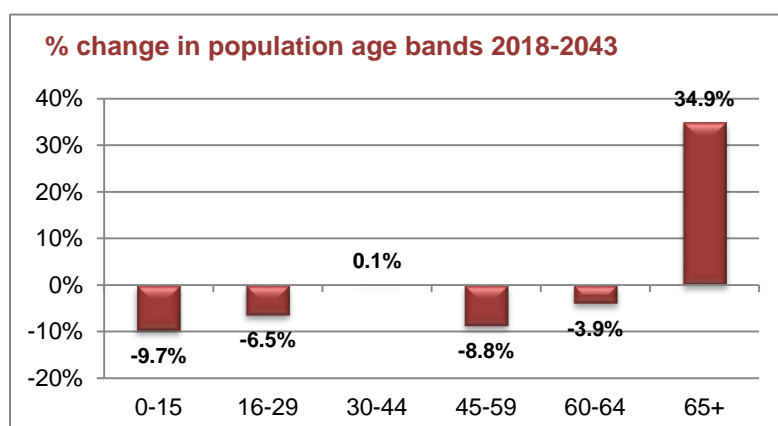
The population within the Cleveland Fire Authority area is **569,141**<sup>6</sup> however with an aging population between 2018 (567,718) and 2043 (576,253) the population of the area is expected to increase by 1.5%<sup>7</sup> as highlighted in the graph.



Middlesbrough is projected to experience a reduction in population (1.3%) whilst Hartlepool (+0.7%), Redcar & Cleveland (+4.3%) and Stockton (+2.0%) districts are all expected to see their populations increase.

The age profile within Cleveland currently reflects the age profile across England and Wales<sup>8</sup>.

Age Bands	Eng & Wales %	Cleveland %
0-15	19.1	19.7
16-29	17.3	16.9
30-44	19.4	17.9
45-59	20.1	20.2
60-64	5.6	6.2
65+	18.5	19.1



The chart shows the change in population by age bands by 2043<sup>9</sup>. The only age band expected to experience a significant increase is the population aged 65+ (34.9%). The age groups 0-15, 16-29, 45-59 and 60-64 will experience reductions of 9.7%, 6.5%, 8.8% and 3.9% respectively.

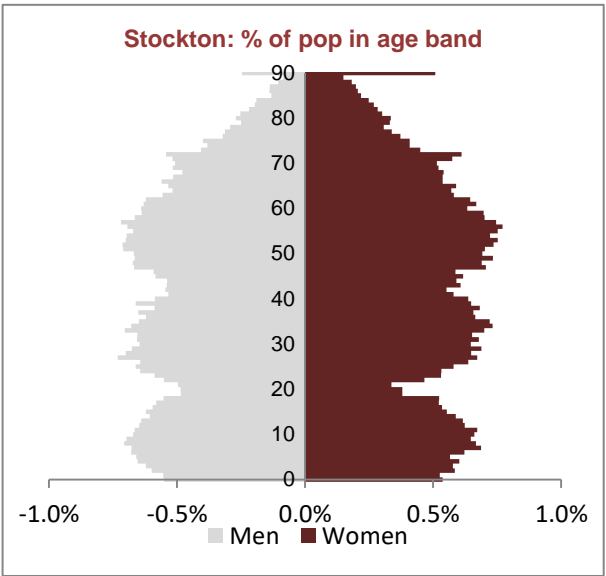
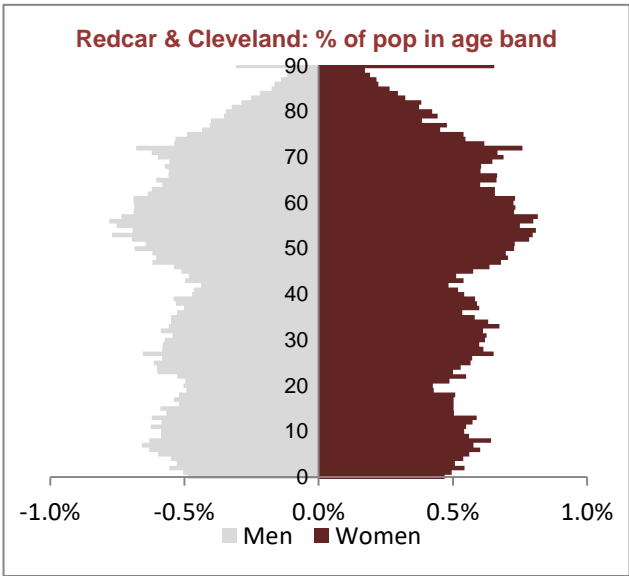
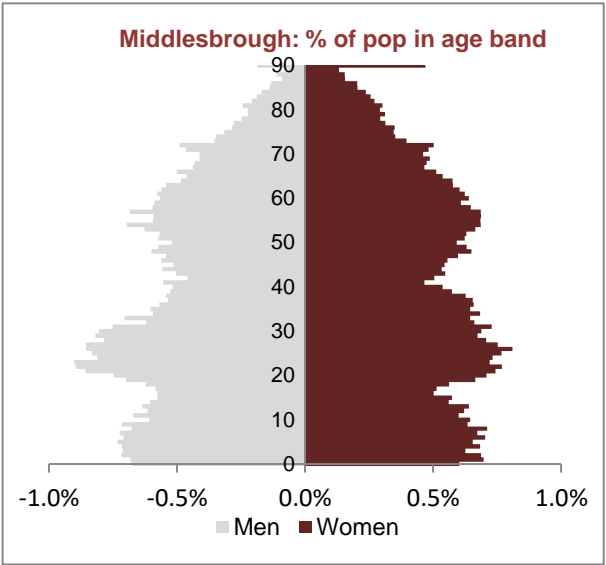
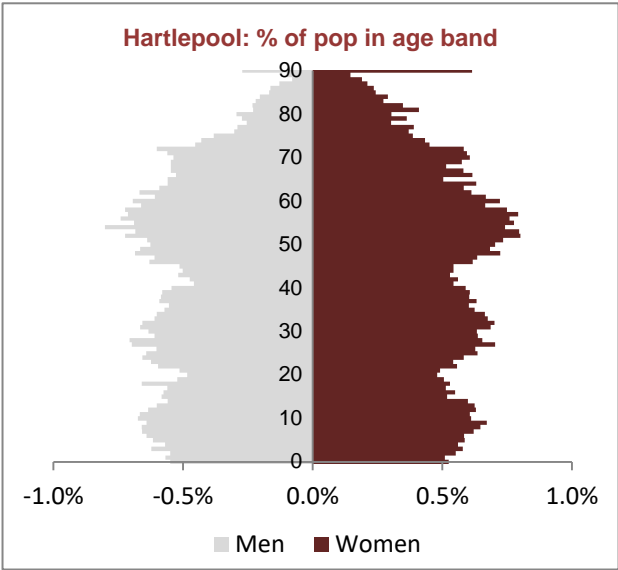
<sup>6</sup> ONS Mid-Term Estimates 2019

<sup>7</sup> ONS Population Projections for Local Authorities in England May 2020

<sup>8</sup> ONS Mid-Term Year Estimates 2019

<sup>9</sup> ONS Population Projections for Local Authorities in England Mid-2019

The following charts profile the male and female population (2019) broken down by age and compared with England and Wales.



## Gender

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The population within the area is made up of 50.9%<sup>10</sup> females and 49.1% males. This compares with the national picture where 49.4% of the population are male.

## Equality and Diversity

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Disability	Ethnicity
<ul style="list-style-type: none"><li>➤ Across the local community 10.6% identified as having long term health problems (day to day activities limited a lot);</li><li>➤ Across England and Wales 8.5% identified with the above.</li></ul>	<ul style="list-style-type: none"><li>➤ 5.5% of the residents across Cleveland are ethnic minority;</li><li>➤ This figure is 14% across England and Wales.</li></ul>
Religion	Gender
<ul style="list-style-type: none"><li>➤ 67.8% identified as being Christian across Cleveland; 22.3% identified as having no religion;</li><li>➤ 59.3% identified as being Christian across England and Wales; 25.1% identified as having no religion.</li></ul>	<ul style="list-style-type: none"><li>➤ 49.1% of Cleveland population are male;</li><li>➤ 49.4% of the population of England and Wales are male.</li></ul>

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<sup>10</sup> MYE2: Population estimates: Males by single year of age and sex for local authorities in the UK, mid-2019

## Languages Spoken

The top languages spoken across England, as well as within the four Cleveland local authorities, are profiled in the table<sup>11</sup>. 92% of the population of England speak English. Levels of English speaking members of the population varies across the four boroughs from 94.6% in Middlesbrough to 99.3% in Redcar and Cleveland.

Main Language	England	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
English	92.0%	98.6%	94.6%	99.3%	97.8%
Polish	1.0%	0.3%	0.4%	0.1%	0.2%
Panjabi	0.5%	0.1%	0.7%	0.0%	0.3%
Urdu	0.5%	0.1%	0.7%	0.0%	0.3%
Bengali	0.4%	0.1%	0.1%	0.0%	0.0%
Gujarati	0.4%	0.0%	0.0%	0.0%	0.0%
Arabic	0.3%	0.0%	0.6%	0.0%	0.1%
French	0.3%	0.0%	0.1%	0.0%	0.0%
All other Chinese	0.3%	0.1%	0.4%	0.0%	0.2%
Portuguese	0.3%	0.0%	0.0%	0.0%	0.0%
Kurdish	0.1%	0.0%	0.3%	0.0%	0.1%
Persian/Farsi	0.1%	0.0%	0.2%	0.0%	0.1%
Czech	0.1%	0.0%	0.2%	0.0%	0.0%
Tagalog/Filipino	0.1%	0.1%	0.0%	0.0%	0.1%
Tamil	0.2%	0.0%	0.1%	0.0%	0.0%
Pashto	0.1%	0.0%	0.1%	0.0%	0.0%

## Educational Attainment

39.8% of England's population have National Vocational Qualification Level 4 or above which compares with 29.3% of the population within Cleveland. The percentage of the population with no formal qualifications is 11.8% within Cleveland; higher than the 7.5% across England.

<sup>11</sup> <http://localstats.co.uk/census-demographics/england>

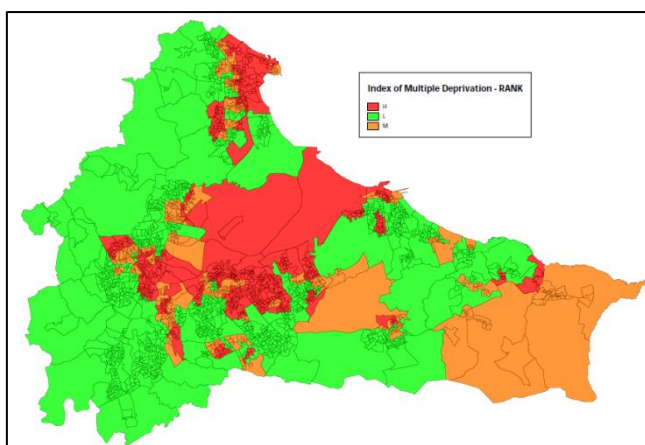
## Crime Rate

The crime rate in the Cleveland Police area is 121.9 per 1,000 households which is higher than the national average of 89.0. In England and Wales, only West Yorkshire (125.9) reports higher levels than Cleveland<sup>12</sup>.

## Deprivation

Teesside shares many of the inner city type problems that are a key feature of UK metropolitan areas such as older nineteenth century low cost housing (terraced), derelict land, high unemployment, congestion, high density of buildings and narrow roadways: not fit for modern usage.

To measure deprivation across the country the Office for National Statistics divided England into over 30,000 Lower Super Output Areas (LSOAs)<sup>13</sup>. These typically have about 1,500 residents or 650 households. Each LSOA is assessed and ranked against a number of factors affecting deprivation. This is the Index of Multiple Deprivation and was updated during 2019. This updated version profiled the most deprived 10% of neighbourhoods in England comprising 3,284 LSOAs. 32% of these LSOAs were in Cleveland.



LSOA Rank	LSOAs %	Households %	Persons %
1	32.4%	32.2	31.5
2	10.4%	10.6	10.3
3	9.1%	9.2	9.3
4	7.2%	7.1	6.9
5	6.5%	6.6	6.6
6	4.6%	4.6	4.5
7	6.8%	6.8	6.9
8	9.1%	9.2	9.4
9	9.5%	9.5	10.1
10	4.4%	4.2	4.5
Total		100	100

<sup>12</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatables>  
Dec 2019

<sup>13</sup> English Indices of Deprivation 2019

The chart profiles the percentage of persons, households and LSOAs that fall into ten separate ranked groupings - rank 1 being those LSOAs most deprived and rank 10 being the least deprived.

## Council Tax Base

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45% of households in Cleveland are living in Band A properties which compares with 24% nationally. 64% of households in Cleveland are living in either a Band A or B property compared to 44% nationally<sup>14</sup>.

	Cleveland	England & Wales
Band A	45.3%	23.9%
Band B	18.7%	19.6%
Band C	18.4%	21.9%
Band D	9.3%	15.6%
Band E	5.2%	9.7%
Band F	2.0%	5.1%
Band G	1.1%	3.5%
Band H	0.1%	0.6%

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<sup>14</sup> Local Authorities Council Taxbase 2019

## Transport Infrastructure

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Tees Valley Combined Authority is the local transport authority for Tees Valley. There will be an investment of £256.7 million into transport projects during the period 2019-2029 with one clear vision:

*“To provide a high quality, quick, affordable, reliable, low carbon and safe transport network for people and freight to move within, to and from Tees Valley”<sup>15</sup>*

### Airport

Cleveland borders **Teesside International Airport** (known previously as Durham Tees Valley Airport). This is one of the UK's smaller airports. Following successive declining passenger numbers an increase of 6.1% was seen in 2019 to 150,735 passengers (16,746 aircraft movements including small aircraft arrivals and departures).<sup>16</sup> With the airport now under public ownership, the long-term aspirations are to increase passenger numbers. A 10 year blueprint has been drawn up aiming to bring in as many as 1.5m passengers.

### Ports

There are **two main ports** in the area (**Hartlepool and Teesport**). Owned and operated by PD Ports, **Teesport** is a major deep sea complex and a national asset for trade. Handling 28 million tonnes per year, the port supports the movement of international imports and exports throughout the North of the UK; affirming its position as a key driver and enabler of the Northern Powerhouse strategy. **Hartlepool Port** is a hub for renewable energy, oil and gas activity, with a number of industry-leading businesses such as JDR Cables and Heerema Fabrication Group operating substantial manufacturing facilities directly on the estate. Such businesses can take advantage of the port's excellent connectivity, extensive available land and like-minded business cluster.

### Road Network

The area has **road networks** of 2,518 km which are a mixture of 'A' class, 'B' class and other roads with no motorways<sup>17</sup>. Between 2010 – 2018 the motor vehicle flow across Cleveland had increased by 6%<sup>18</sup> while the vehicle miles covered had increased by 8%<sup>19</sup>

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<sup>15</sup> Strategic Transport Plan, Tees Valley Combined Authority

<sup>16</sup> Wikipedia - Teesside\_International\_Airport

<sup>17</sup> www.gov.uk Department of Transport - Road Length Statistics, 2020

<sup>18</sup> Department for Transport Statistics Table trA8907

<sup>19</sup> Department of Transport Statistics (Table TRA8902)



## Rail Network

The rail network in the Tees Valley plays a key role in linking our main centres of economic activity and in providing crucial connectivity to other parts of the country. Passenger rail has shown significant growth over recent years. Between 2000 and 2018 patronage at all Tees Valley stations has grown by 75%<sup>20</sup>.

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<sup>20</sup> Source: Tees Valley Rail Implementation Plan 2020

## Local Authority Health Profiles

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The Local Authority health profiles<sup>21</sup> are currently under review. The latest data was published in March 2020 and profiled below.

### Hartlepool District

#### Summary

- Health of people is worse than the England average. Hartlepool is one of 20% most deprived districts in England; approx. 28.6% of children live in low income families. Life expectancy is lower than the England average.

#### Health Inequalities

- Female life expectancy at birth (2007-09) across the UK is 81.3 years
- Male life expectancy at birth (2007-09) across the UK is 76.8 years
- Life expectancy is 12.5 years lower for men and 10.4 years lower for women in the most deprived areas of Hartlepool than in the least deprived areas.

#### Child Health (*\*rate per 100,000 population*)

- In Year 6, 26.9% of children are classified as obese
- Rate of alcohol-specific hospital stays among those under 18 is 42, which represents 8 stays per year
- Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation & smoking in pregnancy are worse than the England average.

#### Adult Health (*\*rate per 100,000 population*)

- Rate of alcohol-related harm hospital stays is 1021, worse than the average for England. Represents 934 stays/ year
- Rate of self-harm hospital stays is 264 which represents 235 stays/ year
- Suicide rate is 116, higher than the rate in England (9.6)
- Dementia diagnoses in those aged 65+ is 80.2, comparing with 68.7 in England
- Estimated levels of adult excess weight, smoking & physical activity are worse than the England average.

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<sup>21</sup> Public Health England, published March 2020

## Personal Well Being Index

Data collected via the Annual Population Survey<sup>22</sup> provides insight into personal wellbeing of residents across Hartlepool with a focus on satisfaction with life, how worthwhile life is, happiness and anxiousness.

The table profiles perceptions in Hartlepool comparing with the North East average.

	Life Satisfaction	Worthwhile	Happy	Anxious
NE Average	7.55	7.78	7.33	3.13
Hartlepool	7.63	7.80	7.31	3.24

### Questions

How **satisfied** are you with your life nowadays? (0 = not satisfied; 10 completely satisfied)

To what extent do you feel the things you do in your life are **worthwhile**? (0 = 'not at all worthwhile'; 10 = 'completely worthwhile').

How **happy** did you feel yesterday? (0 = 'not at all happy'; 10 = 'completely happy').

How **anxious** did you feel yesterday? (0 = 'not at all anxious'; 10 is 'completely anxious').

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<sup>22</sup> ONS Headline estimates of personal well-being from the Annual Population Survey Release date 30 July 2020

## Middlesbrough District

### Summary

- The health of people is generally worse than the England average. Middlesbrough is one of 20% most deprived districts in England; about 31.8% of children live in low income families. Life expectancy is lower than the England average.

### Health Inequalities

- Female life expectancy at birth (2007-09) across the UK is 80 years
- Male life expectancy at birth (2007-09) across the UK is 75.3 years
- Life expectancy is 12.6 years lower for men and 12 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.

### Child Health (\*rate per 100,000 population)

- In Year 6, 24.7% of children are classified as obese
- Rate of alcohol specific hospital stays among those under 18 is 41 which is worse than the average for England & represents 13 stays per year
- Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking in pregnancy are worse than the England average.

### Adult Health (\*rate per 100,000 population)

- Rate of alcohol-related harm hospital stays is 964 that is worse than average for England & represents 1,238 stays/ year
- Rate of self-harm hospital stays is 391 & represents 560 stays/ year
- Suicide rate is 15.6: higher than rate in England (9.64)
- Dementia diagnoses in 65+ is 79.7; comparing with 68.7 in England
- Estimated levels of adult smoking & physical activity are worse than England average.

### Personal Well Being Index

Data collected via the Annual Population Survey<sup>23</sup> provides insight into personal wellbeing of residents across Middlesbrough with a focus on satisfaction with life, how worthwhile life is, happiness and anxiousness. The table profiles perceptions in Middlesbrough comparing with the NE area.

	Life Satisfaction	Worthwhile	Happy	Anxious
NE Average	7.55	7.78	7.33	3.13
Middlesbrough	7.46	7.76	7.24	2.74

### Questions

How **satisfied** are you with your life nowadays? (0 = not satisfied; 10 completely satisfied)

To what extent do you feel the things you do in your life are **worthwhile**? (0 = 'not at all worthwhile'; 10 = 'completely worthwhile').

How **happy** did you feel yesterday? (0 = 'not at all happy'; 10 = 'completely happy').

How **anxious** did you feel yesterday? (0 = 'not at all anxious'; 10 is 'completely anxious').

<sup>23</sup> ONS Headline estimates of personal well-being from the Annual Population Survey Release date 30 July 2020

## Redcar and Cleveland District

### Summary

- Health of people is generally worse than the England average. R&C is one of the 20% most deprived districts in England; approx. 25.2% of children live in low income families; life expectancy lower than the England average.

### Health Inequalities

- Female life expectancy at birth (2007-09) across the UK is 81.8 years
- Male life expectancy at birth (2007-09) across the UK is 78 years
- Life expectancy is 11 years lower for men & 7.3 years lower for women in the most deprived areas of Redcar and Cleveland than in the least deprived areas.

### Child Health (\*rate per 100,000 population)

- In Year 6, 22.1% of children are classified as obese
- Rate of alcohol-specific hospital stays among those under 18 is 55 and represents 15 stays/ yr;
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking in pregnancy are worse than the England average.

### Adult Health (\*rate per 100,000 population)

- Alcohol-related harm hospital stays is 806 & represents 1,100 stays/ year
- Self harm hospital stays is 287 & represents 365 stays/ year
- Suicide rate is 10.8: higher than the rate in England (9.64)
- Dementia diagnoses in those aged 65+ is 71.1 & compares with 68.7 in England
- Estimated levels of adult excess weight are worse than the England average.

### Personal Well Being Index

Data collected via the Annual Population Survey<sup>24</sup> provides insight into personal wellbeing of residents across Redcar with a focus on satisfaction with life, how worthwhile life is, happiness and anxiousness. The table profiles perceptions in Redcar and Cleveland comparing with the NE.

	Life Satisfaction	Worthwhile	Happy	Anxious
NE Average	7.55	7.78	7.33	3.13
Redcar and Cleveland	7.59	7.84	7.51	2.64

### Questions

How **satisfied** are you with your life nowadays? (0 = not satisfied; 10 completely satisfied)

To what extent do you feel the things you do in your life are **worthwhile**? (0 = 'not at all worthwhile'; 10 = 'completely worthwhile').

How **happy** did you feel yesterday? (0 = 'not at all happy'; 10 = 'completely happy').

How **anxious** did you feel yesterday? (0 = 'not at all anxious'; 10 is 'completely anxious').

<sup>24</sup> ONS Headline estimates of personal well-being from the Annual Population Survey Release date 30 July 2020

## Stockton on Tees District

### Summary

- Health of people in Stockton is generally worse than the England average. About 21.3% children live in low income families. Life expectancy for both men and women is lower than the England average.

### Health Inequalities

- Female life expectancy at birth (2007-09) across the UK is 81.4 years
- Male life expectancy at birth (2007-09) across the UK is 78.1
- Life expectancy is 15.2 years lower for men and 13.8 years lower for women in the most deprived areas of Stockton than in the least deprived areas.

### Child Health (\*rate per 100,000 population)

- In Year 6, 19.5% of children are classified as obese which is lower than the average for England (20.2%)
- Alcohol-specific hospital stays among those under 18 is 46\*: worse than average for England & represents 20 stays/ year
- Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are worse than the England average.

### Adult Health (\*rate per 100,000 population)

- Alcohol-related harm hospital stays is 940; this is worse than average for England & represents 1,792 admissions/ year
- Self-harm hospital admissions is 281 which is worse than the average for England & represents 540 stays/ year
- Dementia diagnoses in those aged 65+ is 90.2 & compares with 68.7 in England
- Rates of early deaths from cardiovascular diseases and early deaths from cancer are worse than average.

### Personal Well Being Index

Data collected via the Annual Population Survey provides insight into personal wellbeing of residents across Stockton with a focus on overall satisfaction with life, how worthwhile life is, happiness and anxiousness. The table profiles resident's perceptions in Stockton.

	Life Satisfaction	Worthwhile	Happy	Anxious
NE Average	7.55	7.78	7.33	3.13
Stockton	7.68	7.84	7.41	3.12

### Questions

How **satisfied** are you with your life nowadays? (0 = not satisfied; 10 completely satisfied)

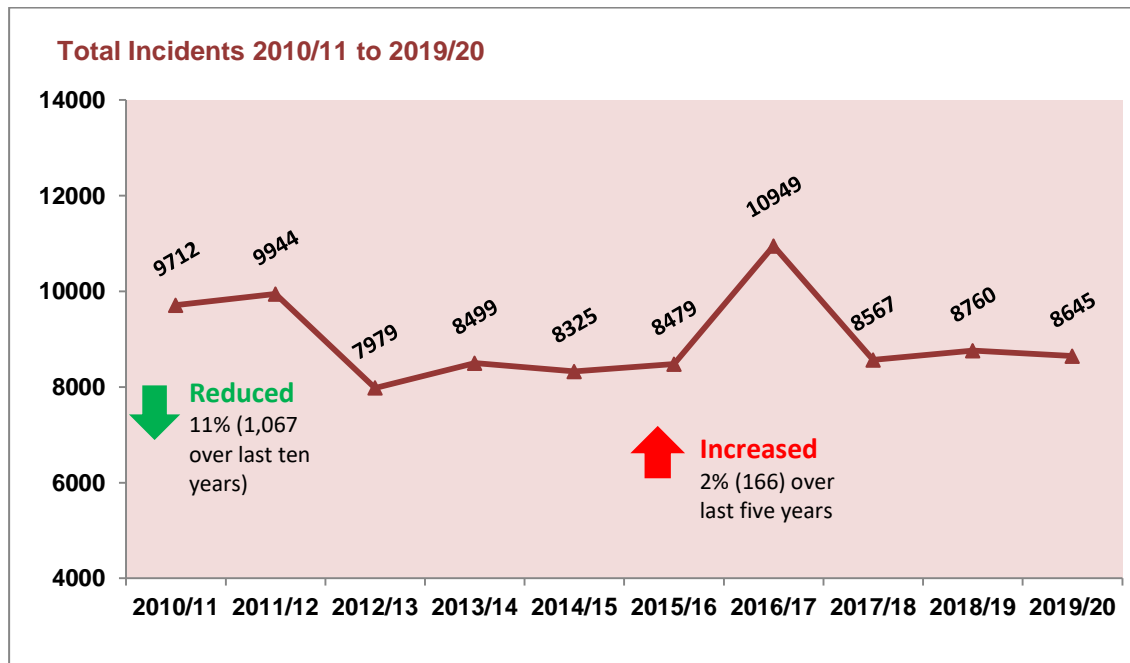
Do you feel the things you do in your life are **worthwhile**? (0 = 'not at all worthwhile'; 10 = 'completely worthwhile').

How **happy** did you feel yesterday? (0 = 'not at all happy'; 10 = 'completely happy').

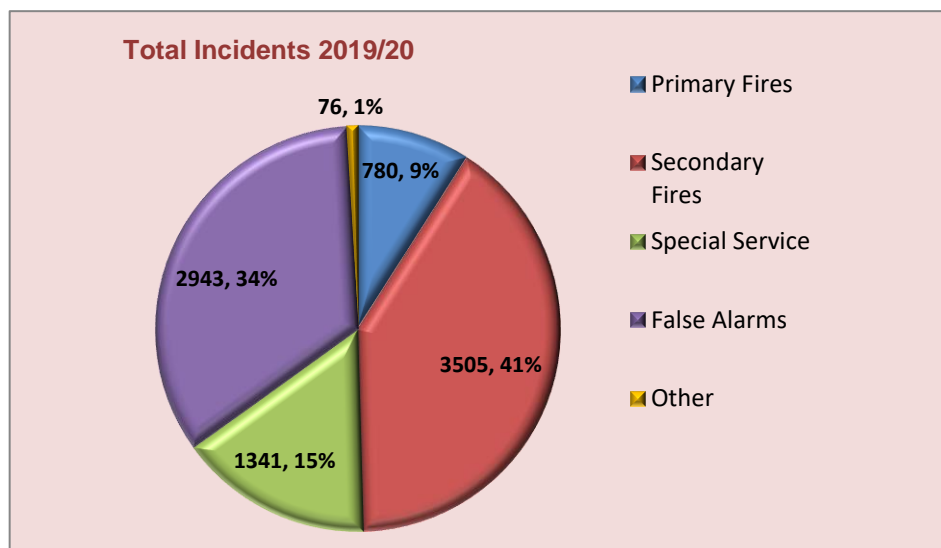
How **anxious** did you feel yesterday? (0 = 'not at all anxious'; 10 is 'completely anxious').

## HISTORIC INCIDENT DEMAND

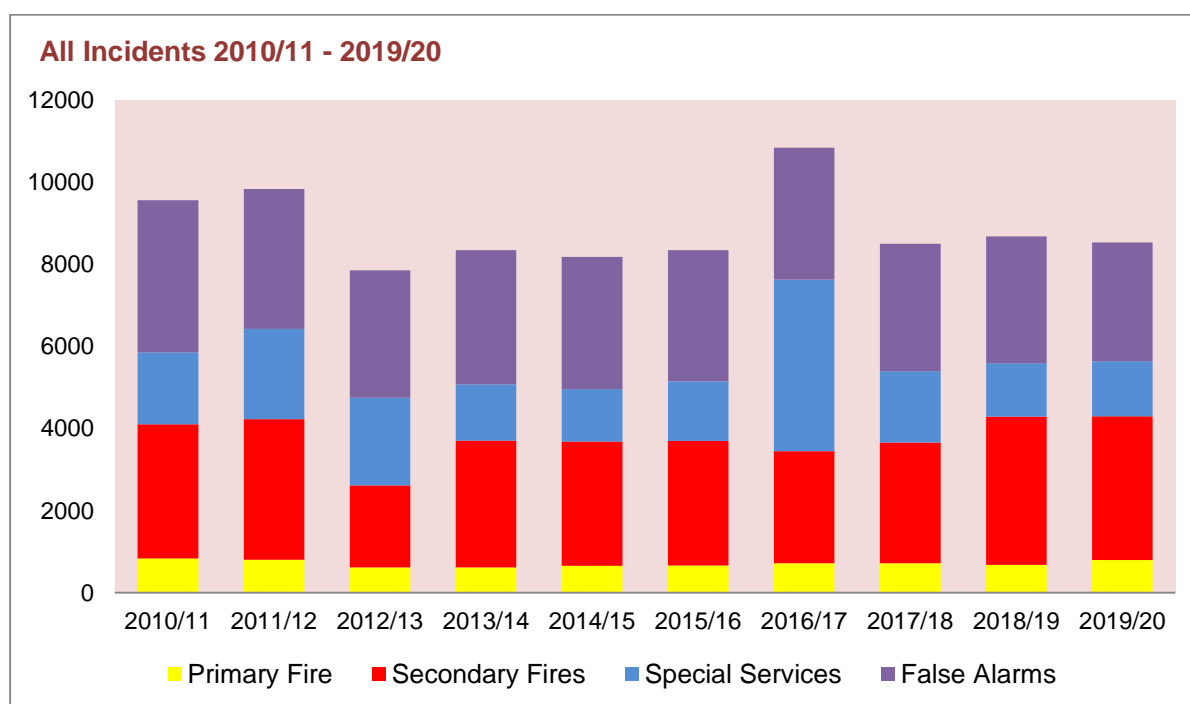
During **2019/20** we attended 8,645 incidents which is a **reduction** of 1% (115) from the previous year. As the chart profiles this was an **increase** of 2% (166 incidents) over the last five years and a **decrease** of 11% (1,067) when comparing with the last ten years.



The chart profiles the type of incident attended by the Brigade. It identifies that over the last year the majority of our incidents were either false alarm (34%) or secondary fires (41%).



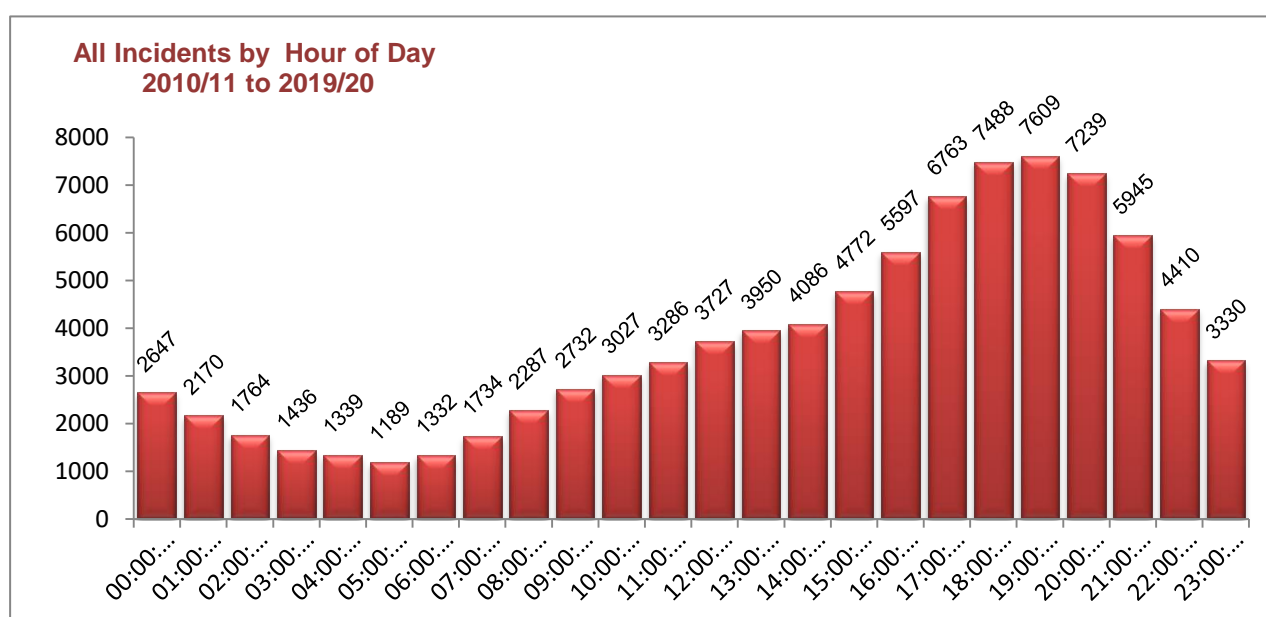
The incident profile over the past ten years is depicted in the following chart.



*Note: The rise of Special Services during 2016/17 is largely attributable to the Emergency Medical Response work being completed at the time.*

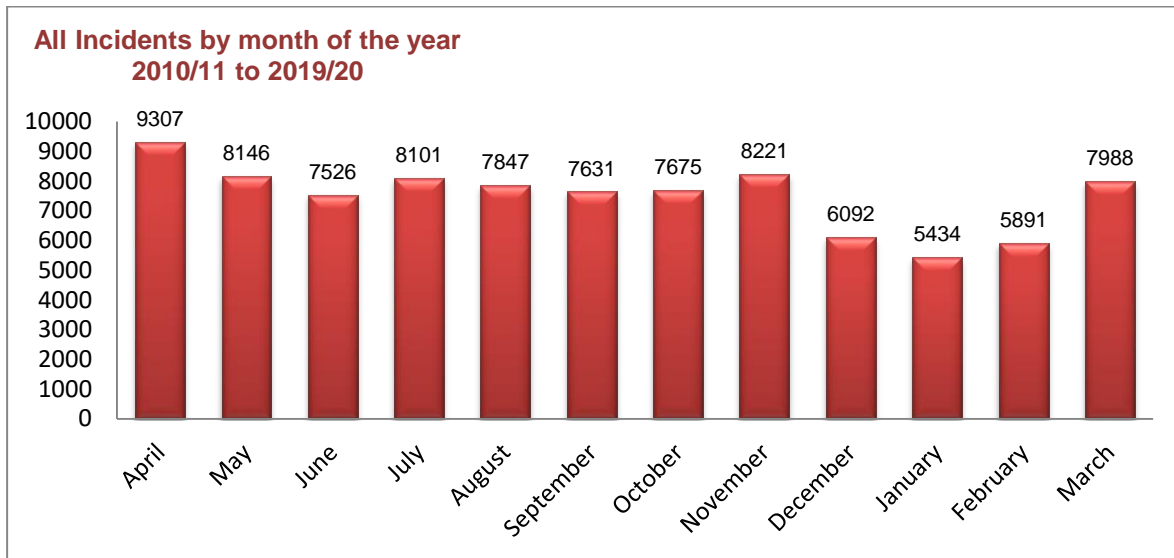
## Temporal Analysis

Over the past ten years 45% of our incidents occurred between the times of 1600hrs and 2059hrs.

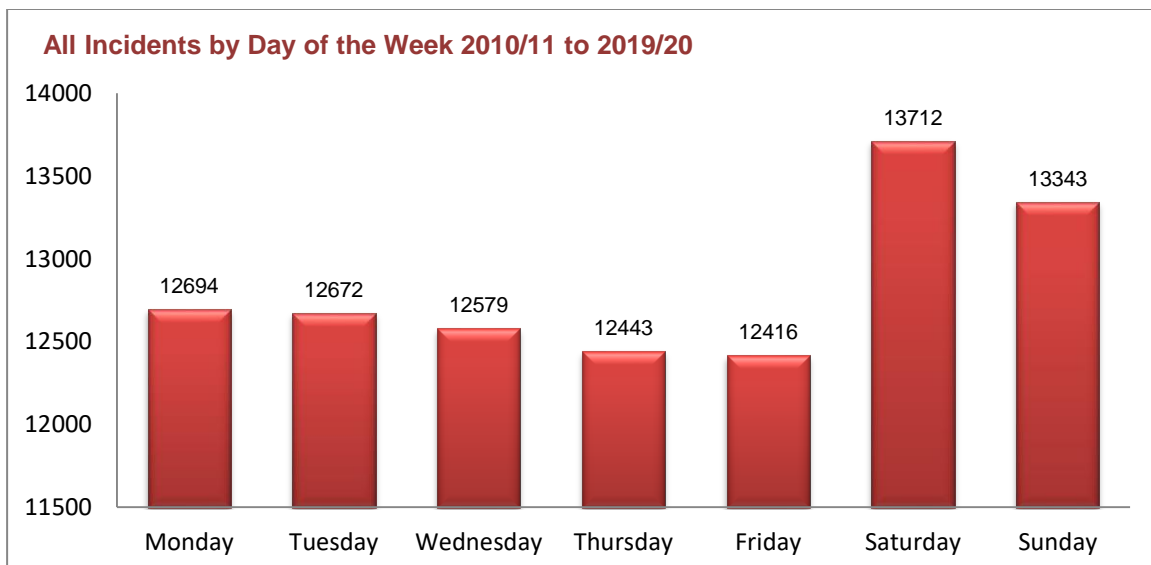




The busiest month of the year (on average across a ten year period) was April while the quietest month was January.



Numbers of incidents are evenly spread throughout Monday – Friday with slightly larger proportions of incidents occurring over the weekend. .



The average time spent by each pumping appliance within the Brigade on emergency response is profiled below. The overall duration for each mobilisation is calculated at 24:34 minutes.

**Average Time Spent At Incidents per Appliance (2010/11 to 2019/20)**

Call sign	Average Duration / Mobilisation	Call sign	Average Duration / Mobilisation	Call sign	Average Duration / Mobilisation
A1	00:20:52	D3	00:25:28	I3	00:25:32
A3	00:21:20	E1	00:26:54	J3	00:19:09
B1	00:24:54	E3	00:25:19	K3	00:23:55
B3	00:24:06	F2	00:25:51	L3	00:27:28
B4	00:29:57	G1	00:38:15	M1	00:25:13
C1	00:22:33	G3	01:48:43	N1	00:22:47
C3	00:22:07	H1	00:23:49	O3	00:24:45
D1	00:27:11	I1	00:25:37	<b>Grand Total</b>	<b>00:24:34</b>

# RISK MANAGEMENT PROCESS

This section of our Community Risk Profile profiles our national and local risks and how we, as a Brigade, prioritise these risks.

## National Risks

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### National Resilience Risk Assessment

The risks the UK faces are continually changing. The government monitors the most significant emergencies that the UK and its citizens could face over the next five years through the National Risk Assessment (NRA). This is a confidential assessment, conducted every year that draws on expertise from a wide range of departments and agencies of government. The National Risk Register (NRR) is the public version of the assessment.

The Government's NRR of Civil Emergencies and NRA are intended to capture the range of emergencies that might have a major impact on all, or significant parts, of the UK. These are events which could result in significant harm to human welfare: casualties, damage to property, essential services and disruption to everyday life. The risks cover three broad categories: natural events, major accidents and malicious attacks.

#### Highest Priority Risks

- Terrorist Incident
- Severe Weather
- Pandemic Influenza
- Coastal Flooding
- Cyber attack
- Widespread Electricity Failure
- River Flooding
- Emerging Infectious Diseases
- Poor Air Quality

The Fire Service National Resilience Programme is one part of the Government's Civil Contingencies Capabilities Programme. The strategic aim of this programme is to improve the preparedness and resilience of Fire and Rescue Services in England and Wales by maintaining and improving the capability of the national assets, owned by the Government, but operated by each Fire and Rescue Service.

Due to the nature of these risks, these are classed as high risk by the Brigade.

## Local Risks

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### Local Resilience Forum

We are an active member of the Cleveland Local Resilience Forum (CLRF). This is a multi-agency partnership that provides a structure to help agencies plan and prepare for major incidents and emergencies which may have a significant impact on the community. The CLRF assists partners to meet their statutory duties under the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 and accompanying statutory guidance entitled "Preparing for Emergencies". It is made up of Category 1, 2 and non-category responders.

As a category one responder we are an active member of the Local Resilience Forum on the CLRF Strategic Board, Tactical Business Group, Tactical Business Continuity Focus Group, Training and Exercise Group, Risk Assessment Group, Blue Lights Group, Flood and Adverse Weather Group and Warn and Inform Group ensuring all potential risks are addressed. During 2020 a specific group of the LRF has been set up specifically to look at the current Covid Pandemic, winter preparedness and the Brexit negotiations outcomes.

This forum produces the Cleveland LRF Community Risk Register (<http://www.clevelandemergencyplanning.info/cleveland-lrf/>) which shows identified risks in the Cleveland area, the assessment of impact for each risk if it were to happen, and the likelihood of it happening.

#### Identified Risks

- Adverse weather - storms and gales / snow and low temperature
- Hazardous transport
- Marine pollution
- Flooding
- Animal disease
- Large scale industrial action
- Industrial Site Incident
- Pandemic influenza
- Utilities and infrastructure failure.
- Industrial Action
- Civil Unrest

### Corporate Risks

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Our Corporate Risks, if not managed, may negatively impact our strategic direction and the achievement of our vision and strategic objectives. We regularly scan the horizon to ensure we identify these risks at the earliest opportunity to enable appropriate actions to be taken wherever possible to mitigate the risks. Our analysis of the risks follows the nationally recognised PESTLE categories of risks.

#### Corporate Risks

- **P**olitical
- **E**conomic
- **S**ocial
- **T**echnological
- **L**egislative
- **E**nvironmental

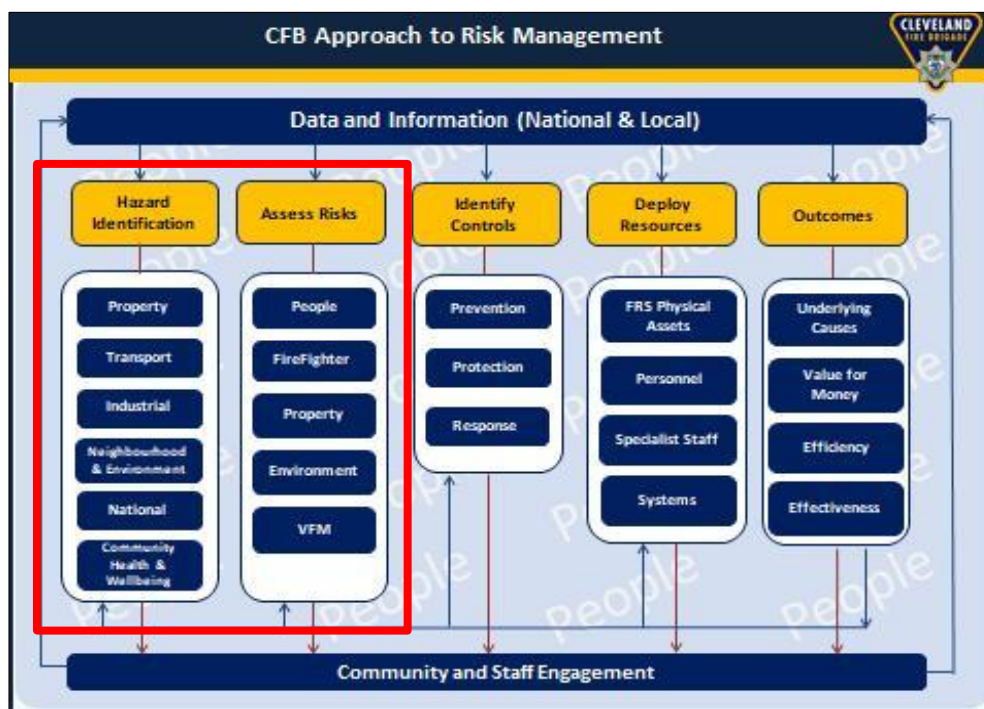
The risks identified from this exercise are documented in our Corporate Risk Register.

## Operational Risks

The Government and the National Fire and Rescue Service's priorities are to:

- reduce numbers of fires and other emergency incidents
- reduce loss of life in fires and other emergencies
- reduce numbers and severity of injuries in fires and other emergency incidents
- safeguard the natural and built environment
- reduce the commercial, economic and social impact of fires and other emergency incidents
- secure value for money

The Department for Communities and Local Government's Integrated Risk Management Plan Guidance Note 1 states that '*while risk to property, the environment and heritage will continue to be of importance, risk to life will in future be given the highest priority*'. The Authority's hazard identification and risk prioritisation processes are set in the context of the above national priorities, IRMP guidance and profiled in the following chart.



Our hazard identification and risk prioritisation processes are set in the context of the above. With regard to operational risk identification, our forensic analysis and detailed understanding of our operating environments; and historical response, prevention and protection activities inform us of the hazards in our communities. There are three steps in this process which are set out on the following pages.

## Step 1: Identification of Hazardous Events

The Brigade has a vast amount of intelligence from its own activities and information gained from partner organisations and other sources which it uses as part of the identification of potential hazardous events. Through our forensic analysis of this information, and in particular our detailed understanding of our incidents and causational factors over a ten year period, we can identify the possible hazardous events that could impact the Brigade and for each of these events what is at risk, who is at risk and when and where the risks could occur. We have identified the following foreseeable hazardous events in our communities:

### ➤ ***Property Environment***

- Dwelling Fires
- High Rise Fires
- Industrial and Commercial Fires
- Other Building Fires
- Trapped persons
- Collapsed Structure

### ➤ ***Transport Environment***

- Road Traffic Collisions
- Rail Fire; Rail Trapped Person
- Aircraft Fire; Aircraft Trapped Person
- Water Vessel Fire; Water Vessel Trapped Person

### ➤ ***Industrial Environment***

- Industrial High Hazard Fire
- Industrial High Hazard Toxic Release
- Industrial High Hazard Trapped Persons
- Industrial High Hazard Radiation
- Industrial High Hazard Incident: Explosion

### ➤ ***Neighbourhoods and the Environment***

- Nuisance Fires
- Flooding
- Trapped Animals
- Vehicle Fires
- Flooding/ Drowning: Trapped Persons
- Wildfires
- Waste Site: Fire
- Heritage Incidents

### ➤ ***National Resilience***

- Water Rescue: Flooding/ Drowning Trapped Person
- Marauding Terrorists Attacks
- CBRN Event

### ➤ ***Community Health and Wellbeing***

- Medical Incident
- Bariatric Trapped



As a result a decision was taken in 2020 to exclude such subjectivity from the assessment. Instead hazardous events have been assessed against the following criteria:

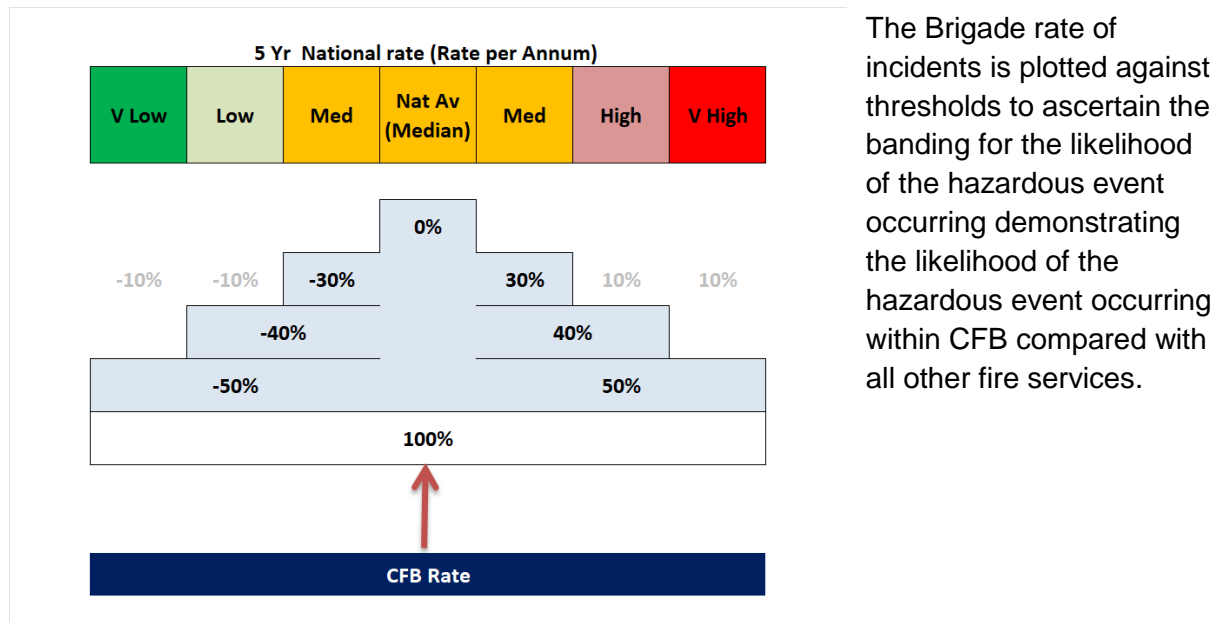
- *Likelihood*: Based on the rates of the incident occurring (using Home Office, National Fire Statistics over a five year average);
- *Consequence* covering;
  - *Community Safety*  
Based on rates of injuries and fatalities to the public from incidents dealt with by the fire service (using Home Office, National Fire Statistics over a five year average)
  - *Fire-fighter Safety*  
Based on rates of injuries and fatalities to Fire Fighters from fire incidents (using Home Office, National Fire Statistics over a five year average)

As national descriptors covering Property, Environment and Value for Money developed these will be integrated into the assessment of hazardous events.



## Evaluation of Likelihood

To evaluate the likelihood of a hazardous event occurring within the area a five year profile of incident frequency at national and local level has been used. Given the different size of fire services comparators using absolute numbers is not statistically viable. To enable comparisons absolute numbers have been converted into a rate per head of population. Using the national average rate for all fire and rescue services thresholds have been set to enable the rate of incidents to be differentiated between Very High, High, Medium, Low and Very Low through use of a normal distribution methodology using the national average as the median. This is best demonstrated in the following diagram



Thresholds will be maintained annually, updated only as a new CIRMP is produced. This will enable direction of travel in terms of incident likelihood to be made for the Brigade from year to year.

Appendix I details likelihood thresholds for the different types of incidents based upon this methodology.

## Consequence: Impact of Community Safety

The consequence rate for injuries and fatalities of the public occurring within different types of incidents is evaluated covering both fires and special service incidents (Road Traffic Collisions/ Rescues/ Entrapments).

National fire statistics, over a five year period, are used to calculate the rate of injuries and fatalities in incidents. Thresholds are calculated between Very Low and Very High as completed for the likelihood of such incidents occurring. The Brigade rate per head of population is plotted against the national rate to evaluate the consequential rate of an injury and fatality occurring in an incident compared with national figures.

Appendix III details the community safety consequential thresholds for different incidents based upon this methodology.

### ***Consequence: Impact of Fire Fighter Safety***

As with our evaluation of the consequences for Community Safety we complete a similar task for the consequences for our fire-fighters in terms of injuries and fatalities incurred during operational incidents.

Within this evaluation the national fire statistics do not differentiate between the type of incident that the injury / fatality occurred, instead the analysis differentiates the injury / fatality occurring in an operational incident, training activity and other routine activities.

For the purpose of assessing the impact on fire-fighter safety we have solely based this assessment on those injuries and fatalities that have occurred as part of operational incidents and calculated the rate per head of staff, not rate per population.

The same process has been followed as previously described when evaluating the impact on fire fighter safety within the Brigade compared with the national position.

### **Step 3 Prioritisation of Hazardous Event and Risk**

Attached at Appendix IV is the outcome of the assessment of likelihood and consequence for each hazardous event detailing how the Brigade's risk against the hazardous event compares with other Fire and Rescue Services in England.

When assessing the overall risk for each hazardous event the Brigade adopts a risk averse approach with the highest risk assessment against the category adopted as the overall risk.

After completion of the hazardous event identification and prioritisation process the following risk levels emerge.

Operating Category	Hazardous Event / Risk	Risk Level
Property	Dwelling Fire	Low
	Dwelling : Trapped Person	Medium
	High Rise Fire	Very Low
	Commercial Building Fire	Low
	Industrial Building Fire	Low
	Industrial & Commercial Collapsed Structure	Low
	Industrial & Commercial Trapped Person	Medium
	Other Building Fire	Low
	Other Building: Trapped Person	Medium
Transport	Road Traffic Collisions	Medium
	Rail Fire; Rail Trapped Person*	
	Aircraft Fire; Aircraft Trapped Person*	
	Water Vessel Fire; Water Vessel Trapped Person*	
Industrial	High Hazard Fire	Low
	High Hazard Toxic Release	Medium
	High Hazard Trapped Person	Medium
	Industrial High Hazard Radiation*	
	Industrial High Hazard Incident: Explosion*	
Neighbourhoods & Environments	Animal Rescue	Low
	Flooding	Low
	Drowning	Low
	Nuisance Fires	Medium
	Vehicle Fire	Medium
	Wildfires*	
	Waste Site : Fire*	
	Heritage Incidents*	
National Resilience	Assessed Nationally	
Community Health and Wellbeing	Medical Incident (Exc Impact of EMR Trial)	Very Low
	Bariatric*	

\*Special Risks

While risk levels for the whole of Cleveland relative to the rest of the fire sector appear to be low these hazardous events remain a risk to life and property. As such we develop our prevention, protection and emergency response services to mitigate and address these risks.

Our intelligence and forensic analysis has identified that levels of risk is not uniform across the Brigade area in terms of geographyl and groups who are at risk. As such there are **pockets of very high risk across our area**. On-going reactive and proactive analysis underpins our detailed understanding of these risks allowing us to compile a series of **detailed assessments** to identify what is at risk, who is at risk and when and where the risk could occur.

This allows services and resources to be deployed and targeted at a neighborhood level. These detailed risk assessments are profiled in the next section of this Community Risk Profile and are provided electronically to operational personnel in the form of District Risk Footprints.

# Local Risk Assessments

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## Local Risk Assessments

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Local Risk Assessments have been developed to fully understand the nature and extent of the risk. These are based on an analysis of information and data relating to our communities and households; deprivation, health and employment levels, building types, transport networks; and the environment including adverse weather conditions. We get this data and information from a range of sources, via a range of tools.

Sources	Tools
<ul style="list-style-type: none"><li>➤ Historical Incident Data;</li><li>➤ Partner Organisations such as Education, Health, Crime and Social Care</li><li>➤ Community Risk Register - maintained for the Tees Valley area;</li><li>➤ National Risk Assessment - produced by the government</li></ul>	<ul style="list-style-type: none"><li>➤ Cadcorp</li><li>➤ Community Safety System</li><li>➤ SEED/ IDENT</li><li>➤ Incident Recording System</li><li>➤ Community Fire Risk Management Information System</li><li>➤ National Risk Register of Civil Emergencies</li><li>➤ Community Risk Register (CRR)</li><li>➤ Corporate Risk Register</li><li>➤ Site Specific Risk Information</li><li>➤ Performance and Intelligence Framework</li><li>➤ IResponse</li><li>➤ Horizon Scanning</li><li>➤ Professional Judgement</li></ul>

The outcomes from these assessments are used by our Community Protection teams to target and deploy existing prevention, protection and emergency response strategies and services in protecting the most vulnerable people. A summary of our various risk assessments follow.

## **OPERATING CATEGORY: PROPERTY**

The Brigade's assessment process for buildings comprise:

### **Community Building Local Risk Assessment**

This directs our prevention and protection activities to reduce dwelling fires using a layered approach and includes the following factors:

• Incidents/ Dwellings:	5 years data (1st April '15 to 31st March '20)
• Injuries / Fatalities:	5 years data (1st April '15 to 31st March '20)
• False Alarm Good Intent:	5 Years data (1st April '15 to 31st March '20)
• Tenure: Rented Accommodation	2011 Census (Released 2014)
• Lone Pensioner:	2011 Census (Released 2014)
• Index of Multiple Deprivation:	2019 Indices of Multiple Deprivation
• Smoking:	Local Authority Public Health Profiles
• Drinking:	Local Authority Public Health Profiles
• Lone Adults (18-64):	2011 Census (Released 2014)
• Limiting Long Term Illness / Disability:	2011 Census (Released 2014)
• Bad Health / Very Bad Health:	2011 Census (Released 2014)

### **High Rise Local Risk Assessment**

This directs our prevention and protection activities to reduce fires in high rise buildings. It is led by service demand as well as travel time from station to each high rise premise.

## Industrial and Commercial Local Risk Assessment

Our industrial and commercial local risk assessment is designed to meet our statutory duty to enforce the provisions of the Regulatory Reform (Fire Safety) Order 2005. The legislation and associated guidance does not dictate the number of premises to inspect or their frequency, this is left to local discretion. As a result to support these activities we operate to an intelligence risk and sample based inspection program.

Currently our premises considered the highest risk are inspected more frequently than premises considered lower risk. Premises are risk assessed through desk based risk assessments that use available data and audit inspections. A relative risk score is calculated using a national risk assessment formulae which is converted into a risk rating ranging from very high risk to very low risk. This risk rating informs the frequency and level of officer assigned to inspect the premises.

This process is currently undergoing a period of review to further improve the process utilised to calculate the inspection frequency of each property.

### Industrial and Commercial Local Risk Assessment Factors

- Risk group of premises (high to low risk)
  - sleeping risk – unfamiliar
  - sleeping risk – familiar
  - public unfamiliar
  - workplace familiar
- premises and site assessment (including type of premise, floor area, occupancy rates & times for premises)
- loss assessment (life risk, economic, heritage & environmental risk)
- historical incident information
- site risk assessment that assesses against 19 categories

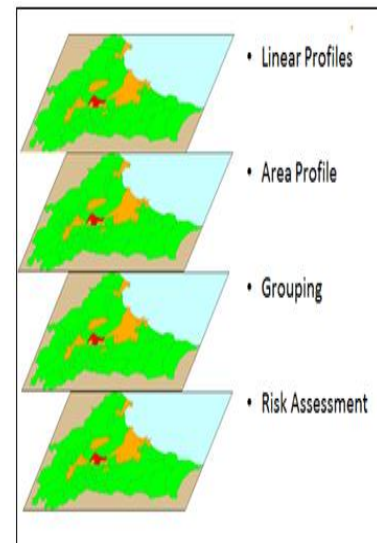


## OPERATING CATEGORY: TRANSPORT

### Road Traffic Collisions Local Risk Assessment

Our RTC Local Risk Assessment is a layered approach which primarily uses service demand information. We only attend incidents we are requested to do so either from the public or other emergency services so the risk assessment is based around the number of life risk RTC incidents **attended** by the Brigade. From information supplied by Cleveland Police this equates to about 50% of all RTC incidents within the Brigade area.

The assessment process is shown in the adjacent diagram. It produces two separate road profiles: a linear profile and an area profile which are combined together to form the overall risk assessment.



#### *Linear Profiles*

Primarily A class roads/ dual carriage ways with high speed limits. Within Cleveland we have identified the following roads as the linear profiles; A19, A689, A66, A174, A171 and A178 roads. We assess risk by calculating numbers of life risk incidents per km of road length. Due to the length of some of these roads we split the profile into a number of subsections. Each one is known as a linear risk assessment. 14 linear risk assessments have been established

#### *Area Profiles*

Areas of road network such as towns (medium/ small) with a high density of roads with differing speed limits. RTC risk calculated in incidents per km<sup>2</sup>. 30 such areas identified and established.

#### *Background Area*

Tend to be rural areas with a low density of roads and differing road speeds. RTC risk calculated in incidents per km<sup>2</sup>. There are five background area assessments in Cleveland which are included within the Area Profile assessment.

To ensure the risk assessment is robust we use five years incident information.

Analysis that is available via the North East Regional Road Safety Resource is presented later in this report and profiles key hot spot areas within the area.

## OPERATING CATEGORY: INDUSTRIAL

### Industrial High Hazard Incidents Local Risk Assessment

The Industrial High Hazard Local Risk Assessment uses the Provision of Risk Information System (PORIS) as the basis to assess the level of industrial risk with the aim of assisting Fire and Rescue Services to:

- meet legislative responsibilities
- manage the risk to personnel
- manage and mitigate other risks in the communities
- maintain interoperability with neighbouring Fire and Rescue Services and other Category 1 & 2 responders
- maintain and where necessary improve effectiveness and efficiency

PORIS identifies and assesses risk of various types of incidents to industrial and commercial properties against the following six risk groups.

- **Firefighter Safety**  
Direct impact on safety of firefighters or other emergency responders: encompasses fatalities; injuries; illness/ injury; damage to health.
- **Individual and Societal**  
Personal safety of persons directly affected (fatalities, injuries, illness, or injury or damage to health) or indirectly affected because of the strain on health service.
- **Environment**  
Consequences from onsite incident which may result in contamination or pollution of land, water or air with harmful biological / chemical / radioactive matter or oil, flooding, disruption or destruction of plant or animal life.
- **Community**  
Social consequences of an incident, including availability of social welfare provision; disruption of facilities for transport; damage to property; disruption of the supply of money, food, water, energy, or fuel; disruption of an electronic or other system of communication; homelessness, evacuation, avoidance of behaviour; public disorder due to anger, fear, and/or lack of trust in the authorities.
- **Heritage**  
Recognition of value placed by society on site's cultural and historic presence as part of fabric of the national and local community. Encompassing direct (loss of artefacts, goods, buildings, structures) and indirect (loss of business, tourism, etc) costs.
- **Economic and other**  
Encompassing net economic cost, including direct (loss of goods, buildings, and infrastructure) & indirect (loss of business, increased demand for public services) costs. Also, risks, other than those identified in the remaining risk groups, that are judged of importance to national or local economy.

This assessment uses both internal and external information available to enable the Brigade to assess the risk against the property in each of these risk groups.

Internal Sources	External Sources
<ul style="list-style-type: none"> <li>➤ SSRI</li> <li>➤ Operational Intelligence</li> <li>➤ Enforcement Actions</li> <li>➤ Historic Incidents</li> <li>➤ CFRMIS</li> </ul>	<ul style="list-style-type: none"> <li>➤ Planning and Building Control records</li> <li>➤ Health and Safety Executive</li> <li>➤ Emergency Planning</li> <li>➤ Trading Standards</li> <li>➤ Local Resilience</li> <li>➤ Transport authorities</li> <li>➤ Police</li> <li>➤ English Heritage</li> <li>➤ Local Authority Partnerships (Crime &amp; Disorder)</li> <li>➤ Environment Agency</li> </ul>

This information is moderated by Operational Managers who determine the appropriate inspection frequency by the Brigade. Once risks have been assessed using PORIS, appropriate worst case planning scenarios, emergency response plans, site specific crew task analysis and resource requirements can be developed in the form of procedural guidance. Pre Determined Attendances can also be developed and implemented.

### Site Specific Risk Frequency

Risk	Review Frequency	Brigade Action
<b>Very High</b>	At least every year	Specific operational tactical plans & where appropriate strategic/multi agency plans based on reasonable worst case scenario
<b>High</b>	At least every 2 years	Specific operational tactical plans based on most likely significant scenario
<b>Medium</b>	At least every 3 years	All relevant risk & operationally critical information held by FRS made available to crews in attendance
<b>Low</b>	At least every 5 years	Identification of specific hazards & locations made available to crews in first attendance.
<b>Very Low</b>	At least every 10 years or on cause	Keep record of inspection & basic information to allow re-inspection
<b>No Assessment</b>	No Inspection Frequency	None

## **OPERATING CATEGORY: NEIGHBOURHOODS AND ENVIRONMENTS**

### **Nuisance Fires Local Risk Assessment**

Secondary fires do not often pose a direct significant risk to life, but they do cause blight on the areas where they occur and divert our resources away from other key activities. They also pose a risk to individuals near these incidents with the potential to spread to property creating a primary fire incident. Research evidences young people start a large proportion of secondary fires and education and engagement with these people is key to reducing these incidents.

Our local risk assessment is based on pure service demand (absolute numbers) that identifies those locations where these incidents are occurring to assist the Brigade's preventative services in terms of educational and diversionary activities. In addition this risk assessment can influence the disposition of the small fires units that are used to deal with such incidents during the hours of 2.00pm to 10.00pm.

Consideration was given to the inclusion of other factors in the assessment such as Anti-Social Behaviour (ASB) incidents to provide an indication of where secondary fires could occur rather than solely using historical trends. However information on the volume and location of ASB received from the police shows only a minor correlation between ASBs and the location of secondary fire incidents.

### **Animal Rescue Local Risk Assessment**

This is based purely on service demand across the Brigade for those incidents involving the rescue of animals.

### **Vehicle Fire Local Risk Assessment**

This is based purely on service demand across the Brigade for those incidents involving vehicle fires.

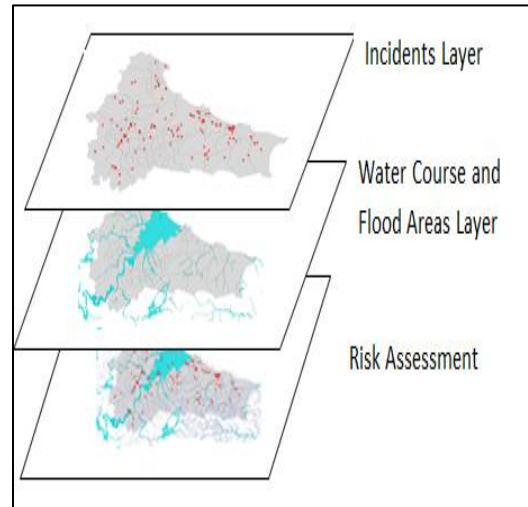
### **Flooding Local Risk Assessment**

Although the FRS does not have any statutory responsibility to deal with flooding or water rescue, we have invested in equipment and training as the public expects us to respond. We have had a number of areas that have been subject to severe localised flooding on a periodic basis.

We have a significant volume of water courses which can lead to the requirement to rescue individuals and animals when they get into difficulties within such areas. Unfortunately there is also the requirement to assist in body recoveries for individuals who have died in such circumstances.

Our risk assessment uses information from the environment agency and internal service demand. It follows a layered approach similar to other risk assessments by overlaying our service demand incidents (last 5 years incidents) for flooding incidents onto the river networks.

The Brigade has also supported other areas of the country which have experienced severe flooding by deploying some of our national resilience assets to deal with major flooding.



## **OPERATING CATEGORY: COMMUNITY HEALTH**

### **Community Health and Wellbeing Local Risk Assessment**

This is based on service demand across the Brigade for Emergency Medical Response incidents and Bariatric incidents.

This is an area that we are investigating so we can develop over the coming years to ensure that the health inequalities directly correlated to fire related incidents are captured within our risk assessment.

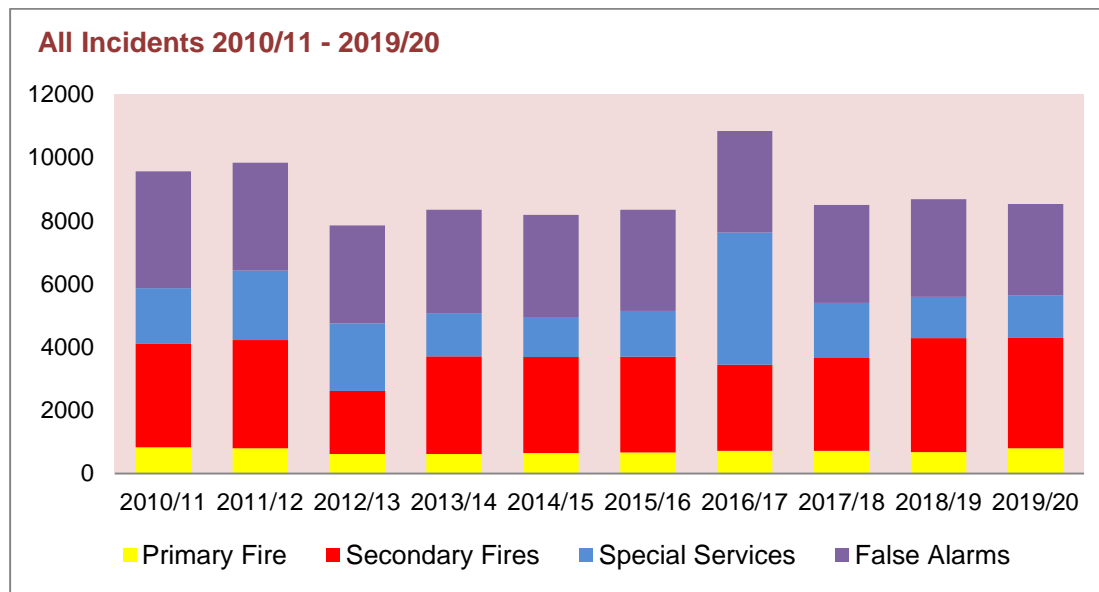
# Incident Analysis and Local Risk Assessments

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# INCIDENT ANALYSIS AND LOCAL RISK ASSESSMENTS

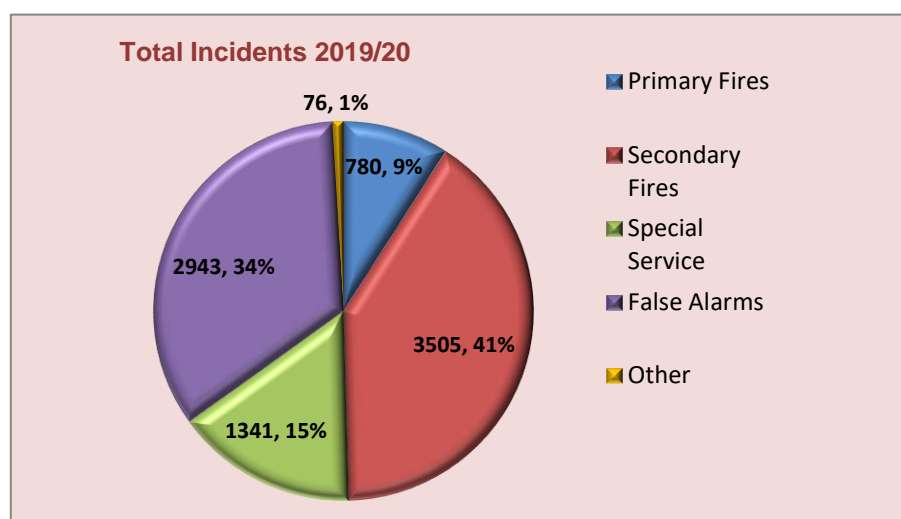
## Overall Summary

The incident profile over the past ten years is depicted in the following chart.



*Note: The rise of Special Services during 2016/17 is largely attributable to the Emergency Medical Response work being completed at the time.*

The chart profiles the type of incident attended by the Brigade during 2019/20. It identifies that over the last year the majority of incidents we attended were either false alarms or secondary fires.



## Risks within the Property Environment

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These types of fires are classified in our group of 'Primary fires' which are those that occur in buildings and pose a risk to life.

Operating Category	Hazardous Event / Risk	Risk Level
Property	Dwelling Fire	Low
	Dwelling : Trapped Person	Medium
	High Rise Fire	Very Low
	Commercial Building Fire	Low
	Industrial Building Fire	Low
	Industrial & Commercial Collapsed Structure	Low
	Industrial & Commercial Trapped Person	Medium
	Other Building Fire	Low
	Other Building: Trapped Person	Medium



## Dwelling Fires

The risk of a resident experiencing a dwelling fire in Cleveland is **low**. Pockets of high risk do however exist across the area.

A dwelling is defined as a building that is occupied or intended to be occupied as a residence that involves sleeping risks. Our dwelling classifications include houses; flats (self-contained access via internal corridors); accommodation blocks (nurses/students); residential caravans and houseboats.

### Accidental Dwelling Fires

In the Brigade area there are 254,258<sup>1</sup> dwellings located in both densely populated areas in the main towns of Middlesbrough, Stockton, Hartlepool and Redcar; and in rural, sparsely populated areas particularly in East Cleveland.

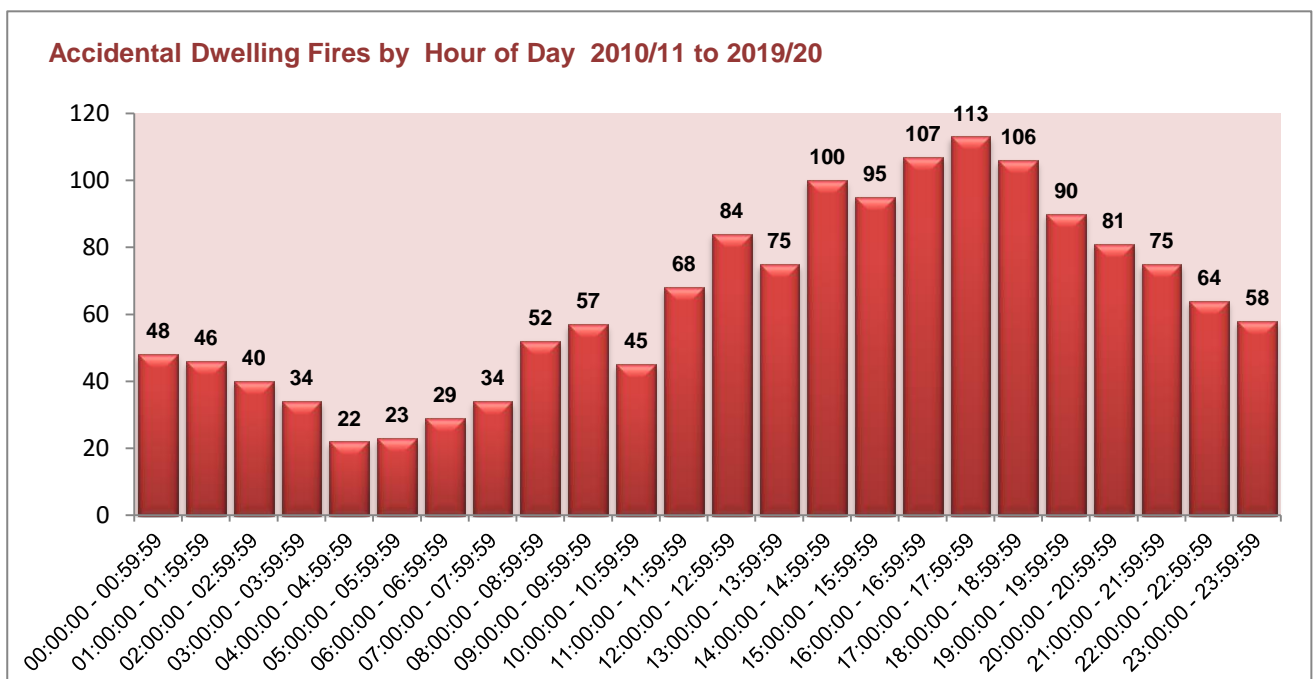
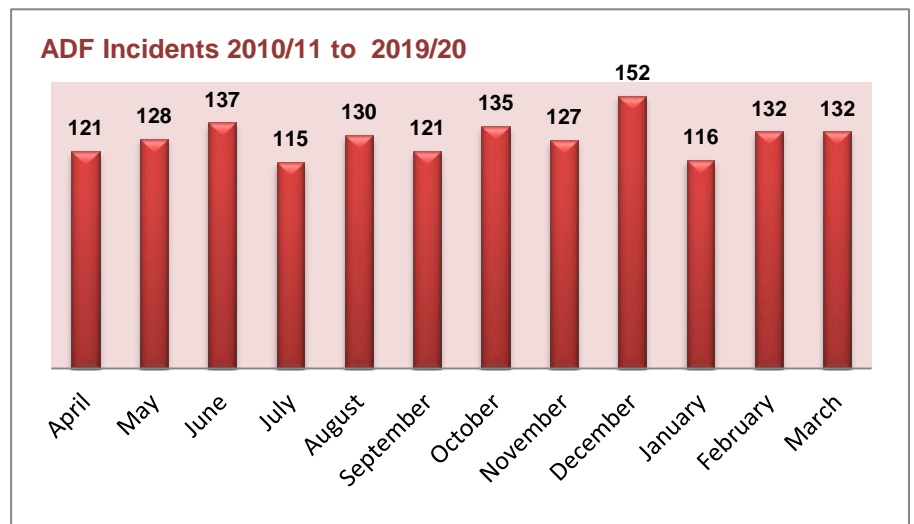
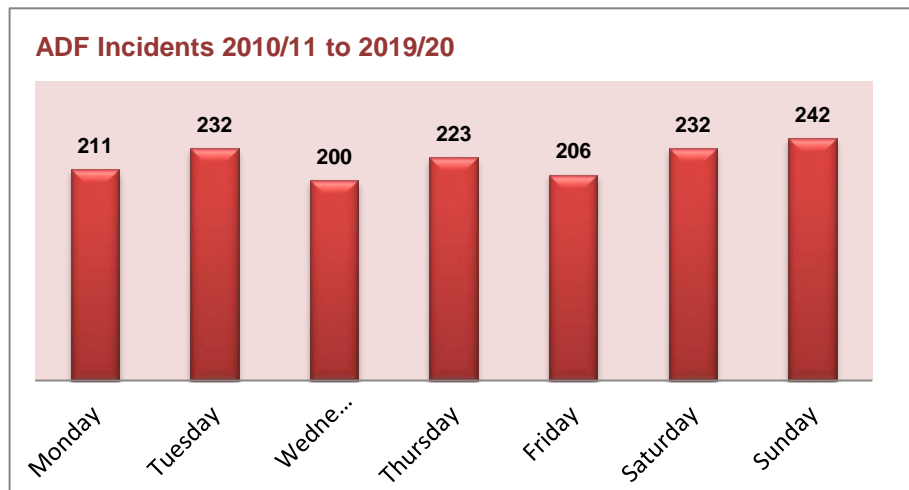


In 2019/20 we attended 155 ADFs. The chart shows we have seen a 37% (42) increase in ADFs over the last year. The number of fires has increased by 119% over the last five years while there was a 23% reduction over the past ten years.



<sup>1</sup> <https://www.gov.uk/government/statistics/council-taxbase-2019-in-england>

The following three charts provide a temporal profile of ADFs over the past ten years.



### Summary

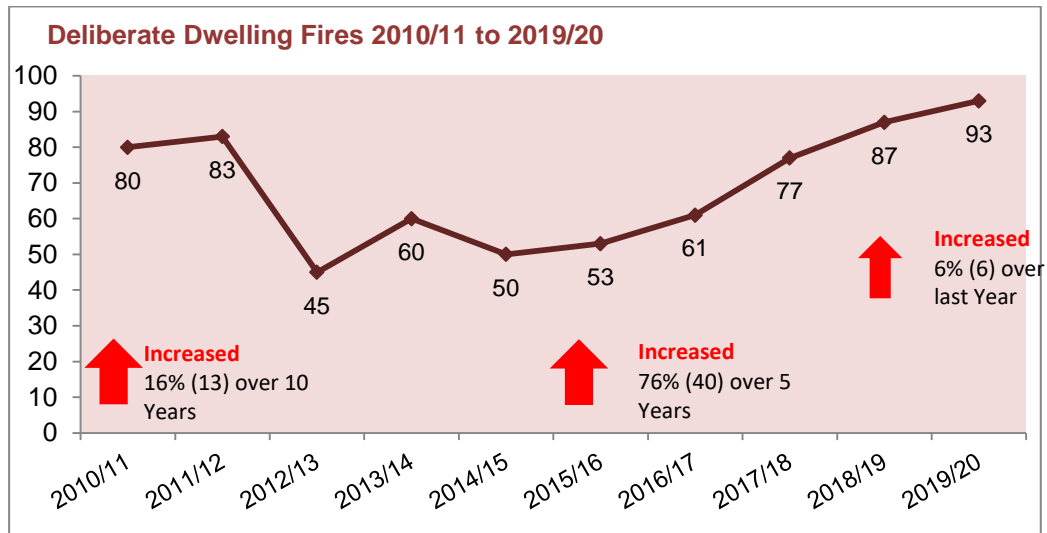
- The risk of a resident experiencing an Accidental Dwelling Fire in Cleveland is low although there are significant pockets of high risk across the area.
- 34% of our ADFs occurred between 1400hrs and 1959hrs
- ADFs are relatively evenly spread throughout the months of the year with a slight increase during December and a slight reduction during July and January.
- Weekends and Tuesdays are the most prevalent for ADFs with lower numbers experienced on a Wednesday
- Our Brigade had the second lowest rate of ADFs (2.7/10,000 pop) compared to other Fire and Rescue Services in England (4.5/ 10,000 pop)

### Accidental Dwelling Fires

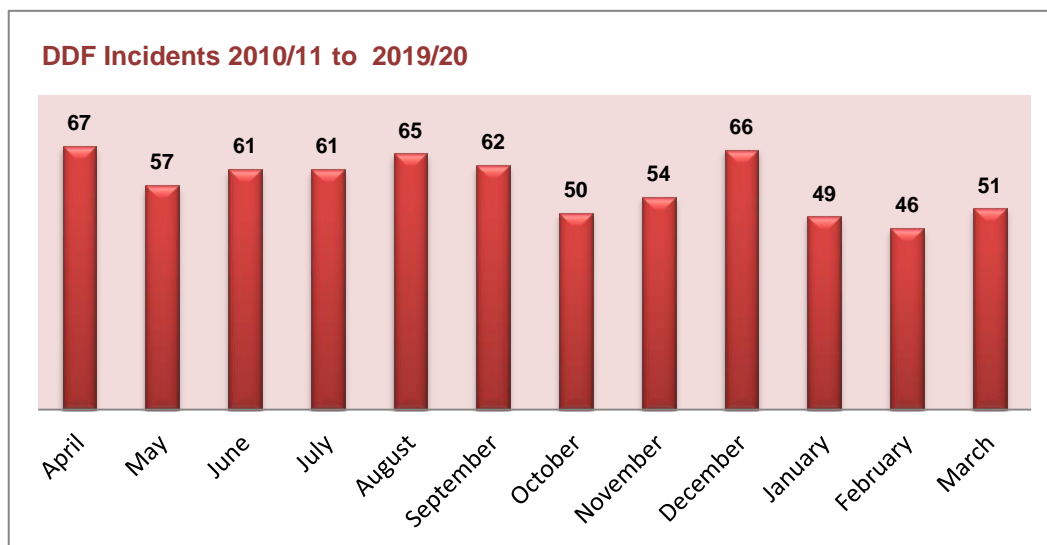
England (2019/20)	Cleveland (2019/20)
25,484 ADFs: decrease of 4.0% compared to 2018/19;	155 ADFS: increase of 37% compared to 2018/19
10.1% reduction in ADFs over last 5 years;	19% increase in ADFs over last 5 years;
19.7% reduction over last 10 years.	23% reduction over last 10 years

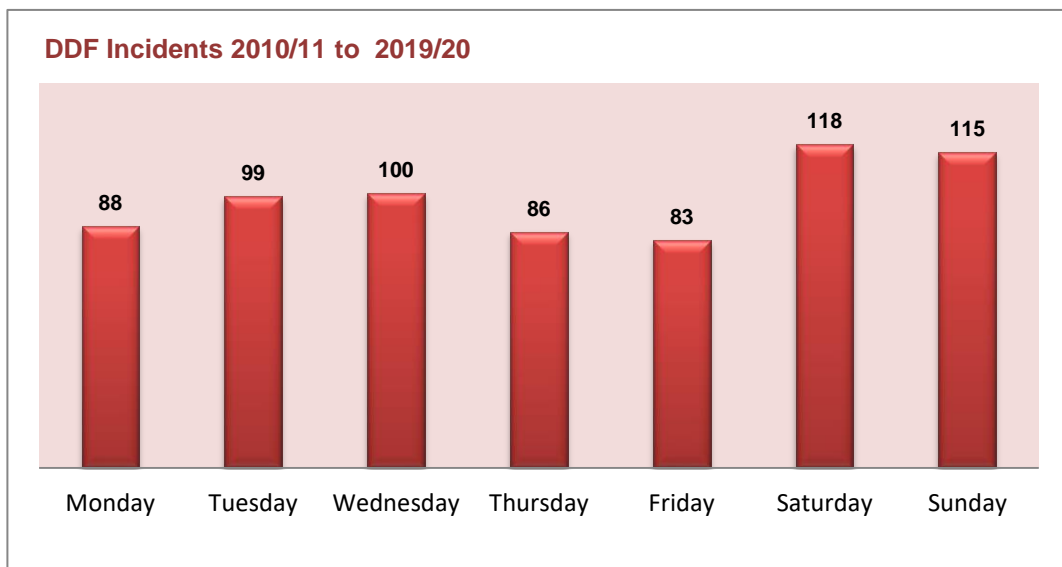
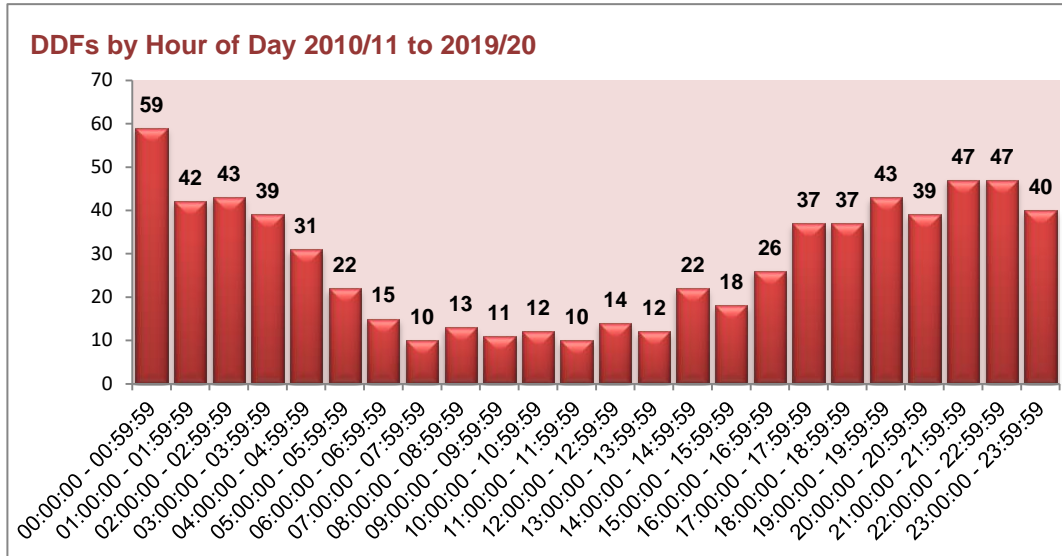
## Deliberate Dwelling Fires (DDFs)

In 2019/20 CFB attended **93 DDFs**. As illustrated in the chart below, there has been an increase of 6% over the last year. The ten year trend is slightly higher with a 16% increase for this type of incident.



The following three charts provide a temporal profile of DDFs over the past ten years.





### Summary

- The risk of a resident experiencing a Deliberate Dwelling Fire in Cleveland is low although there are significant pockets of high risk across the area
- 28% of incidents occurred between 2100hrs and 0059hrs (193 incidents)
- April and December have the highest number of DDFs recorded while February has the lowest.
- Saturday and Sunday are the most prevalent days of the week for DDFs.
- Weekends and Wednesdays are the most prevalent for DDFs with lower numbers experienced Thursdays and Fridays

## High Rise Fires

The risk of a resident experiencing a high rise dwelling fire in Cleveland is **very low**. Pockets of high risk do however exist across the area.

Within high rise properties the risk to all communal areas is considered under the Risk Based Inspection Programme. All dwelling risks are dealt with under the Prevention Strategy. There have been 14 fires in high rise buildings over the past five years.

## Fatalities, Injuries and Rescues

The risk of a resident in Cleveland being trapped in a dwelling fire is **Medium**

Within Cleveland over the last ten years there have been:

- 17 ADF and 5 DDF **fatalities**;
- 120 ADF and 28 DDF **injuries**;
- 69 ADF and 40 DDF **rescues**.

	Accidental Dwelling Fires			Deliberate Dwelling Fires		
	Fatalities	Injuries	Rescues	Fatalities	Injuries	Rescues
2010/11	1	21	8	1	4	2
2011/12	2	16	2	2	7	4
2012/13	0	13	9	0	2	1
2013/14	3	13	4	2	2	0
2014/15	1	13	11	0	3	0
2015/16	1	7	5	0	2	6
2016/17	0	8	4	0	5	4
2017/18	4	9	8	0	2	16
2018/19	2	8	8	0	0	3
2019/20	3	12	10	0	1	4
<b>Total</b>	<b>17</b>	<b>120</b>	<b>69</b>	<b>5</b>	<b>28</b>	<b>40</b>

Fatalities: Dwellings	
<p><b>England (2019/20)</b></p> <p>The latest national figures for 2019/20 showed 199 fatalities from dwellings. When comparing this with five years ago this is a decrease of 12% and, over the past ten years, a decrease of 22%.</p>	<p><b>Cleveland (2019/20)</b></p> <p>There have been 3 fatalities from dwellings during 2019/20. When comparing this with five years ago this is an increase of 200% and, over the past ten years, an increase of 50%.</p>

Injuries: Dwellings	
<p><b>England (2019/20)</b></p> <p>The latest national figures for 2019/20 highlight 5,133 dwelling injuries. Comparisons with five years ago identify a reduction of 23% with a reduction of 31.5% evidenced over the past ten years.</p>	<p><b>Cleveland</b></p> <p>In Cleveland, there were 13 dwelling injuries.</p>

## Who is at Risk?

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The overall outcome from the residential building local risk assessment determines that 7% (128 out of 1837) of our Lower Super Output Areas are deemed as being of either **very high or high risk**. This equates to approximately 35,805 (6%) persons living in 16,843 (7%) households.

- **Middlesbrough District**  
6.4% of all households and 8.7% of the population classified as very high/ high risk according to our risk categorisation process.
- **Redcar & Cleveland District**  
3.6% of all households and 5.5% of the population classified as very high/ high risk according to our risk categorisation process.
- **Hartlepool District**  
8.8% of all households and 8.1% of the population classified as very high/ high risk according to our risk categorisation process.
- **Stockton District**  
4.4% of all households and 4.3% of the population classified as very high/ high risk according to our risk categorisation process.

This section profiles those in our community we see as being at a higher risk of experiencing a dwelling fire. This information has been subsequently included in the development of our refreshed local risk assessments to ensure our prevention strategies can be targeted at those most vulnerable members of our community.

Using historic data the following table profiles those key characteristics that have been present where there has been a fatality from an **accidental dwelling fire**.



Age	Living alone	Smoking	Alcohol	Drugs	Rented	IMD (Top 10%)	Poor Health	Mobility
19			✓		✓			
24			✓			✓		
30	✓		✓					
30	✓	✓						
39				✓	✓	✓		
35	✓	✓		✓	✓			
51	✓	✓	✓		✓	✓		
53				✓	✓	✓		
58	✓				✓			
61	✓	✓				✓		
64			✓		✓	✓		
67		✓				✓		
72	✓	✓			✓	✓	✓	
73	✓				✓	✓		
84	✓				✓	✓	✓	✓
88								
90								

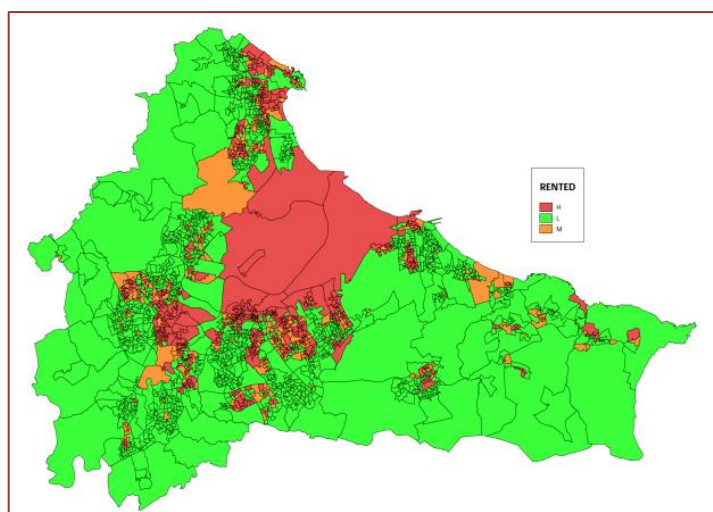
Each of the key areas included within our revised residential building local risk assessment is summarised below. Following this a series of additional areas, not included in the risk assessment but still viewed at posing an increased risk, are presented.

### At Risk: People Who Live in Rented Accommodation

*(Included in local risk assessment)*

The CLG 2008 research highlights that there is a correlation to people living in rented accommodation and fire related incidents. Within the Cleveland area there are 454 LSOAs that have been classified as high risk in terms of people living in rented accommodation. This is detailed in the adjacent local risk assessment map.

*Full details of LSOAs are provided to operational teams.*

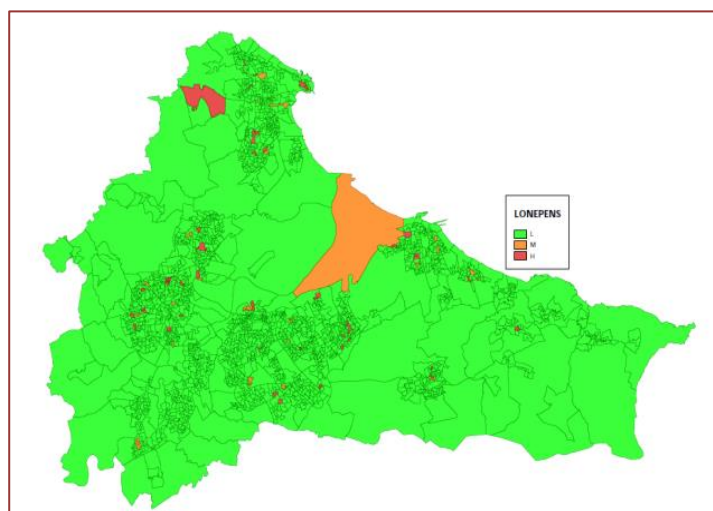


### At Risk: Lone Pensioners

*(Included in local risk assessment)*

Lone Pensioners were identified as one of two elements included in the FSEC toolkit that have a higher correlation for a fire related incident. In 2008 CLG completed additional analysis to ensure that the factors included in the FSEC toolkit remained valid. Where an individual lives alone, if a fire were to occur it is less likely that it would be noticed by another person who could help and this then places the individual at greater risk of injury or death<sup>2</sup>.

In Cleveland area approximately 31,000 people are aged over 65 and classed as being a Lone Pensioner<sup>3</sup>. 46 LSOAs are classified as high risk output areas as detailed in the risk assessment. This is detailed in the above local risk assessment map.



*Full details of LSOAs are provided to operational teams.*

The National Incident Recording System does not collate fire incident data specific to lone pensioners at this current time.

<sup>2</sup> Health and Social Care Fire Safety Guidance, produced by Greater Manchester Fire and Rescue Service and Manchester Mental Health and Social Care Trust

<sup>3</sup> 2011 Census, released 2014

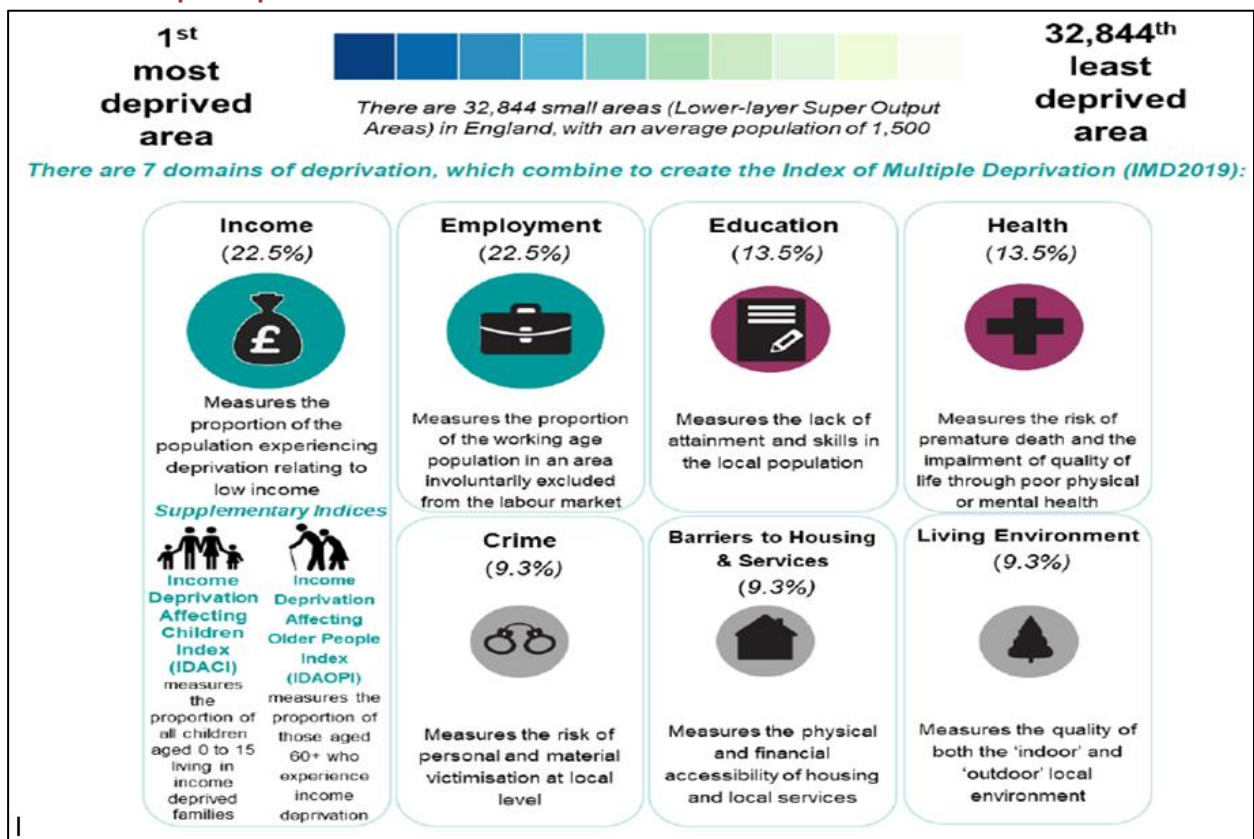
## At Risk: People Who Live in Deprived Areas

(Included in risk assessment)

Research shows a direct link between deprivation and fire in the home. It emphasises the importance of using socio-demographic factors with incident data as part of the risk assessment process. The Index of Multiple Deprivation uses a number of factors that affect deprivation to rank LSOAs across England. These factors are:

- Income
- Employment;
- Education
- Health
- Crime;
- Barriers to housing and services;
- Living Environment

### Index of Multiple Deprivation 2019



As the table profiles, 63% of all dwelling fires occurring within CFBs area are within the worst 10% deprived areas nationally. In Cleveland 595 LSOAs are classified as being high risk, in terms of IMD score, as detailed in the local risk assessment.

LSOA Rank	LSOAs %	Households %	Persons %	Incidents %
1	32.4%	32.2	31.5	62.8
2	10.4%	10.6	10.3	8.9
3	9.1%	9.2	9.3	6.4
4	7.2%	7.1	6.9	5.2
5	6.5%	6.6	6.6	3.2
6	4.6%	4.6	4.5	1.6
7	6.8%	6.8	6.9	4.5
8	9.1%	9.2	9.4	3.0
9	9.5%	9.5	10.1	3.4
10	4.4%	4.2	4.5	1.0

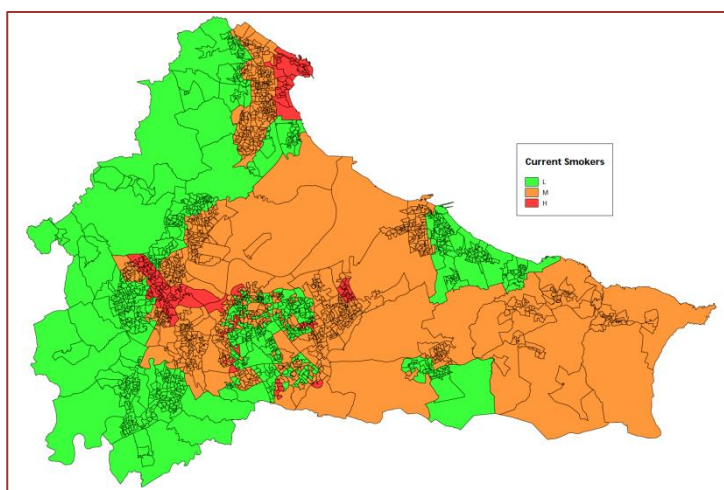
### At Risk: People Who Smoke

*(Included in local risk assessment)*

The chance of a fatality arising from such a fire is high. In Cleveland area approximately 28% of the population are smokers and 141 LSOAs are classified as high risk, in terms of people who smoke, as detailed in the risk assessment.

This is detailed in the adjacent local risk assessment map.

*Full details of LSOAs are provided to operational teams.*

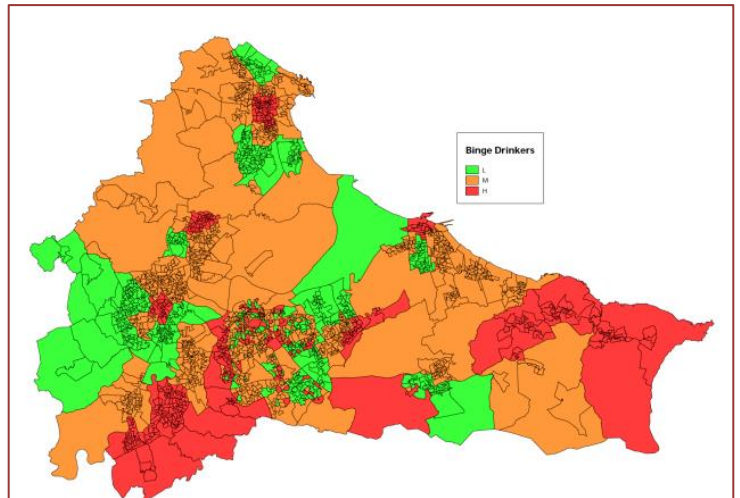


## At Risk: People Who Binge Drink

*(Included in local risk assessment)*

In 2012 DCLG<sup>4</sup> commissioned research into drugs and alcohol being a contributory factor to dwelling fires, injuries and fatalities. The main findings indicate:

- impairment due to alcohol or drugs was recorded as having been a contributory factor in 8% (2,483) of the total of 30,709 accidental dwelling fires attended by Fire and Rescue Services in England in 2011-12
- the average rate of fatalities per accidental dwelling fire where alcohol or drug usage was a contributory factor was over three (3.2) times higher compared to where alcohol or drugs usage was not a contributory factor
- the rate of non-fatal casualties taken to hospital per accidental dwelling fire was almost three (2.8) times as great where alcohol or drug usage was a contributory factor, compared to where alcohol or drug was not a contributory factor



This research has not been recompiled since that date.

In Cleveland area approximately 28% of the population are classed as binge drinkers and 422 LSOAs are classified as high risk, in terms of people who binge drink, as detailed in the risk assessment.

This is detailed in the adjacent local risk assessment map.

*Full details of LSOAs are provided to operational teams.*

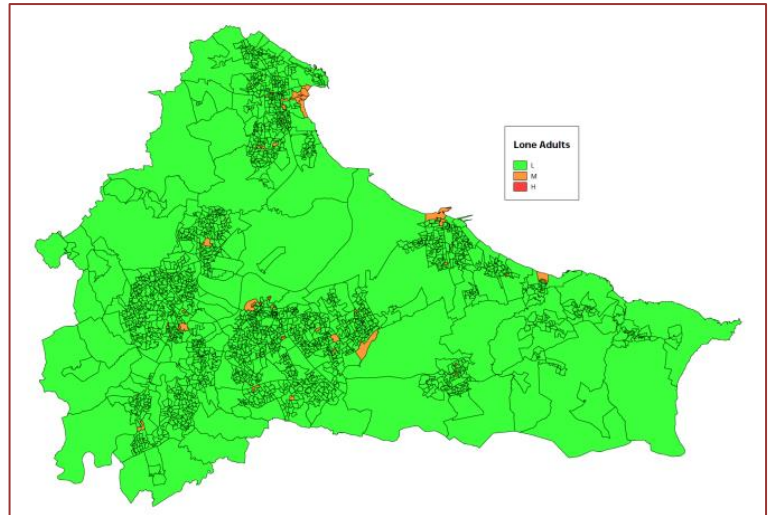
<sup>4</sup> DCLG 'The effect of alcohol or drugs on casualty rates in accidental dwelling fires, England, 2011-12'



### At Risk: Lone Adults

*(Included in local risk assessment)*

Living Alone (aged 18-64) has been included within our risk categorisation process in 2020 to enhance the existing lone pensioner risk layer. The rationale for inclusion of this risk layer stems from the fatality profile (See Appendix V) indicating a number of recent fatalities have occurred in fires involving a lone adult (9 out of 17 ADFs with a fatality).



In Cleveland area approximately 7% of the population are lone adults and 4 LSOAs are classified as high risk, in terms of lone adults, as detailed in the risk assessment.

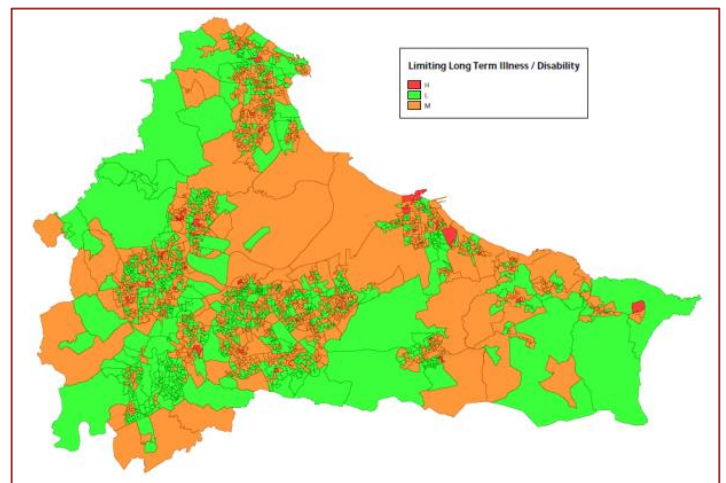
This is detailed in the adjacent local risk assessment map.

*Full details of LSOAs are provided to operational teams.*

### At Risk: Limiting Long Term Illness/ Disability

*(Included in risk assessment)*

Limiting Long Term Illness / Disability was added as a risk layer to incorporate increased levels of vulnerability and potentially an individual with a mobility issue. In such circumstances there is an increased likelihood of a fatality occurring should a fire incident occur.



In Cleveland area approximately 10% of the population have a limiting long term illness and 39 LSOAs are classified as high risk output areas, in terms of limiting long term illness, as detailed in the risk assessment.

This is detailed in the adjacent local risk assessment map.

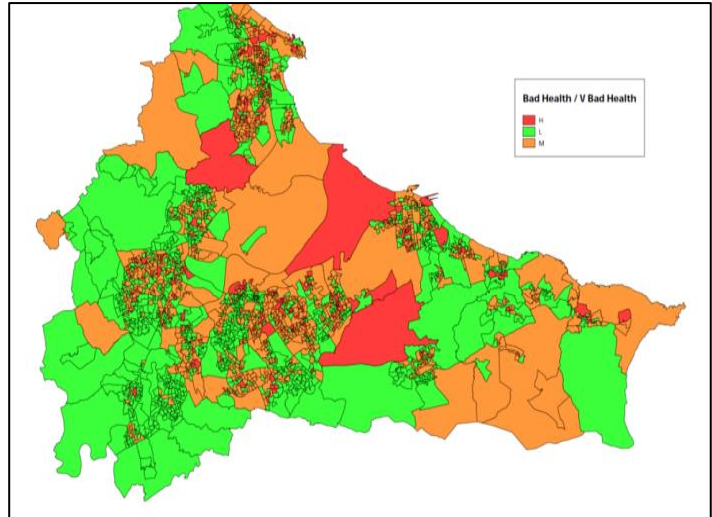
*Full details of LSOAs are provided to operational teams.*

### **At Risk: Bad Health/ Very Bad Health**

*(Included in local risk assessment)*

Bad Health / Very Bad Health is a risk layer added to the risk assessment process to include increased levels of vulnerability. In such circumstances there is an increased likelihood of a fatality occurring should a fire incident occur.

In Cleveland area approximately 11% of the population are classified as being in bad health or very bad health and 134 LSOAs are classified as high risk, in terms of very bad health, as detailed in the risk assessment.



This is detailed in the adjacent local risk assessment map.

*Full details of LSOAs are provided to operational teams.*

## Additional Contributing Factors

We are working with our partners to identify our very vulnerable members of the community to provide additional support. To date we have found the following areas of additional risk.

### At Risk: Asylum Seekers

*(Not included in local risk assessment)*

The total number of asylum seekers in receipt of Section 95 asylum support at March 2020 was 39,445 of whom 36,701 were in dispersal accommodation and 2,744 were receiving subsistence only<sup>5</sup>.

The following table profiles the number of asylum seekers (including dependents) in receipt of Section 95 asylum support across the North East.

	31 Mar 2018	31 Mar 2019	31 Mar 2020
Hartlepool	252	303	268
Middlesbrough	572	655	524
Redcar and Cleveland	74	70	108
Stockton-on-Tees	858	916	619
<b>Brigade</b>	<b>1,756</b>	<b>1,944</b>	<b>1,519</b>

### At Risk: Hidden Groups

*(Not included in local risk assessment)*

Our intelligence shows us that there are 'hidden' groups of people living within our community that are potentially at higher risk from fire related incidents. The numbers and whereabouts of these groups are however unknown. These include hoarders, modern slaves, trafficked individuals, illegal immigrants; and people who reside in overcrowded HiMOs. Our multi-agency partnership arrangements support the identification and addressing of these hidden risks on a reactive basis.

#### At increased risk?

- Hidden Groups
- Hard to reach groups
- Hoarders
- Overcrowding
- PV Solar Installations
- Refugees

### At Risk: Hard To Reach Groups

*(Not included in local risk assessment)*

Our intelligence shows us that there are 'hard to reach' groups of people living within our community that are potentially at higher risk from fire related incidents. These include those with language and cultural barriers; our transient communities and those suffering from mental health issues. Our multi-agency partnership arrangements support the identification of these hard to reach groups and work to remove any barriers to accessing these groups.

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<sup>5</sup> Home Office, Asylum seekers in receipt of support at end of period, by nationality, support type, and UK region



## At Risk: Hoarding

(Not included in local risk assessment)

Hoarding is a mental disorder that can be genetic in nature, triggered by traumatic events or a symptom of another disorder<sup>6</sup>. It's estimated that between 2% and 6% of adults in the US and Europe may have symptoms of hoarding disorder however the service is unable to identify all households where there are such hoarding issues.

Whilst symptoms will impact on both males and females, it's frequently seen more in males than females. Hoarding problems can be a problem at any age, but is seen more frequently in older adults (55-94 years of age) causing more potential issues in an increasingly aging community. In general, it's believed that hoarding problems first emerge in the teens and start interfering with life during the mid-20's, becoming a significant problem by the mid 30's. It's suggested that the severity of hoarding problems increases with every decade of life<sup>7</sup>. A multiagency approach is used to identify these individuals and when identified appropriate support provided.

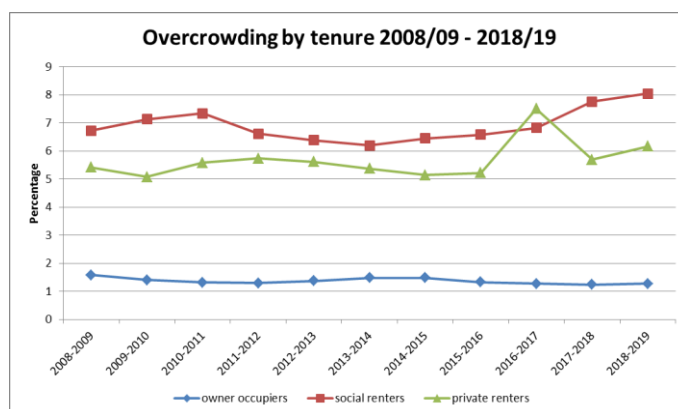
Over the past two years there have been **two occasions** where evidence of hoarding has been noted at a dwelling fire.

## At Risk: Overcrowding

(Not included in local risk assessment)

Overcrowding is a fire risk and figures collected by the English Housing Survey have shown an increase in overcrowding over the past two years. The IRS does not collect information about housing occupancy which means that additional investigation of this issue is still required<sup>8</sup>.

Data based on three year averages<sup>9</sup>



<sup>6</sup> National Fire Protection Association (<https://www.nfpa.org/public-education/by-topic/safety-in-the-home/hoarding-and-fire-safety>)

<sup>7</sup> Source: <https://www.ocduk.org/related-disorders/hoarding-disorder/>

<sup>8</sup> Home Office. Focus on Trends in Fires and Fire-related fatalities, 2017

<sup>9</sup> Ministry of Housing Communities and Local Government, English Housing Survey

## Fuel Poverty

*(Not included in risk assessment)*

Low income and vulnerable households may live in cold and unhealthy homes as a result of fuel poverty. Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator, which considers a household to be fuel poor<sup>10</sup> if:

- they have required fuel costs that are above average (the national median level); and
- were they to spend that amount, they would be left with a residual income below the poverty line

	% population in fuel poverty
Hartlepool	10.1
Middlesbrough District	11.9
Redcar and Cleveland District	10.3
Stockton District	9
<b>North East</b>	9.5

Middlesbrough District has the largest percentage of the population living in fuel poverty when compared with all Local Authorities in the North East of England.

## Food Banks

*(Not included in local risk assessment)*

The Trussell Trust<sup>11</sup> works to stop UK hunger and poverty supporting a nationwide network of food banks to provide emergency food to people locked in poverty. The following figures present the total number of 3 day emergency food supplies given to people in crisis. While this cannot be used to fully explain the scale of food bank use in the UK - as the figures only relate to food banks in the network rather than the hundreds of independent providers - they do provide some insight into the situation.

### *Number of 3 day emergency food supplies*

Year	UK	North East	% within North East
2016-2017	1,182,954	61,567	5.2
2017-2018	1,332,952	64,209	4.8
2018-2019	1,583,668	88,708	5.6
2019-2020	1,900,122	98,461	5.2

<sup>10</sup> Sub-regional Fuel Poverty England 2020 (2018 Data). Department for Business, Energy and Industrial Strategy

<sup>11</sup> [www.trusselltrust.org](http://www.trusselltrust.org)

## **PV Solar Installations**

*(Not included in local risk assessment)*

Approximately 1.5 million homes in the UK have PV Solar installations with a target of 2 million homes by 2020. This equates to 8.5% of all UK dwellings and applying this to the Cleveland area we would expect over 20,000 of our dwellings to be fitted by 2020. Figures available for 2018/19 suggest approximately 27,000 installations<sup>12</sup>

These solar installations are an emergent risk for the community and for firefighter safety with a number of potential safety hazards that result from:

- physical damage;
- vermin damage;
- weather events such as lightning, hail and water ingress;
- poor workmanship (installation);
- component failure (degradation).

The risk is essentially due to the fact *‘a solar panel will still produce power (at a reduced rate) even if the panel is damaged’* at a time when a firefighter could be dealing with an emergency incident within the building.

We are currently working to reduce the impact of any fire risks associated with implementation of PV Solar Installations.

## **Sleeping above commercial premises**

*(Not included in local risk assessment)*

Fire safety issues are inherent where there is sleeping above commercial premises. Implementation of effective fire safety measures is essential to improve levels of safety however evidence suggests this does not always happen. Increased community awareness and compliance with the legal requirements is addressed and monitored as part of our Risk Based Inspection Programme across Cleveland.

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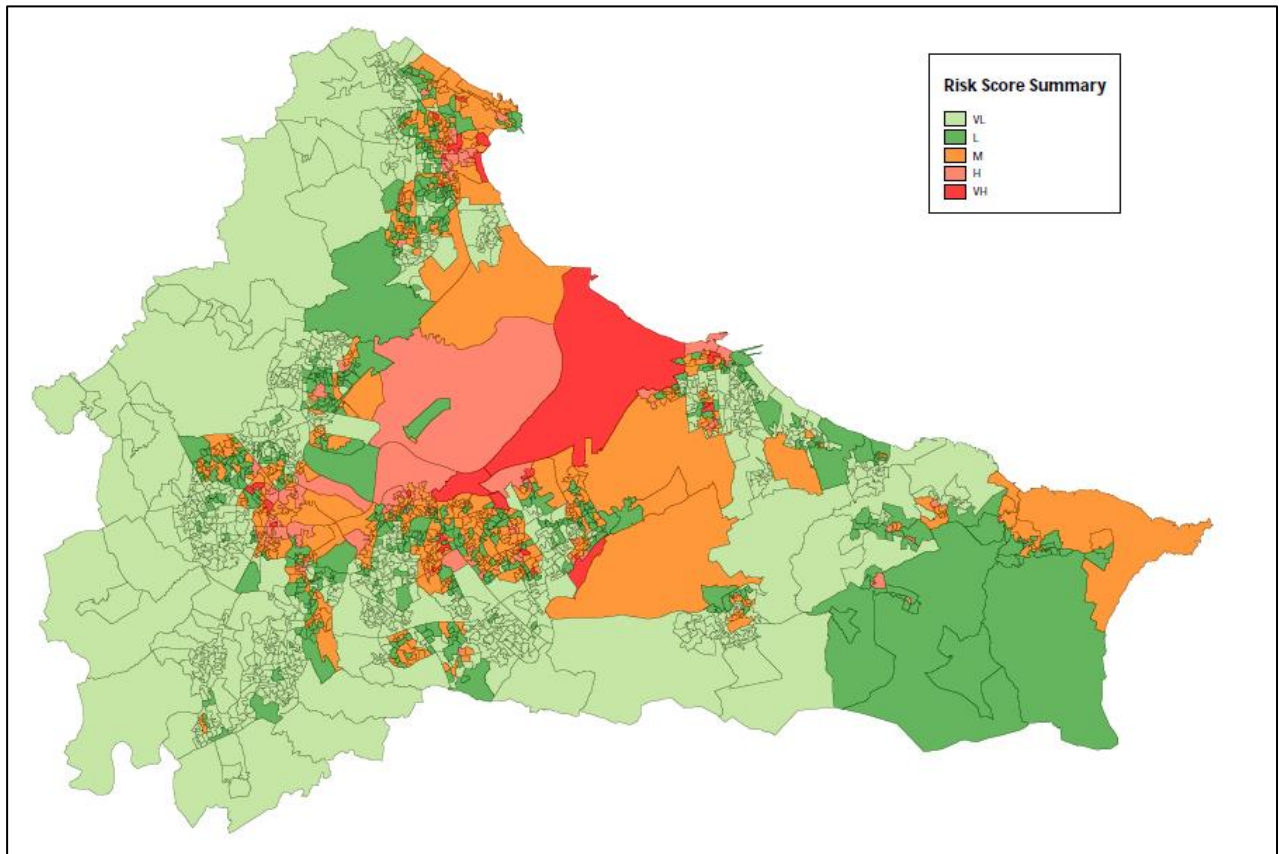
<sup>12</sup> Feed in Tariffs Sub National Stats, 2018/19

## Outcomes from Local Risk Assessment

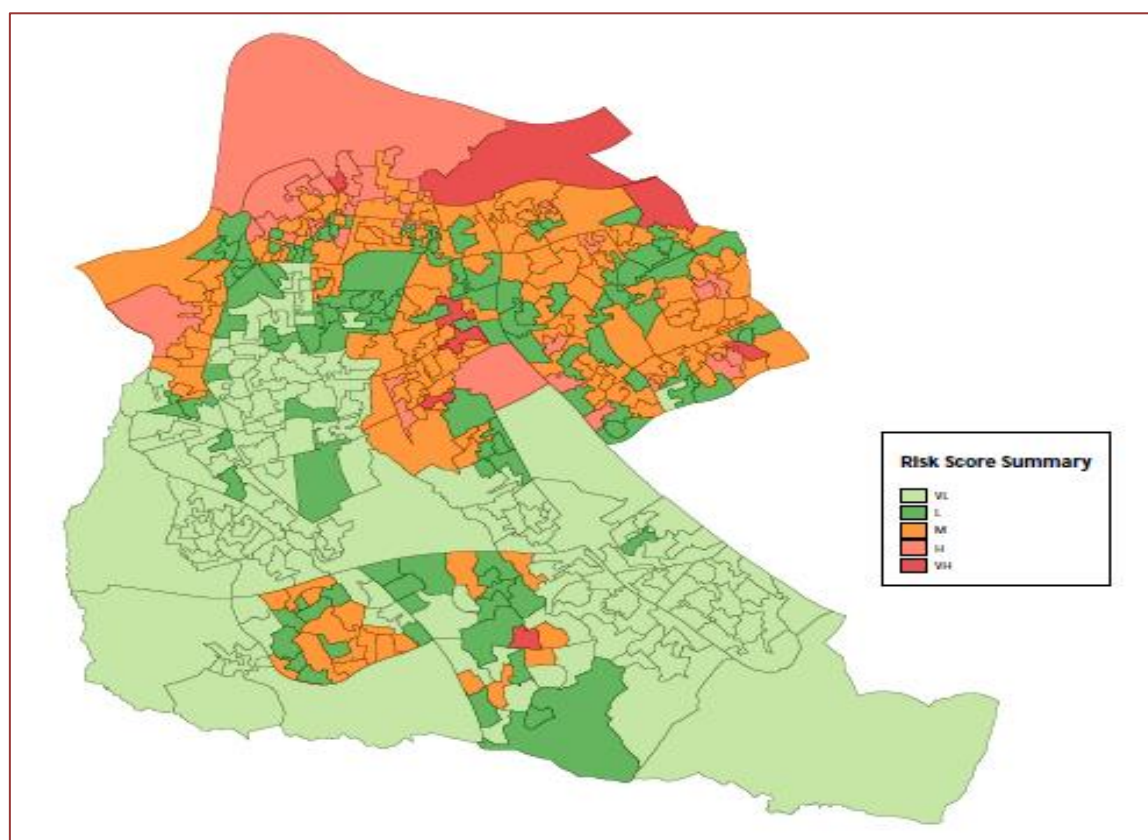
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The Brigade's Risk Management Process has been highlighted in this document. Our **Community Risk Assessment** directs our prevention and protection activities. The maps show the geographic location of our high, medium and low risk community risks in Cleveland at output area level. The district maps follow the Brigade map.

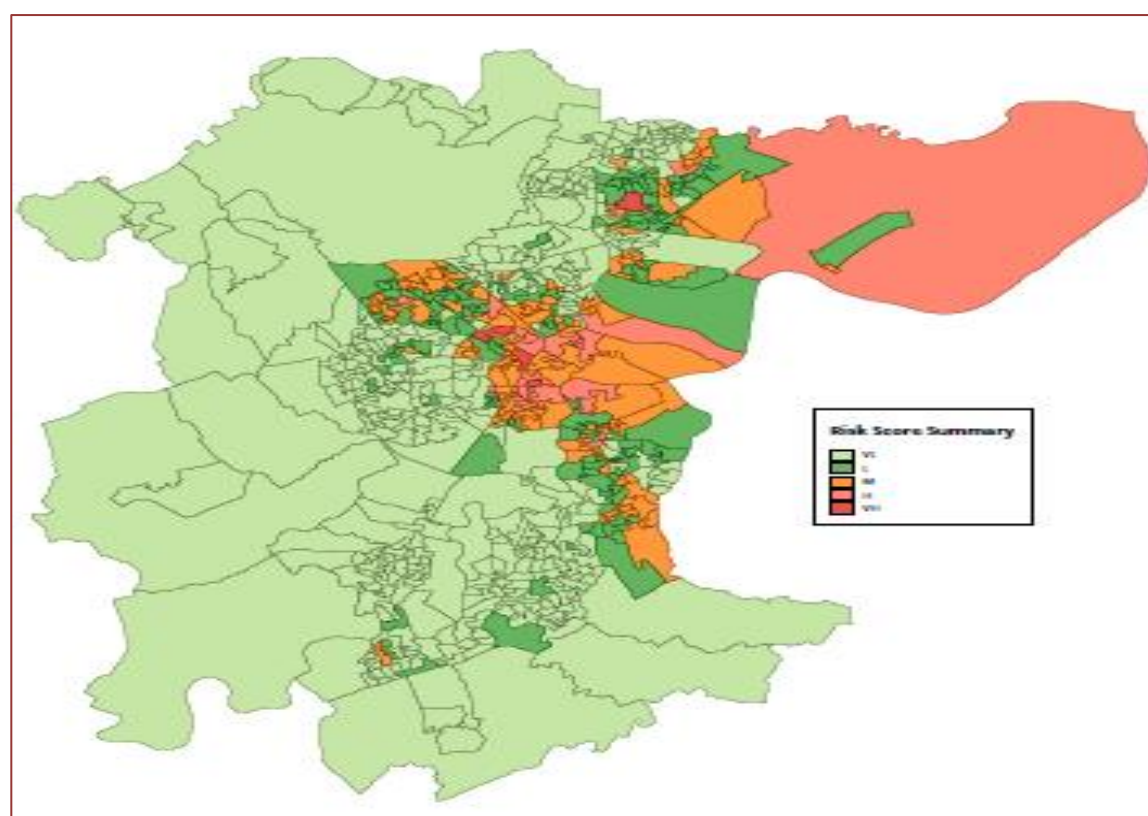
*Brigade: 2020-2021 Residential Building Local Risk Assessment by output area*



## Middlesbrough District

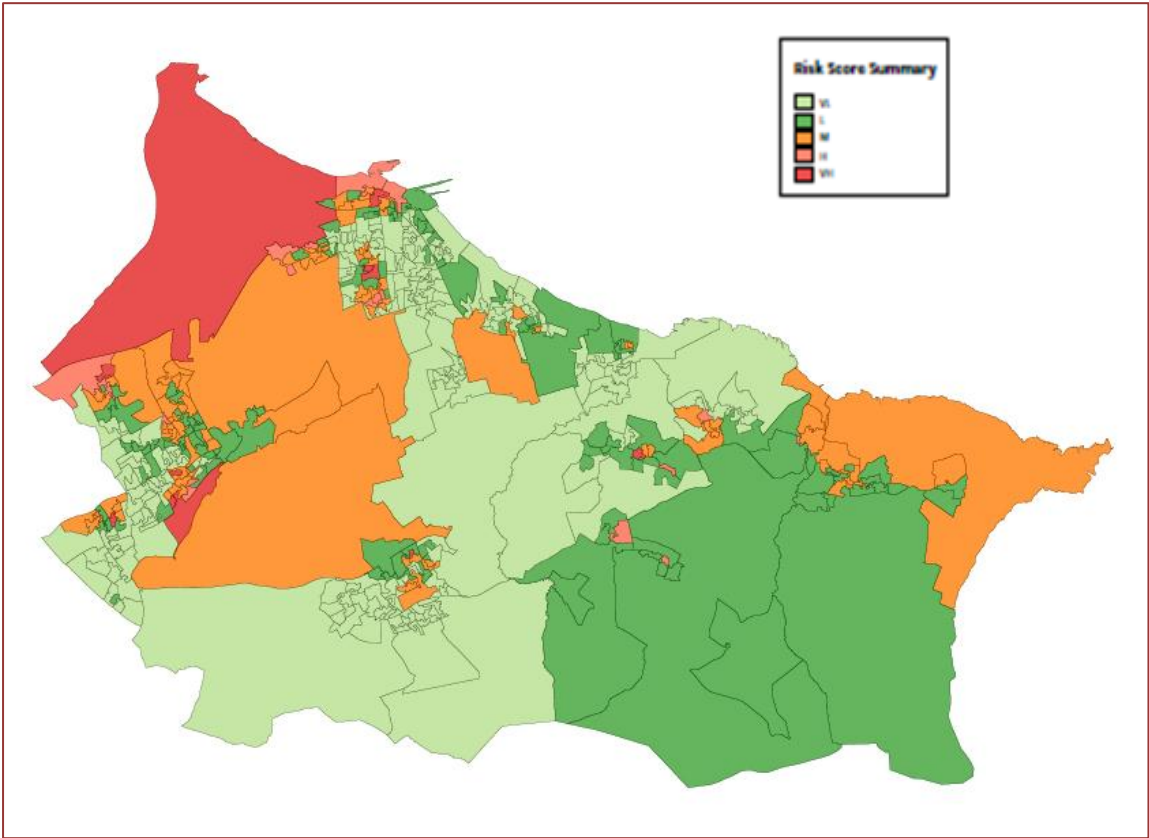


## Stockton District

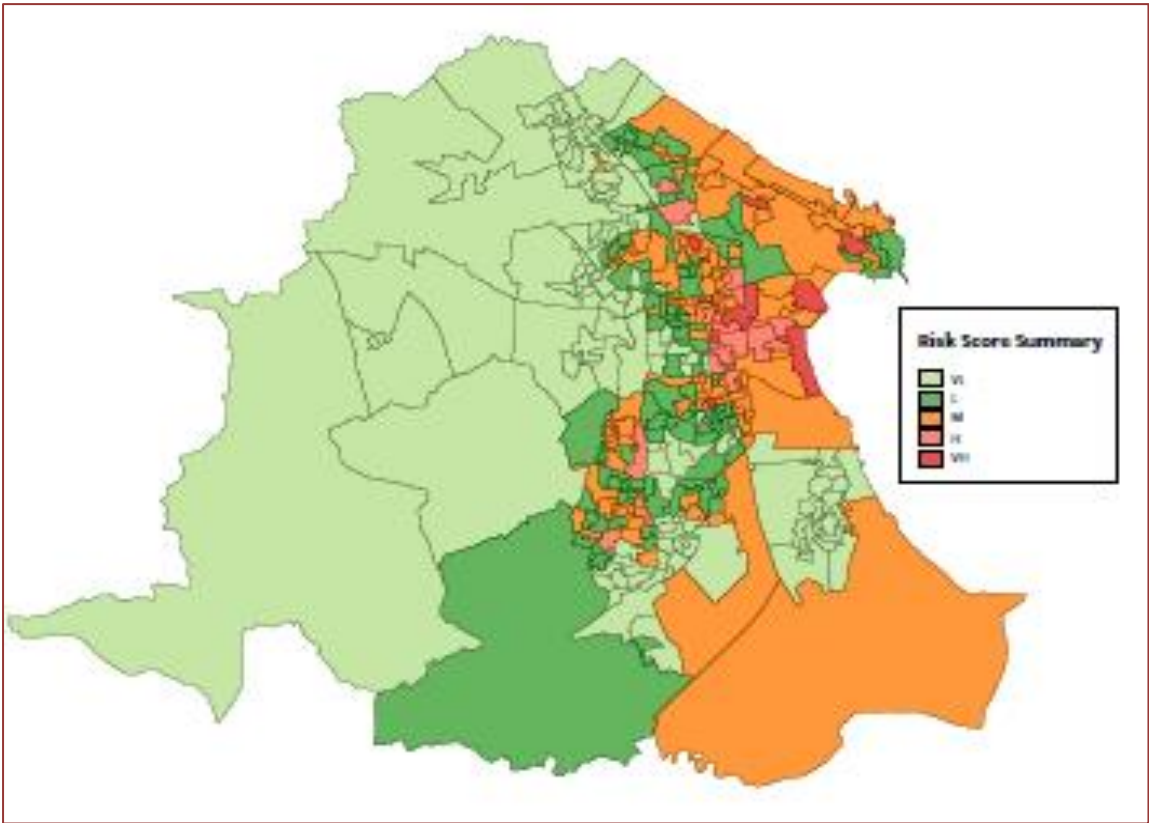




Redcar and Cleveland District

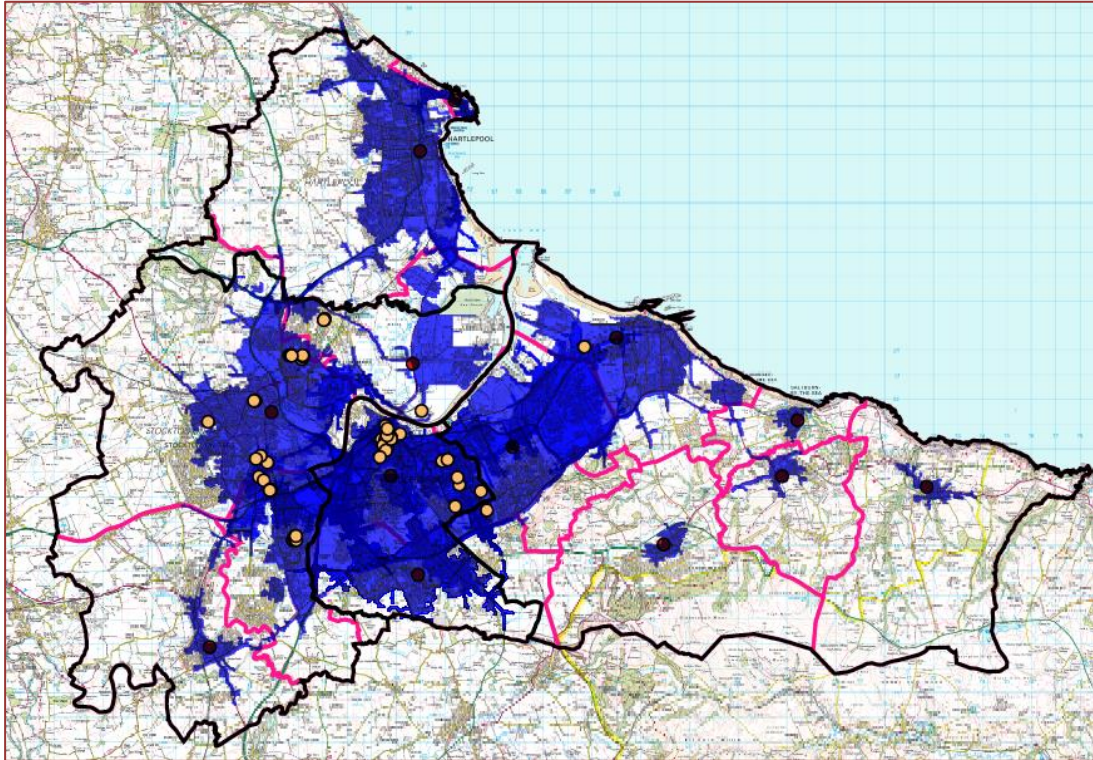


Hartlepool District



## High Rise Risk Assessment

The map shows the location of high rise premises overlaid onto the areas our appliances can travel to within seven minutes (blue highlighted areas). This shows all but one high rise premise can be reached within seven minutes.



Following the Grenfell incident in London in 2017 particular emphasis has been placed on high rise buildings. Within the Brigade area there are 46 buildings (residential or other use) that have been classed as high rise buildings (buildings containing dwellings 6+ storeys in height). If we utilise the Brigade's definition of a high rise building of above 4 storeys this number increases to 78.

## Industrial and Commercial Fires

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The risk of an industrial or commercial fire in Cleveland is **low**. Pockets of high risk do however exist across the area. The Brigade's Risk Based Inspection Programme is produced at individual property level to ensure the appropriate protection activities are targeted to those buildings of the highest risk.

*An industrial and commercial building is defined as a building, other than a dwelling, where there is a potential for significant loss of life and/or significant financial loss (source FSEC Toolkit). These buildings can be classed in the following way:*

- *sleeping risk – unfamiliar*
- *sleeping risk – familiar*
- *public unfamiliar*
- *workplace familiar*

Tees Valley<sup>13</sup> has world class expertise across a number of key sectors which are vital to the health of the northern and wider UK economies. The area has a particular concentration of employment in process, chemicals and the energy sector where employment levels are more than double the national average. Some sectors however are currently emerging as strengths such as logistics, business and professional services, while culture and leisure are under-represented when compared with the national average.

Tees Valley is currently home to over 15,000 businesses<sup>14</sup> with most being micro in nature (employing fewer than 10 people). Around one third of private sector workers however are in firms employing more than 250 staff and 28% work in very large companies employing over 500 staff<sup>15</sup>.

In the CFA area there are 14,782<sup>16</sup> industrial and commercial premises (including sites) located in both densely populated areas across the main towns of Middlesbrough, Stockton, Hartlepool and Redcar; and in rural, sparsely populated areas particularly in East Cleveland.

In 2019/20 we attended 64 Industrial and Commercial Fires (ICFs). As illustrated in the chart we have seen a 12% (7) increase in ICFs over the last year, a 3% (2) reduction over the last five years and a 20% (16) reduction over the last 10 years.

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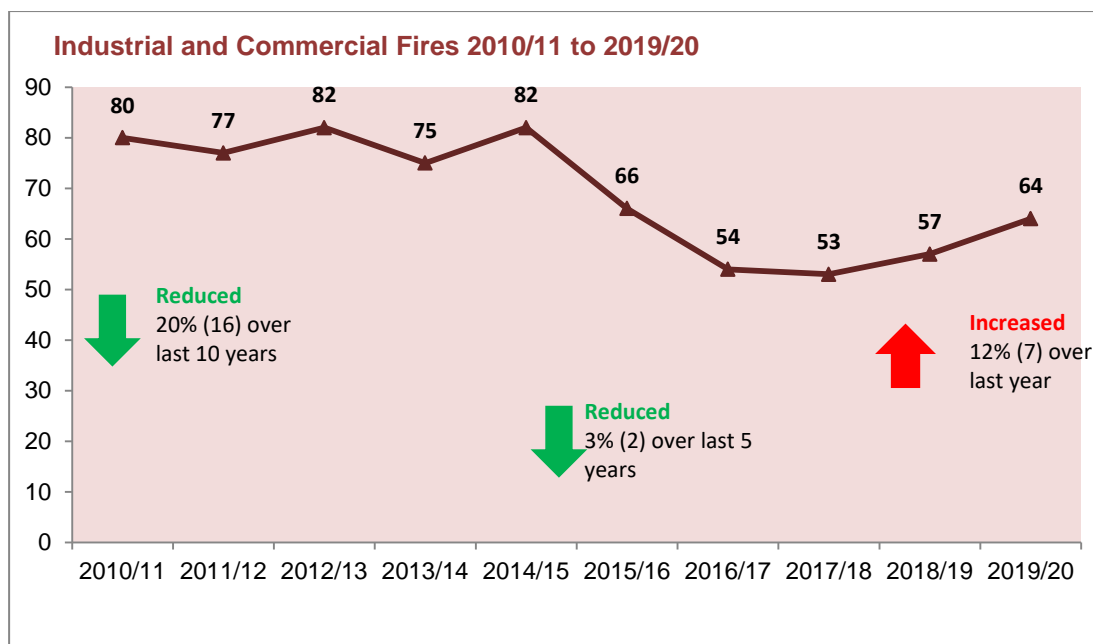
<sup>13</sup> Includes Darlington Local Authority

<sup>14</sup> No VAT and/or PAYE based enterprises, ONS 2020

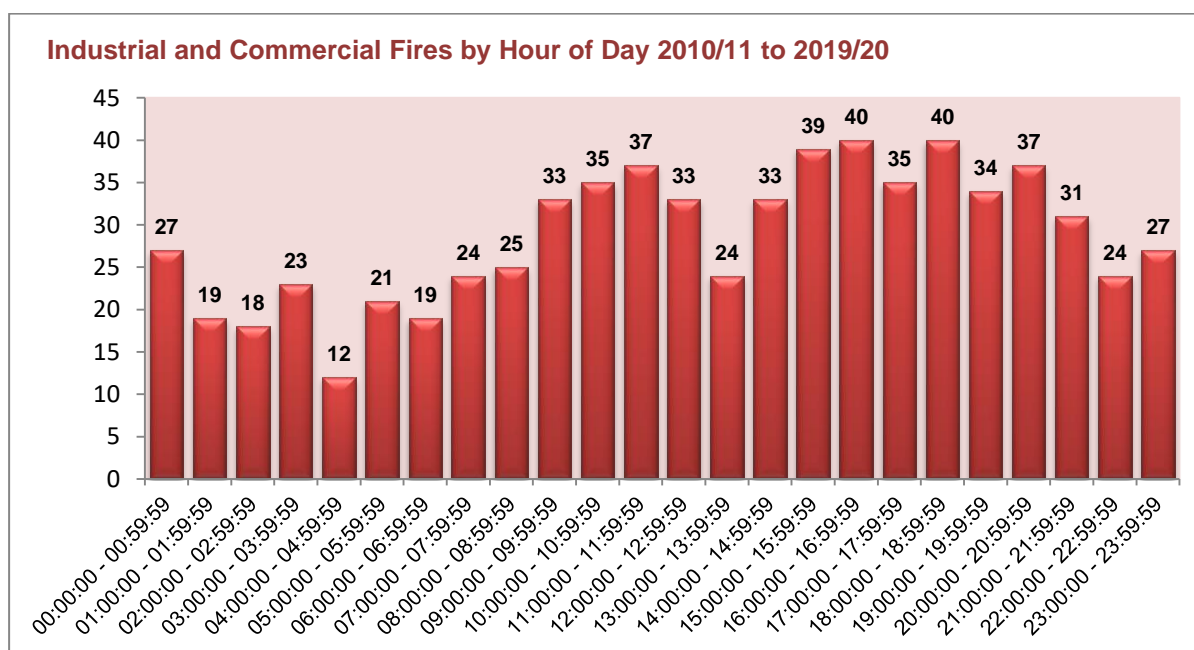
<sup>15</sup> Tees Valley Strategic Economic Plan 2016 - 2026

<sup>16</sup> Data from Fire Engineering 23<sup>rd</sup> October 2019

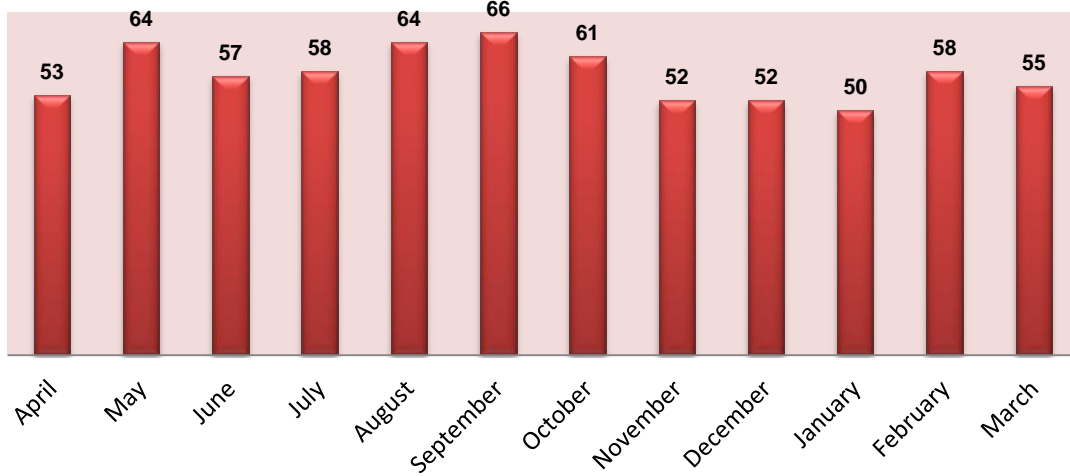




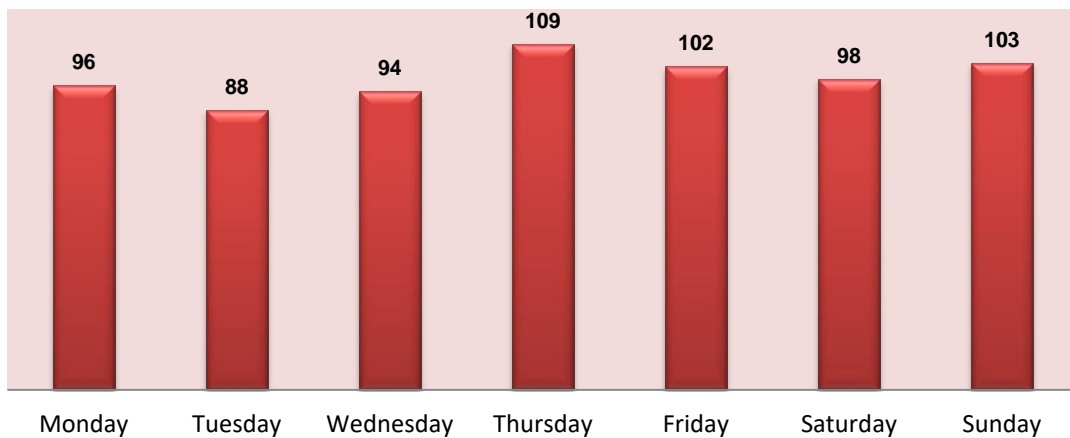
The following three charts provide a temporal profile of industrial and commercial fires across Cleveland over the past ten years.



**Industrial and Commercial Fire Incidents 2010/11 to 2019/20**



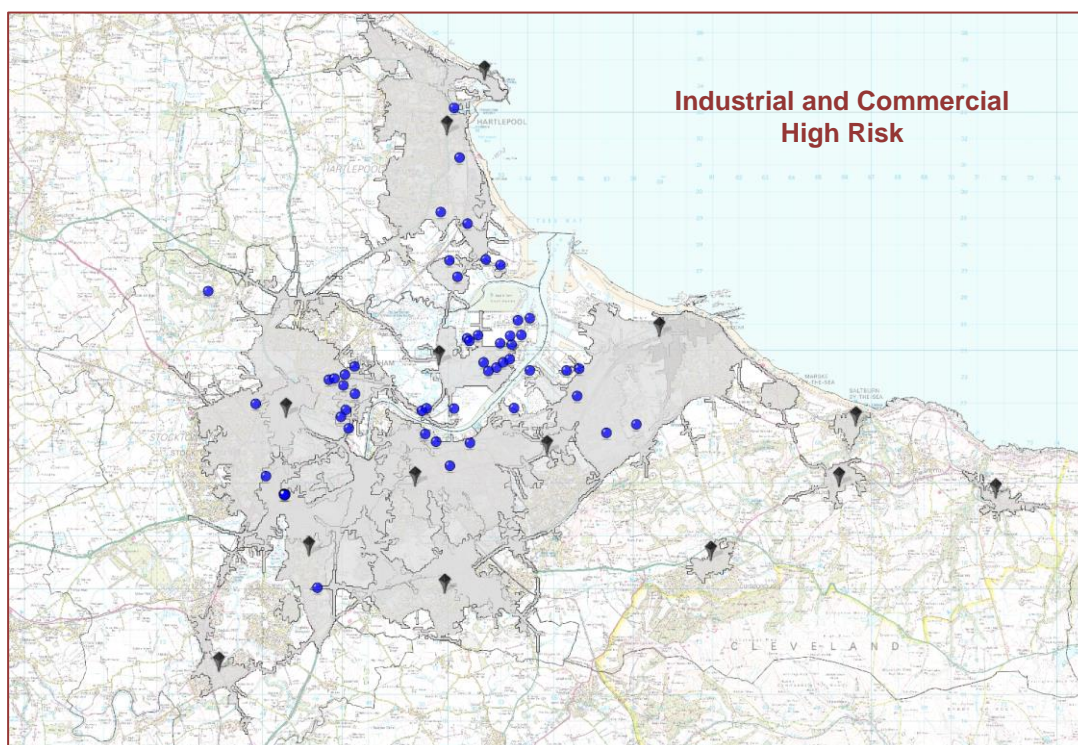
**Industrial and Commercial Fire Incidents 2010/11 to 2019/20**



### Summary

- **The risk of an industrial or commercial fire in Cleveland is low. Pockets of high risk do however exist across the area**
- The majority (43%) of ICFs occurred between 1000hrs to 1159hrs and 1500hrs to 2059hrs
- January is the month with the lowest number of fires involving I&C properties and September is the highest.
- I&C incidents are evenly spread across the days of the week with Thursday seeing a slightly higher number of incidents.

## Industrial and Commercial High Risk areas



## Premise Risk Profile

The current risk profile for the Brigade using the above methodology and taken from CFRMIS indicates that the Brigade's area has the following risk profile of premises.

	H	L	M	N	VL	Total
Assembly & Educational	1	115	277	8	197	598
High Rise = 4 to 6 storeys	2	15	13	4	3	37
High Rise > 6 Storeys	5	6	20	1	8	40
Institutional & Residential	0	377	518	16	38	949
Institutional & Storage	36	226	571	193	1077	2103
Office	5	204	449	92	1439	2189
Other Venues	0	3	16	27	5	51
Other Workplaces	2	119	198	41	568	928
Residential Other	1	821	929	23	64	1838
Shops & Licensed Premises	2	1154	1281	39	3573	6049
<b>Total</b>	<b>54</b>	<b>3040</b>	<b>4272</b>	<b>444</b>	<b>6972</b>	<b>14782</b>

## Prohibition/Restriction Notices

The Authority currently has 25 prohibition/ restriction notices and one enforcement notice in force. These notices relate to the building use as providing sleeping accommodation. To ensure the responsible person is compliant with the Notice regular visits and inspections are programmed in. Breach of the Notice is likely to result in the Authority undertaking a prosecution against the responsible person. The current prohibition/ restriction notices in place are as follows

Property Name		
Delhi Lounge	Holey Molies	Just Hair
Honeymoon Nails	Tees Valley Bed & Breakfast	Chaytor Leisure Ltd
Bubbles Hand Car Wash	Casanovas Pizza	Sunrise Chop Suey House
Clifton Lodge Veterinary Group	Base Camp (formerly The House of Blah Blah	Flats above Licensed premises.
Banana Leaf Buffet Restaurant	Contender Gym	Earth Spa & Wellness Centre
Parliament Road Butchers	Lee Garden Chinese Takeaway	Kowloon Chinese Takeaway
New China Buffet King	Wok 88	Marked For Life Tattoo Studio
The Grand Astoria	Leonardo's Pizzeria	Hilltop Hotel
HIMO above takeaway		

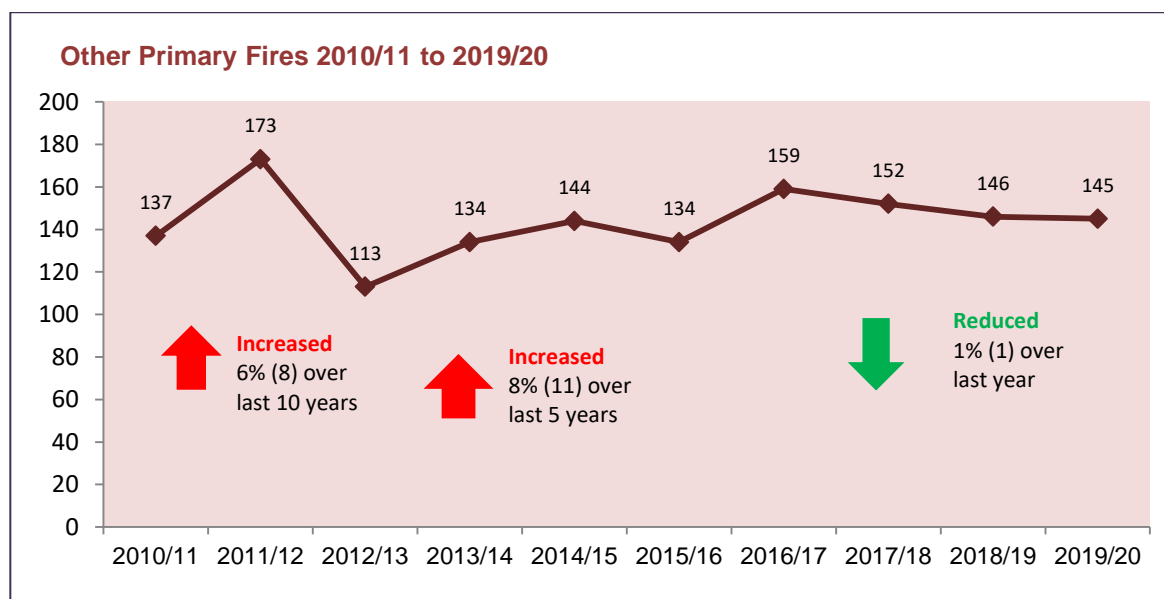
Data extracted 15<sup>th</sup> October 2020

## Other Building Fires

The risk of other building fires occurring across Cleveland is **Low**.

*Other Building Fires (OBFs) are those that have occurred in any asset of value and not included within the categories of dwelling, Industrial and Commercial or vehicle. These include such things as private garages, sheds, huts, recycling containers, allotments and portable temporary structures.*

In 2019/20 we attended 145 OBFs. The chart profiles a reduction 1% (1) in these fires over the last year, an increase of 8% (11) over the last five years and an increase of 6% (8) over the last ten years.



## Future Service and Risk Demand in the Property Environment

### Increase in Population

Cleveland's population is expected to increase by 1.5%<sup>17</sup> (10,100) from 567,718 in 2018 to 576,253 by the year 2043. Middlesbrough is estimated to experience a 1.3% reduction in population whilst increases are expected in Hartlepool (+0.7%), Redcar and Cleveland (+4.3%) and Stockton (+2%) over the same time period.

### Changing Age Profile

By 2043<sup>18</sup>, in Cleveland Fire Authority area, there is estimated to be:

- a 35% increase in people aged 65+
- a 3.9% decrease in people aged 60-64
- a 8.8% decrease in people aged 45-59
- a 0.1% decrease in people aged 30-44
- a 6.5% decrease in people aged 16 -29
- a 9.7% decrease in people aged 0-15

### Dwellings

The four Local Authority Plans indicate that there will be an increase of 34,300 dwellings across Teesside as follows:

- Hartlepool: 7,300 by 31/03/2022<sup>19</sup>
- Middlesbrough: 6,970 by 2029 and a further 1,630 post 2029;
- Redcar and Cleveland: 4,200 by 31/03/2022;
- Stockton: 14,200 by 31/03/2032

### Economic Strategy

The Tees Valley Combined Authority Economic Strategy sets a target to create 25,000 new jobs in 10 years and 2,000 new businesses by 2026 which could lead to increased number of industrial and commercial fires.

The Tees Valley is home to the biggest development opportunity in the UK in the form of the South Tees Development Corporation. This significant opportunity means that Tees Valley's private sector business and economic growth potential is amongst the greatest in the Country.<sup>20</sup>

### COVID-19

Despite all of the Local Authority Plans the impact of COVID-19 could see less business rates being received as a result of businesses having to close as well as less Council Tax received with new housing developments being postponed,

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<sup>17</sup> ONS Population Projections for Local Authorities in England May 2019

<sup>19</sup> Hartlepool Local Plan, May 2018

<sup>20</sup> Tees Valley Combined Authority Economic Strategy 2016-26

## Risks within the Transport Environment

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The risk of being involved in a Road Traffic Collision while traveling on the roads in Cleveland is **Medium**

Operating Category	Hazardous Event / Risk	Risk Level
Transport	Road Traffic Collisions	Medium
Special Risks	Rail Fire; Trapped	
	Aircraft Fire; Trapped	
	Water Vessel; Trapped	

### Road Traffic Collisions (RTCs)

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RTCs are those incidents involving motor vehicles and/or pedestrians **when we are called to attend**; we only attend a proportion of RTCs that occur, on average around 50% of RTCs. Our attendance is usually called to extricate people from vehicles, make vehicles safe and assist in clear up carriageways after RTCs. Nationally, RTCs are the most frequently attended non-fire incident by FRSS.

87%<sup>21</sup> of our working age residents work within the Tees Valley. There is a small net outflow of commuters, with 38,000 Tees Valley residents working outside of the area, and 35,000 Tees Valley workers travelling from other areas. The majority of the 248,000 people who live and work in Tees Valley, work within their district of residence, although there are substantial proportions travelling between districts.

Cleveland area has road networks of approximately 2,518km<sup>22</sup> which are a mixture of A class, B class and other roads with no motorways.

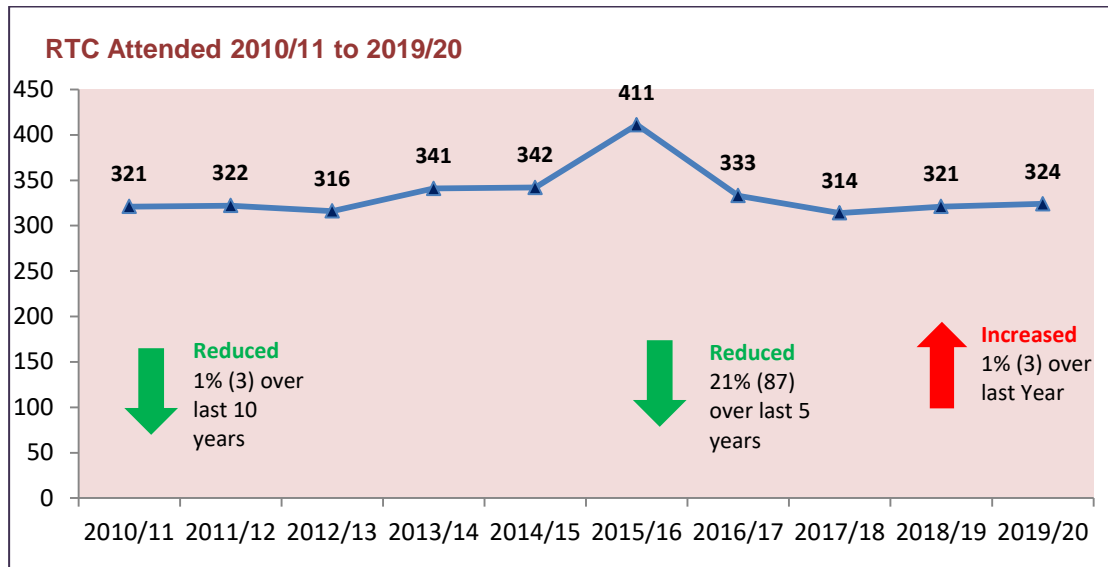
With the Tees Valley Combined Authorities plan to grow the region's economy creating 25,000 new jobs and delivering an additional £2.8b into Tees Valley by 2026 a Road Implementation Plan has been drafted. Journey to work patterns show 73% of all commuters travel by car which compares to the average for England of 62%. As employment grows these demands will increase.

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<sup>21</sup> Tees Valley Combined Authority Economic Strategy, 2016-26

<sup>22</sup> www.gov.uk/Department of Transport – Road Length Statistics, 2020

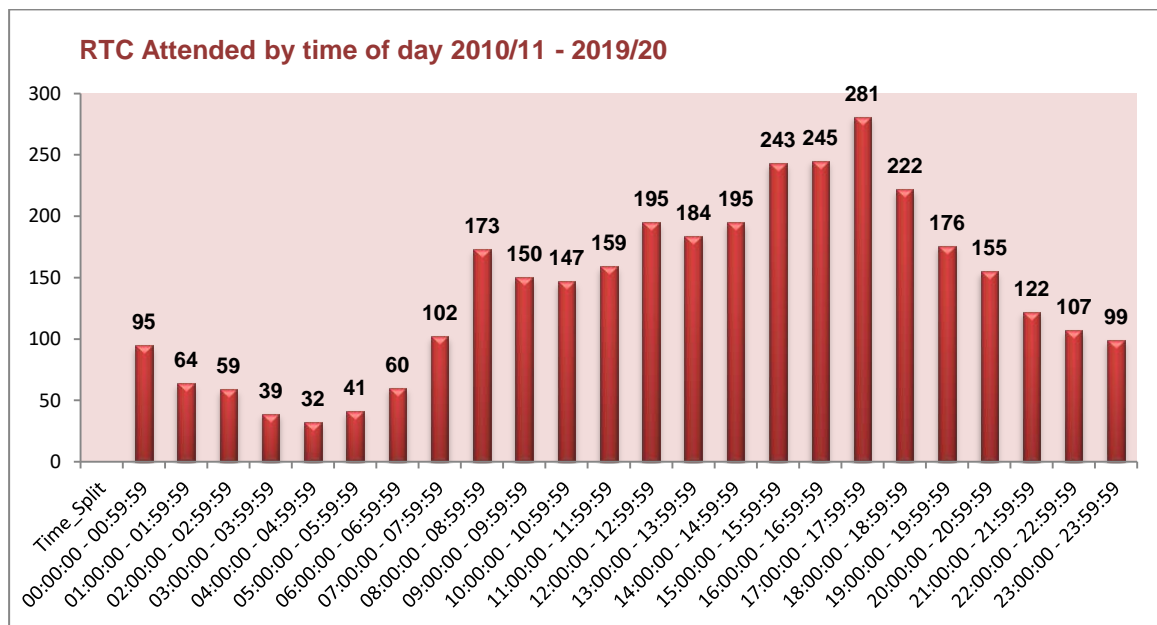
In 2019/20 we attended 324 RTCs.



There has been an increase of 1% RTCs over the last year; a reduction of 21% over the last five years and a reduction of 1% over the last ten years.

Nationally in 2019/20 there were 31,080 RTCs attended by Fire and Rescue Services, a decrease of 34 incidents when compared with 2018/19. There has been a 0.6% increase over the last 5 years<sup>23</sup>.

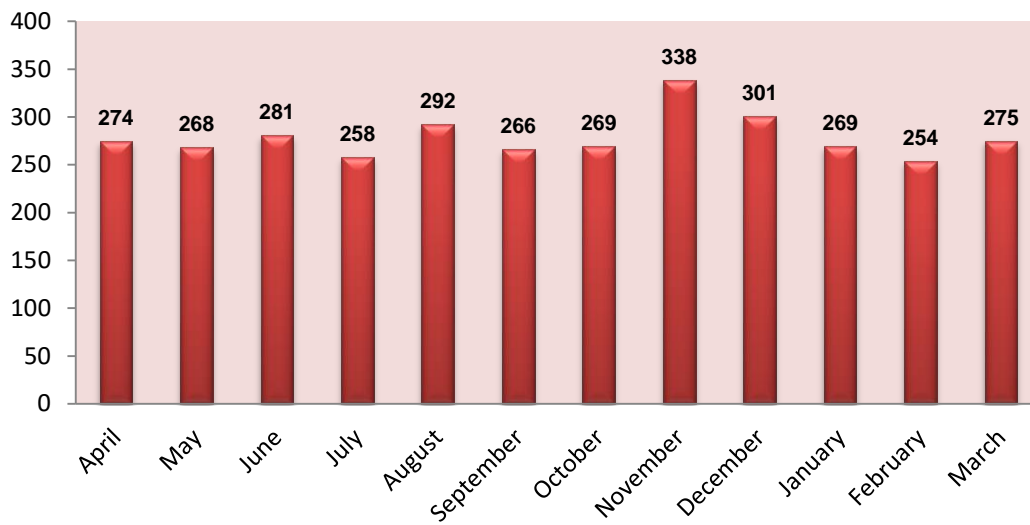
The following charts provide a temporal profile for the number of RTCs over the past ten years.



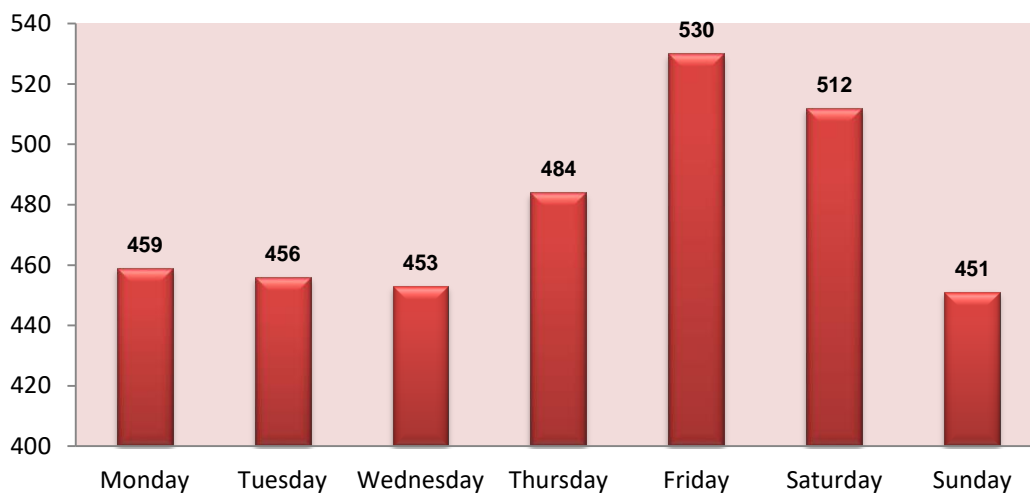
<sup>23</sup> Home Office Stats, FIRE 0901/19/20



**RTC Incidents Attended 2010/11 to 2019/20**



**RTC Incidents Attended 2010/11 to 2019/20**

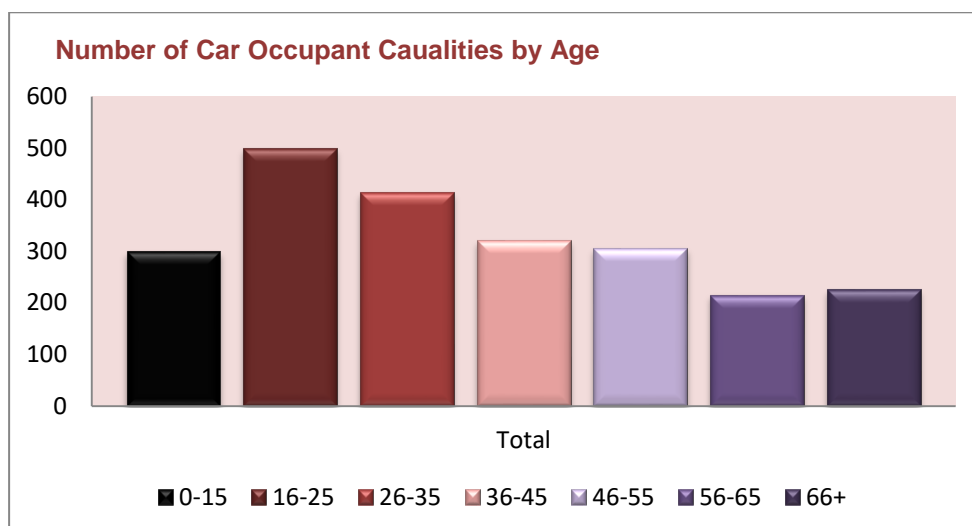


### Summary

- **The risk of being involved in a Road Traffic Collision while traveling on the roads in Cleveland is Medium**
- Incident numbers are fairly evenly spread over the year with November and December indicating slightly higher proportions of RTCs than other months.
- Sundays demonstrate lower numbers of RTC incidents, with Fridays and Saturdays being the most common days for RTC incidents.
- The majority (52%) of RTCs attended occur between 1100hrs to 1859hrs

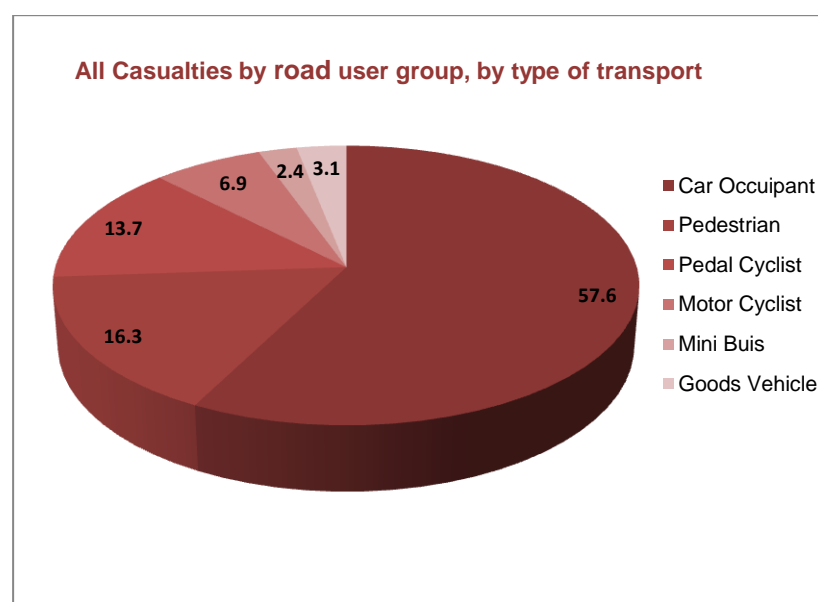
## Who is at Risk?

Analysis of casualty information for the last three years, provided by the North East Regional Road Safety Resource<sup>24</sup>, indicates that there are two age groups, 16-25 and 26-35 that incur the highest number of RTC injuries.

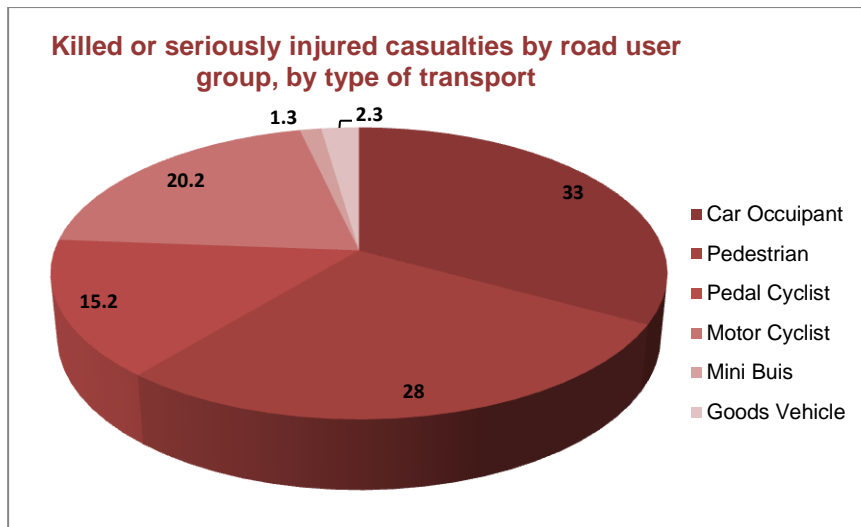


## Type of Vehicle

The type of vehicle you are in when an accident occurs can affect the severity of injury. The charts detail the proportion of all casualties by the type of vehicle involved and the proportion of these accidents which have resulted in serious or fatal injuries.

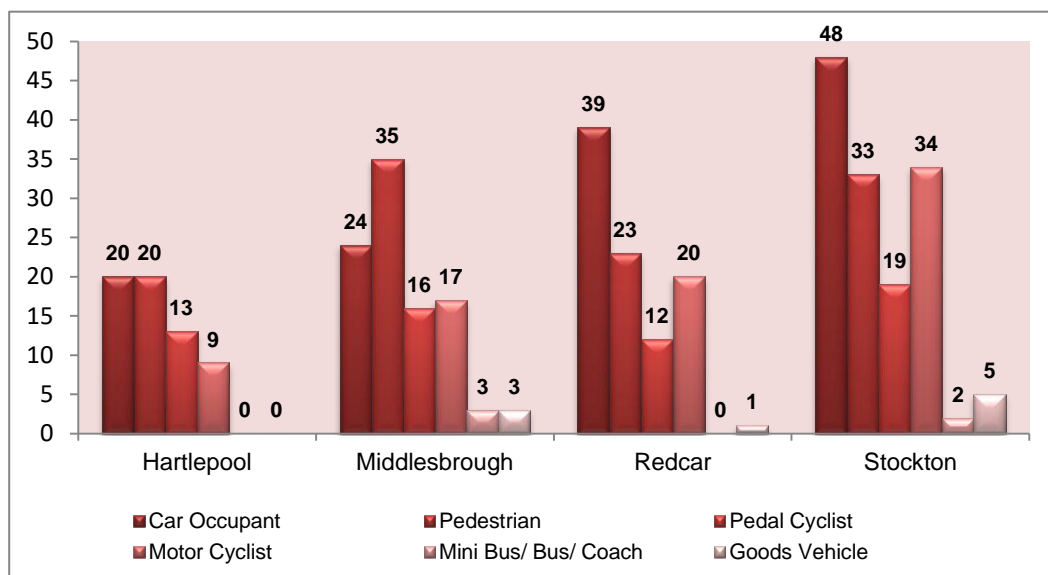


<sup>24</sup> Gateshead Council [www.neroadsafety.org.uk](http://www.neroadsafety.org.uk)



- 58% of all casualties involve a car, but, of these, only 33% involve fatalities or serious injuries;
- 7% of all casualties involve motor cycles but these account for 20% of the killed/seriously injured casualties;
- 16% of casualties are pedestrians but these account for 28% of the killed/seriously injured casualties.

The chart shows casualty (fatality and seriously injured) rates by type of transport across the local authority areas.



- Middlesbrough has proportionally more pedestrians killed/seriously injured than other districts.
- Stockton has a significantly higher proportion of motor cyclist serious injuries and fatalities than the other districts.

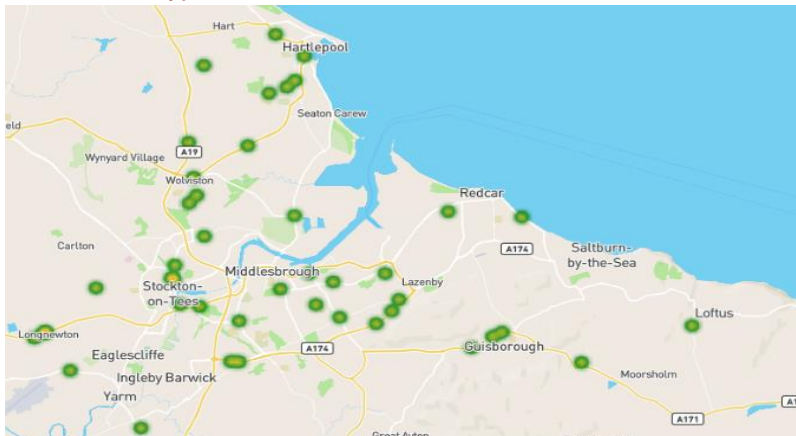
## Road Traffic Collisions

The following series of charts profile a variety of hotspot maps across the area for the past five years.

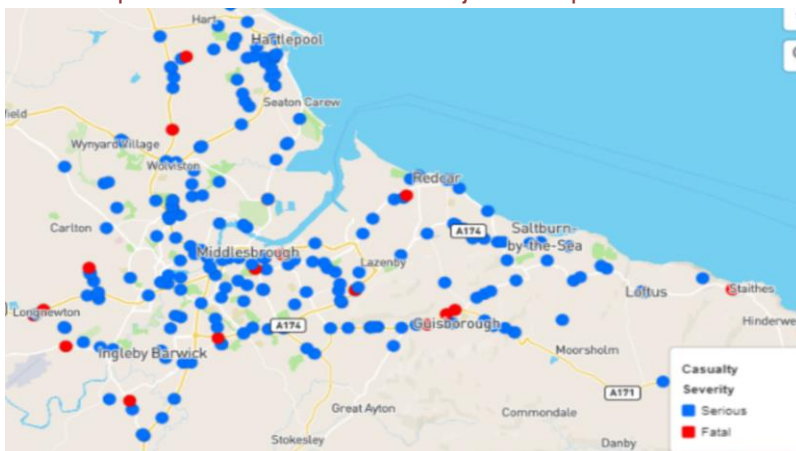
### Casualty hotspot data



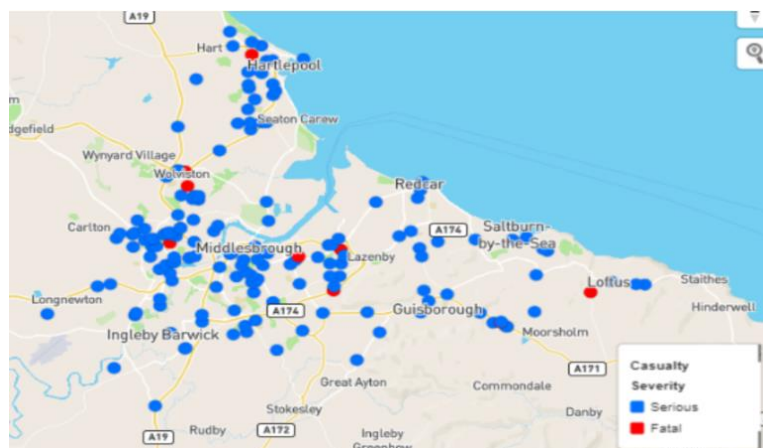
### Fatalities, all types



### Car Occupant Fatalities and Serious Injuries Map



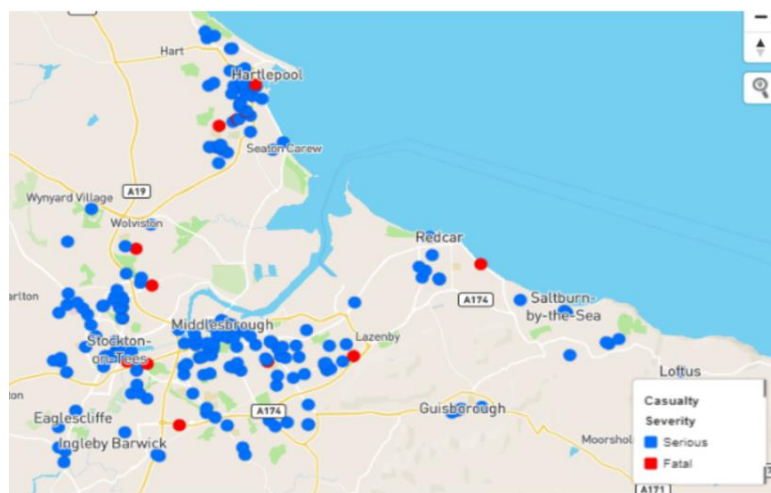
Motor Cycle fatalities and Serious Injuries map



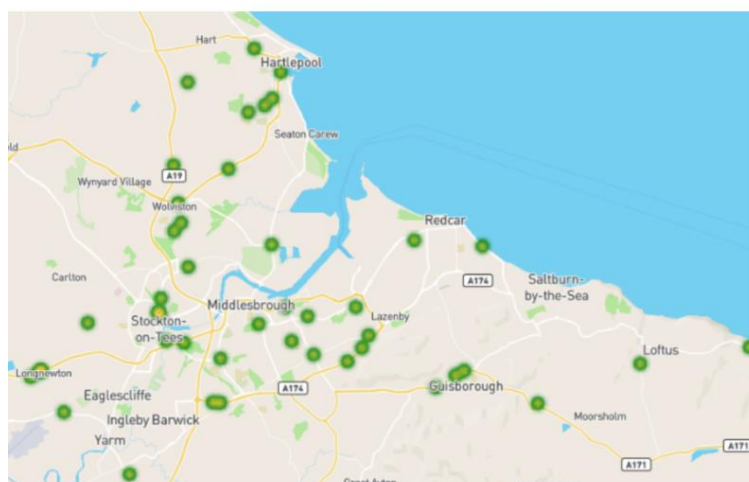
Pedal Cyclists Fatalities and Serious Injuries map



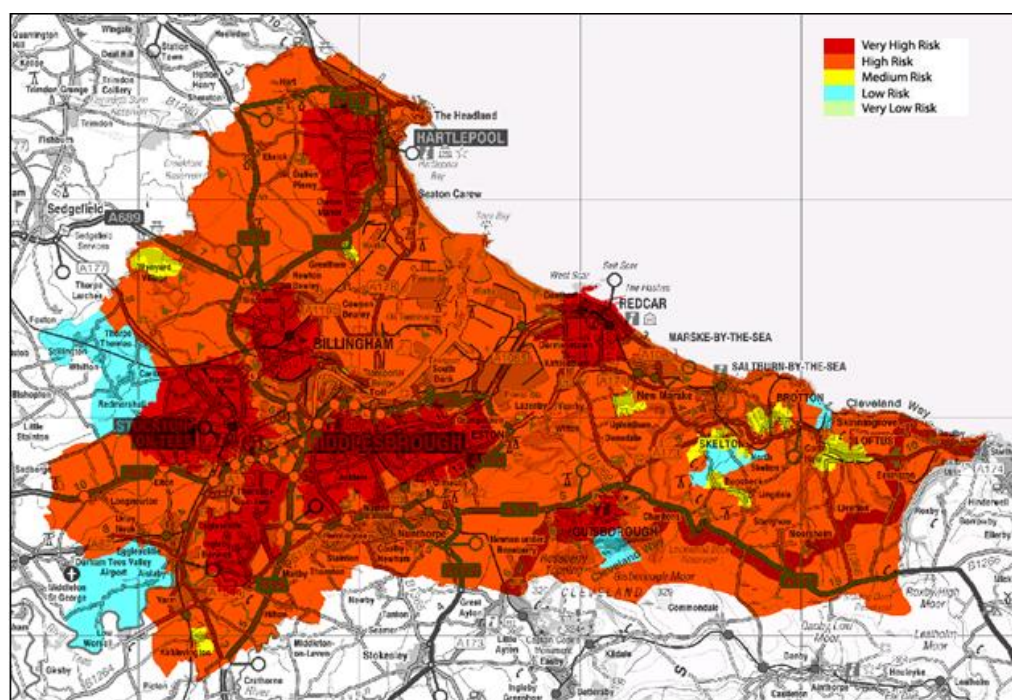
Pedestrian Fatalities and Serious Injuries map



## RTC Fatalities all types 2015-2020



## RTC Consolidated Local Risk Assessments (baseline of incidents attended)





## Rail Incidents

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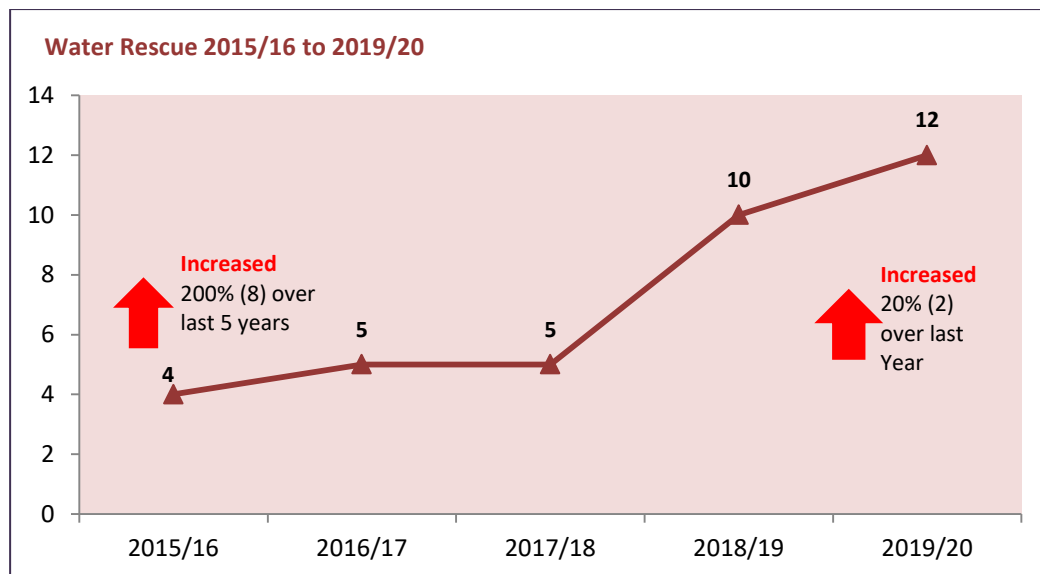
The rail network within Cleveland is a branch of the East Coast Rail line and conveys both cargo and passengers around the Tees Valley and wider afield. The Tees Valley Combined Authority published a Strategic Transport Plan in 2020. One supporting document of this transport plan is the Rail Implementation Plan 2020 which states how they aim to improve the local railways by having more, faster and better trains and stations so journeys by rail are quicker and more comfortable.

Over the last five years there have been zero fire incidents in relation to rail.

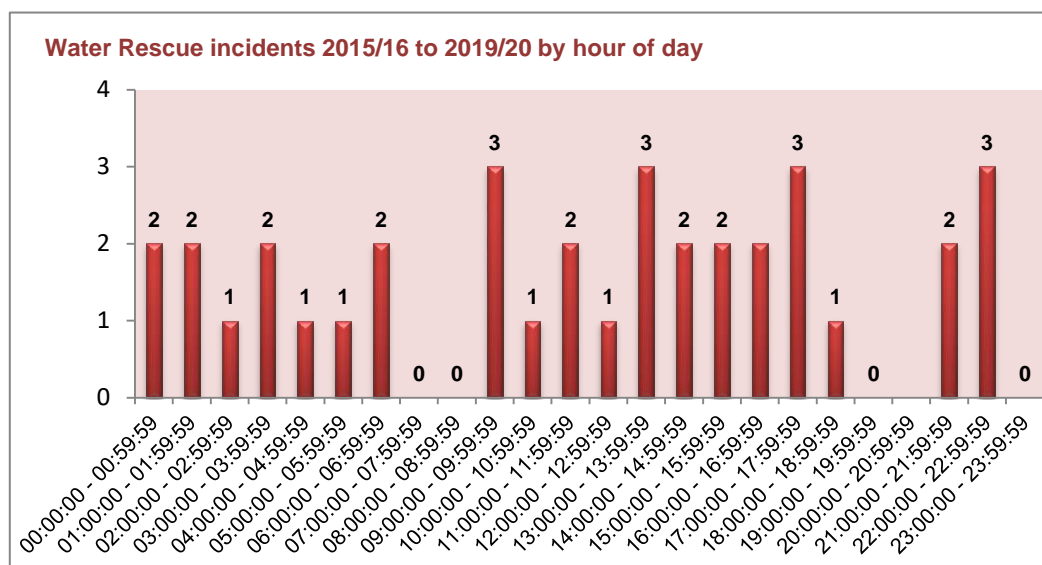
## Sea/River/Water Incidents

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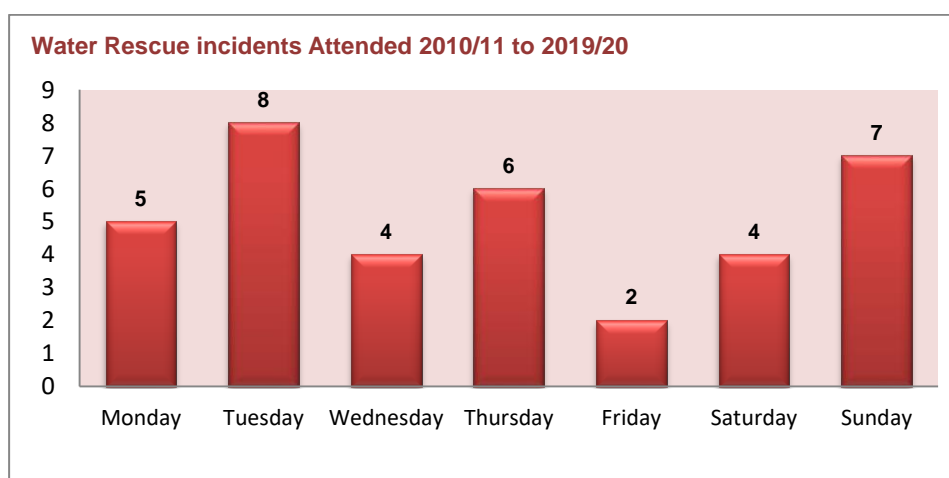
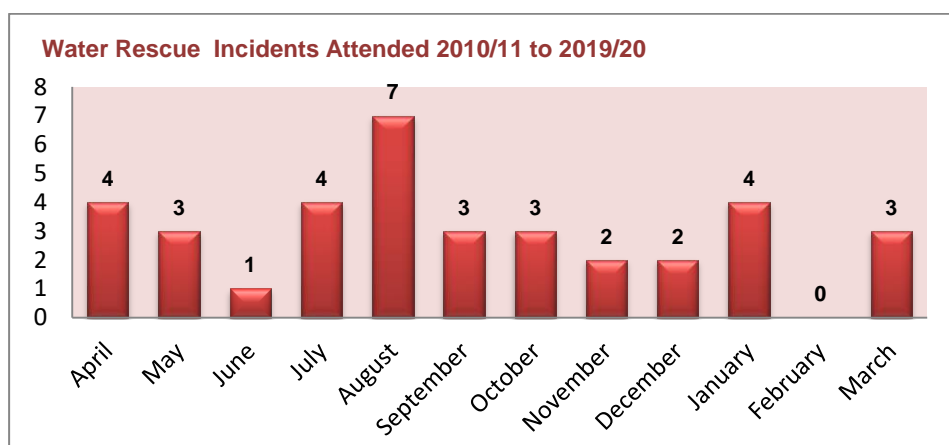
The eastern border of Teesside runs along the North Sea and the two main ports within the Brigade area are Hartlepool and Teesport. In 2019/20 we attended 10 water rescue incidents which is an increase of 5 since 2018/19 and an increase of 7 over the last five years.



The chart below shows the time of day when these incidents have occurred over the last five years. As illustrated numbers are extremely small which means it is difficult to identify any discernible pattern



August indicates a higher proportion of water rescue incidents but numbers are extremely small to enable any meaningful comparison





## Air Incidents

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Cleveland borders Teesside International Airport; one of the United Kingdom's smaller airports, offering links to three domestic/European destinations. The Brigade responds to any incidents at this facility in conjunction with County Durham and Darlington Fire and Rescue Service. In 2019 the Airport had 150,735 passengers (16,746 aircraft movements including small aircraft arrivals and departures).<sup>25</sup>

There is a helipad located at James Cook University Hospital (major trauma centre) which sees regular use.

Over the last five years there have been no incidents in relation to aircraft.

In 2019/20 we attended 8 standby incidents at James Cook hospital.

## Future Service and Risk Demand in Transport

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- The Tees Valley Combined Authority Transport Plan sets out the transport developments across the Tees Valley, the majority of which are around addressing current/existing road network capacity problems (pinch points) and developments to support economic growth and large scale housing developments. The plan also indicates investment to create new bulk rail freight capacity to serve Teesport and promote the ports expansion – funding is in place to more than double existing container rail capacity.
- With the airport now under public ownership, the long-term aspirations are to increase passenger numbers. A 10 year blueprint has been drawn up aiming to bring in as many as 1.5m passengers.
- As previously highlighted the ONS Population Projections show an expected 1.5% increase in people in Teesside by the Year 2043 and an increase of people over the age of 65 years of 35%. We can therefore assume that there will be an associated increase of road users; specifically over 65.

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<sup>25</sup> [www.wikipedia](http://www.wikipedia)

## Risks within the Industrial Environment

Operating Category	Hazardous Event / Risk	Risk Level
Industrial	High Hazard Fire	Low
	High Hazard Toxic Release	Medium
	High Hazard Trapped Person	Medium
	Industrial High Hazard Radiation	
	Industrial High Radiation	

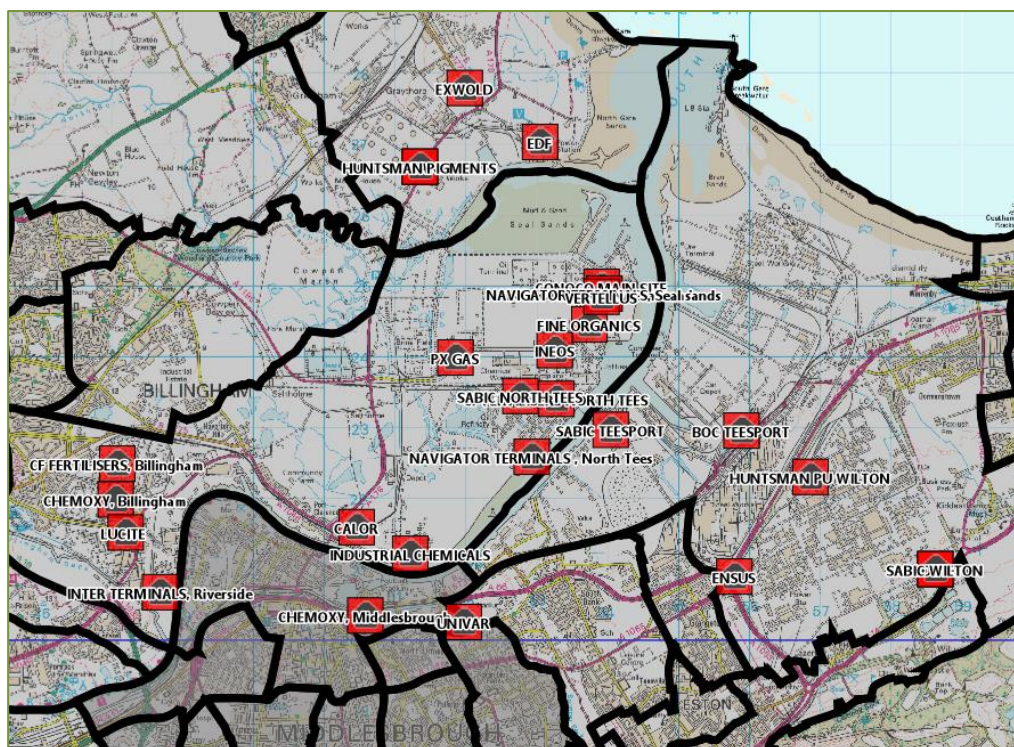
There are several pieces of legislation that place a duty on CFB to protect lives, property and the environment from the damaging effects of hazardous materials. We work very closely with partner organisations, particularly the Environment Agency (EA), to try to reduce the impact caused by hazardous materials.

There are a number of other associated risks from hazardous materials, with some examples being Control of Major Accident Hazards (COMAH) sites and a multitude of other industrial sites. There are also a number of high-pressure natural gas transmission pipelines crossing the region. This hazard arises from the high pressure and the possibility of fire and explosion from a release if one of the pipelines failed or sustained damage.

The following table lists the High Hazard Sites across Cleveland.

BOC Limited
Calor Gas Limited
CF Fertilisers UK Limited
CF Fertilisers UK Limited
CF Fertilisers UK Limited
Chemoxy International Limited Now Sequens
Chemoxy International Limited Now Sequens
ConocoPhillips Petroleum Company U.K. Limited
ConocoPhillips Petroleum Company U.K. Limited
Ensus UK Limited
Exwold Technology Limited
Fine Organics Limited Now Lianhetech
Huntsman Polyurethanes (UK) Limited
Industrial Chemicals Limited
INEOS Nitriles (UK) Limited
Inter Terminals Riverside Limited
Lucite International UK Limited
Navigator Terminals North Tees Limited
Navigator Terminals Seal Sands Limited
px (TGPP) Limited
SABIC UK Petrochemicals Limited
SABIC UK Petrochemicals Limited
Seal Sands Gas Transportation Limited (SSGTL)

SNF Oil and Gas Limited
South Tees Site Company Limited
Univar Limited
Venator Materials UK Limited
Vertellus Specialities UK Limited
Wood Group PSN Limited (CATS Terminal)



The Brigade has liaised with all of the High Hazard Installation sites in the area to undertake Industrial and Commercial Reviews. This resulted in the development of Reasonable Worst Case Planning Scenarios (RWPCS) being identified specific to the needs of each site.

Due to the large number of appliances identified as being required under the RWPCS, and hence the distance of travel from across the Cleveland Fire Brigade areas for some of these appliances, it was identified that a response standard for High Hazard Industrial sites should be an average of 20 minutes for resources to arrive.

## Risks within the Neighbourhoods and Environment

Operating Category	Hazardous Event / Risk	Risk Level
Neighbourhoods & Environments	Nuisance Fires	Medium
	Flooding	Low
	Trapped animals	Low
	Vehicle Fire	Medium
	Drowning	Low
	Wildfire	
	Waste Sites	
	Heritage	

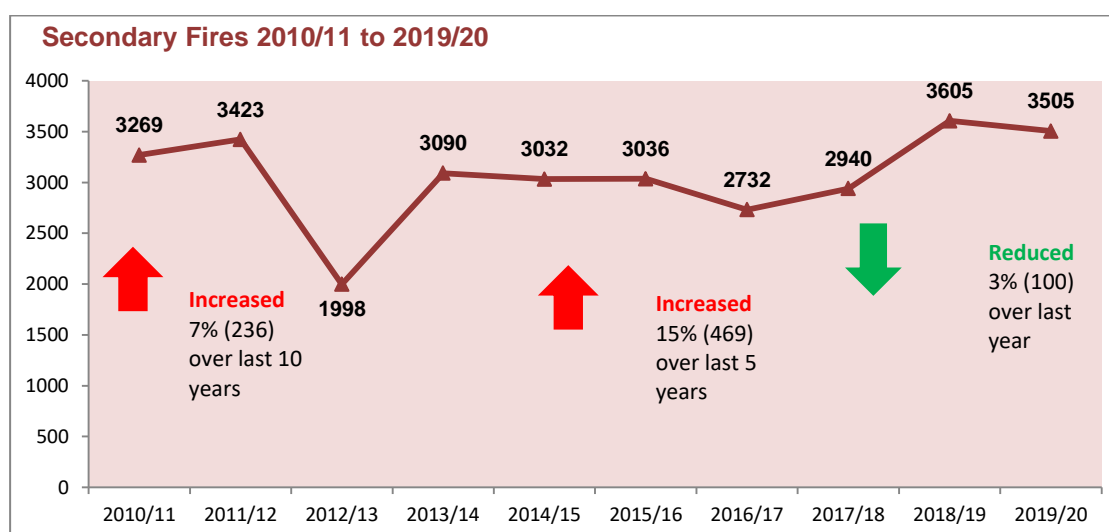
### Nuisance Fires

The risk of nuisance fires to residents of Cleveland is **Medium**

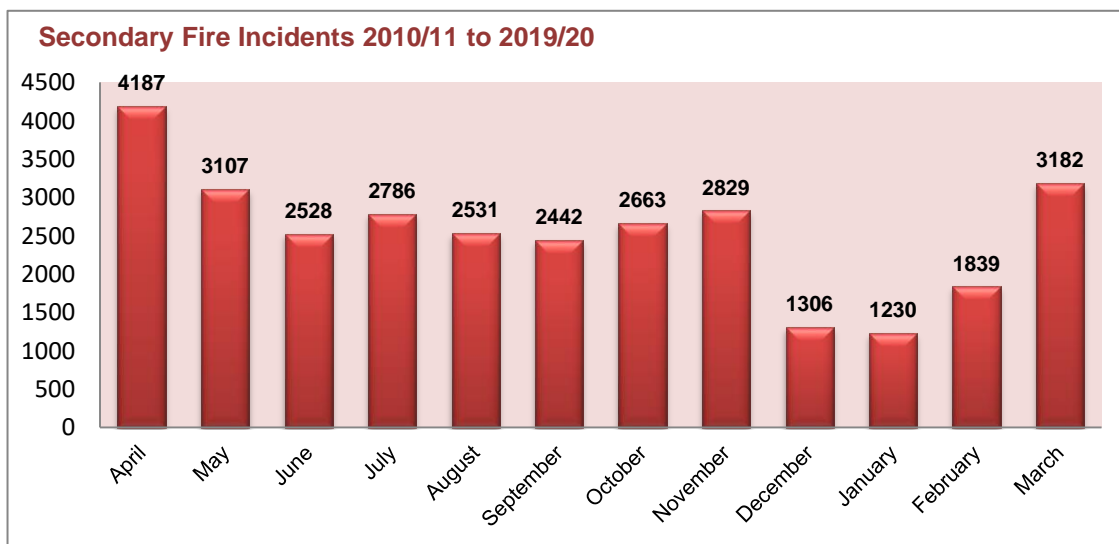
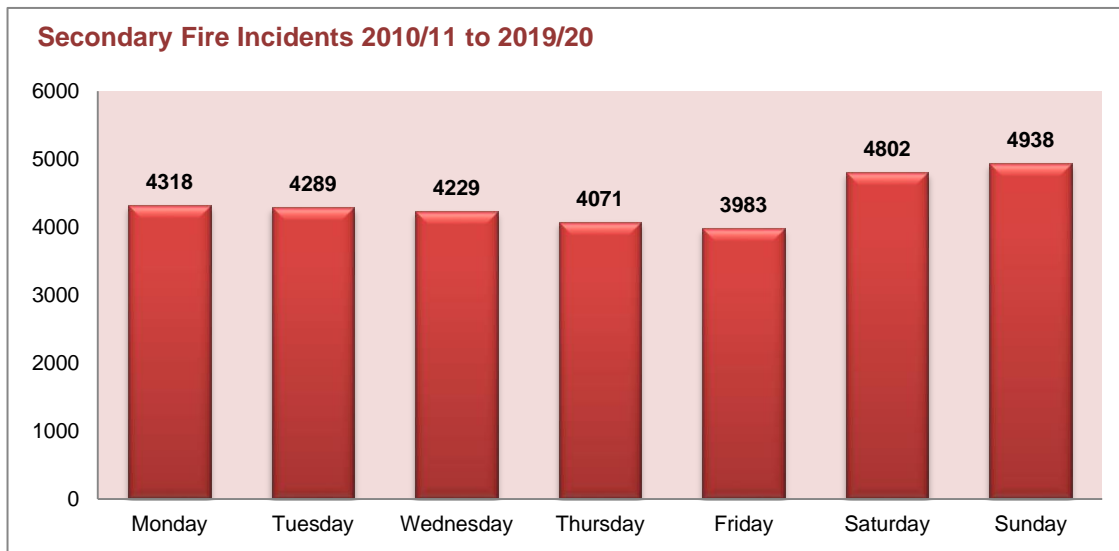
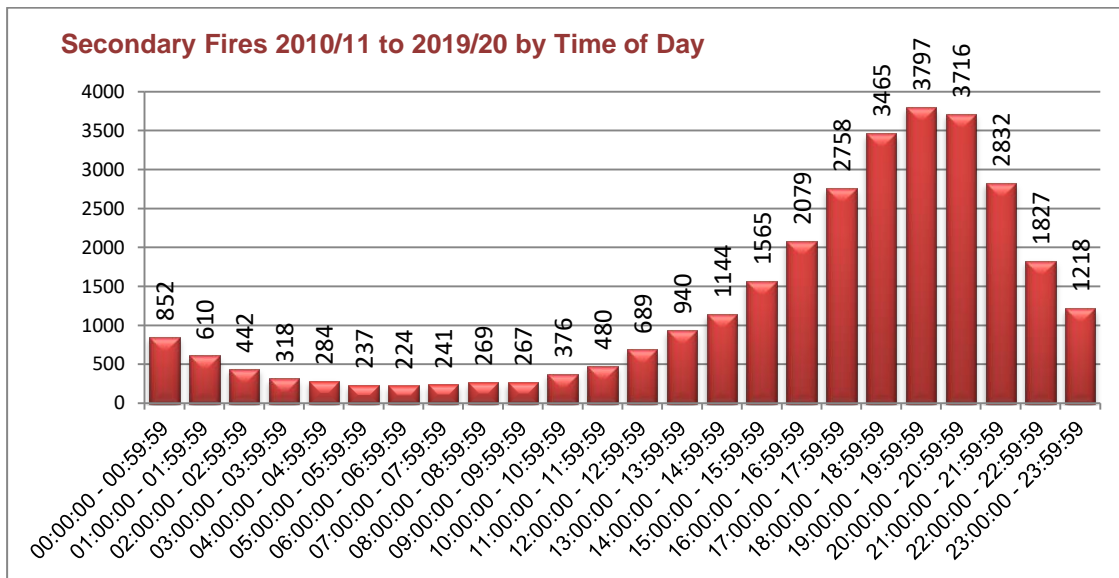
*These fires do not occur in property e.g. grass/refuse/wheelie bins and can be classed as nuisance fires as they cause a blight to the areas they occur although they do not cause injury or loss of life. Although there may be less damage incurred by nuisance fires than fire, the impact of nuisance fires on CFB is substantial.*

In 2019/2020 we attended 3,505 secondary fires which represented 41% of all our incidents. Over the last 5 years secondary fires represented 35% of our incidents.

The chart illustrates a reduction of 3% (10) of secondary fires over the last year. The number of secondary fires has increased by 15% over the past five years and by 7% over the past ten years. During the last 10 years 82% of secondary fires were deliberate.



The following charts provide a temporal profile of nuisance fires over the past ten years.

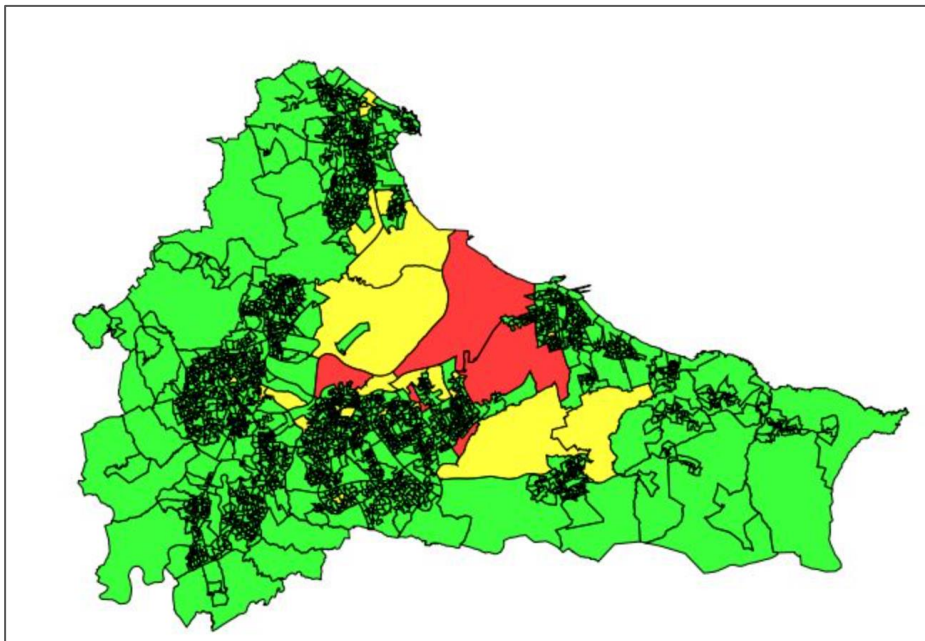


### Summary

- The risk of nuisance fires to residents of Cleveland is **Medium**
- The majority of secondary fire incidents occurred between 1600hrs and 2159hrs.
- March, April and May demonstrate the highest number of secondary fire incidents.
- Incidents are evenly spread over the days of the week with weekends showing slightly higher proportions of incidents.

Nationally in 2019/20 there were 82,150 secondary fires, which is a decrease of 22.7% compared to 2018/19.

### Secondary Fire Risk Assessment

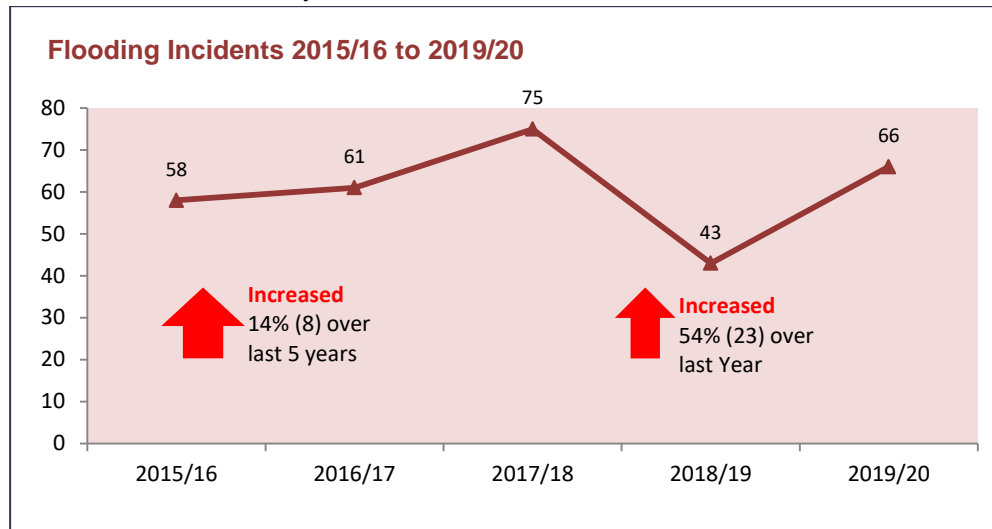




## Flooding

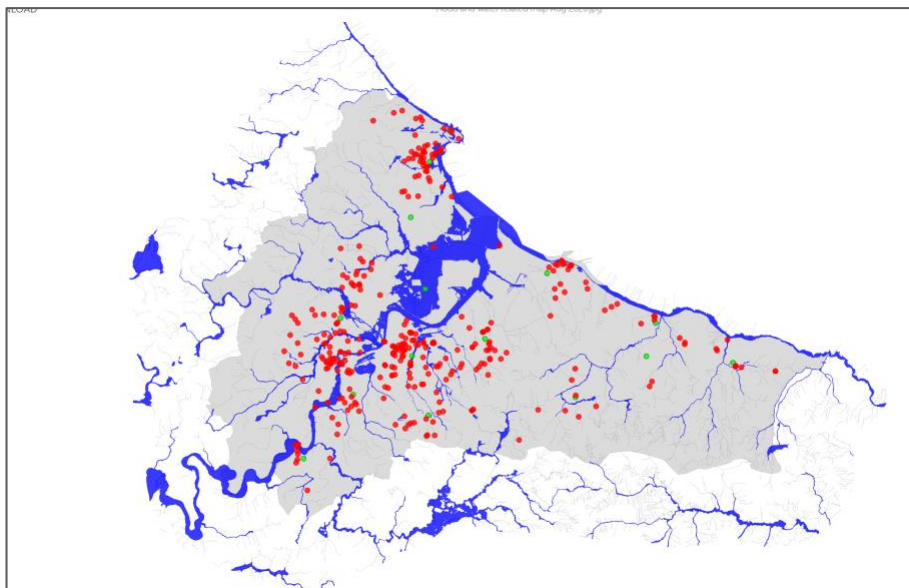
### The risk of flooding to residents of Cleveland is Low

Although there is currently no statutory duty for CFB to respond to flooding incidents, we know from experience that these incidents are likely to occur in our area and the risk is therefore foreseeable. In 2019/20 we attended 66 flooding and 12 water rescue incidents which represented 0.6% of all our incidents. There has been an increase of 54% in flooding incidents over the last year.



Nationally in 2019/20 there were 15,526<sup>1</sup> flooding incidents which was a decrease of 16.2% from the previous year. Comparing to 5 years ago there was an increase in incidents nationally of 13.2%.

### Flooding risk assessment across Cleveland



<sup>1</sup> Fire Stats Table 0909

## Trapped Animals

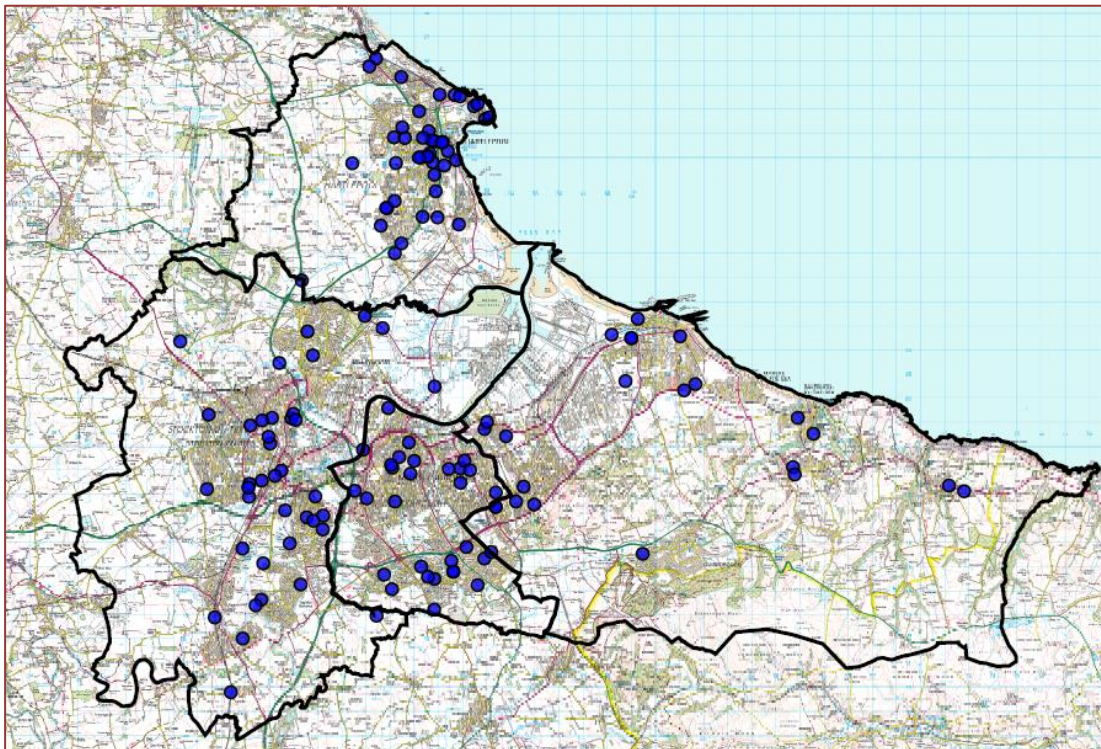
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### Animal Rescue risk in Cleveland is Low

For many years, fire fighters have responded to a variety of incidents involving pets, livestock and wild animals. Animals in distress can pose a potentially serious risk to the public, staff from other agencies and fire fighters. There is also an element of risk of members of the public suffering serious injury should they decide to attempt an animal rescue themselves. We therefore have a range of resources available to respond to this risk.

There have been 394 rescues involving animals over the past ten years.

#### Animal Rescue Incidents, 2015 - 2020





## Vehicle Fires

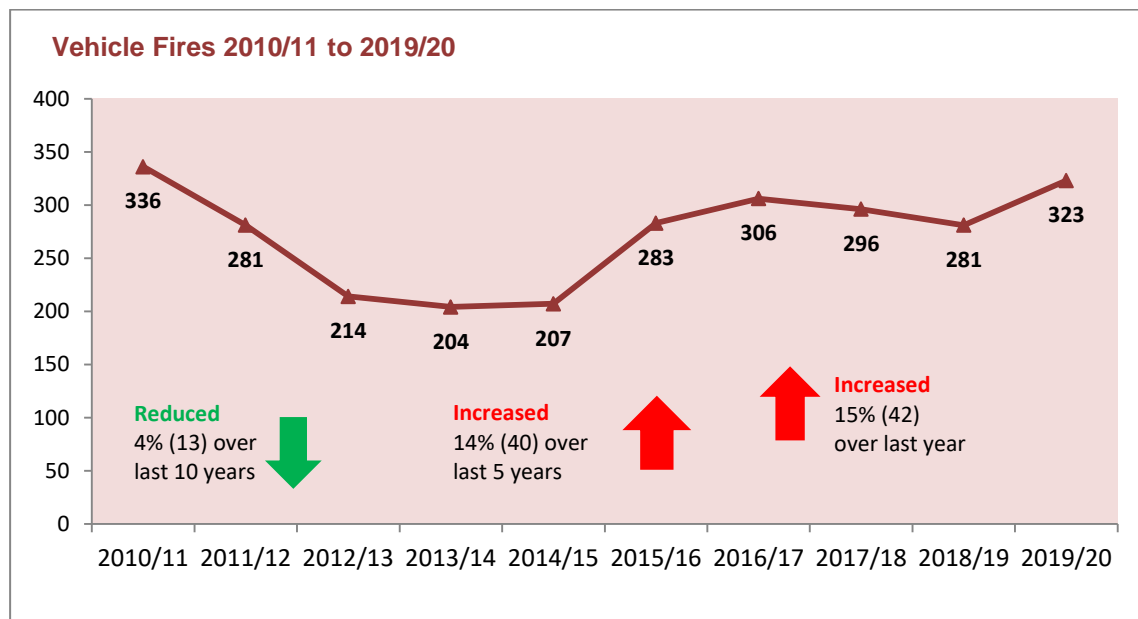
The risk of residents in Cleveland experiencing a vehicle fire is **Medium**

*Vehicle Fires include road, air or water vehicles. They are classed as primary fires as they involve an asset of value and pose a direct risk to life if and when they occur. Vehicle Fires can be accidental and deliberate in nature.*

Vehicle Fires have accounted for 3.7% of all incidents in 2019/20. This percentage has remained constant over the past 5 and 10 years.

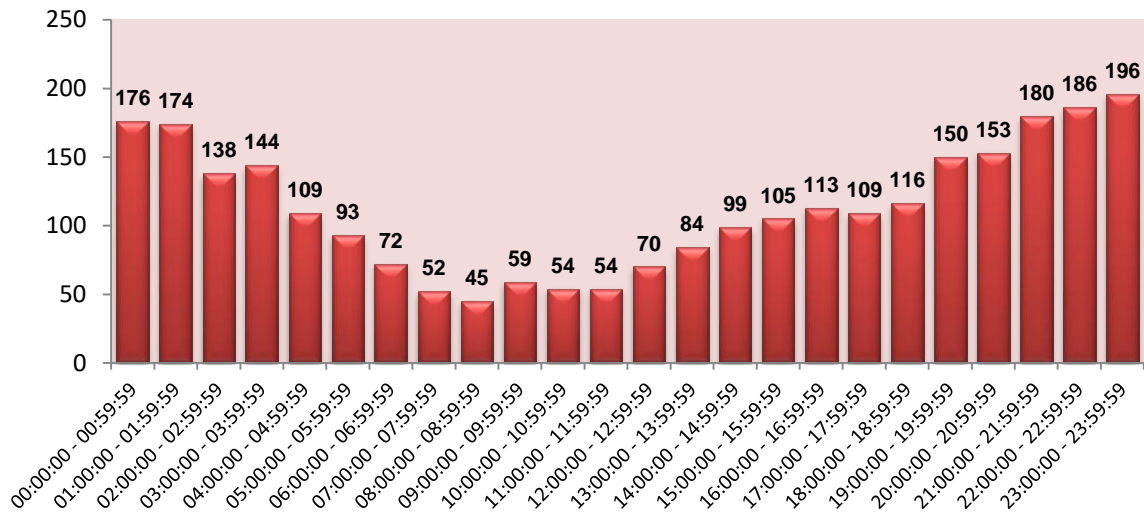
In 2019/20 we attended 323 vehicle fires of which 72% were deliberate in nature. Over the last five years we have attended 1489 vehicle fires of which 71% were deliberate and over the last ten years the number of vehicle fires we attended was 2731 of which 69% were deliberate.

As illustrated below vehicle fire incidents have increased by 15% over the last year and by 14% over the past five years; they have reduced by 4% over the past ten years.

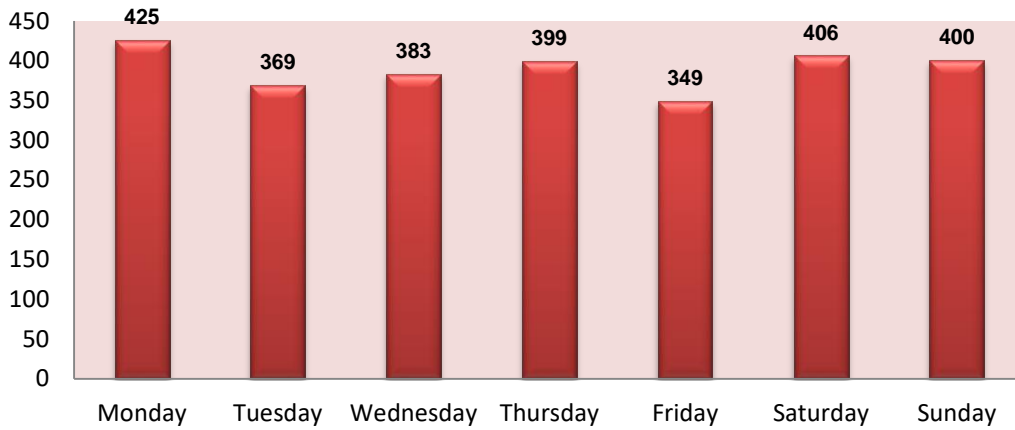


The following charts provide a temporal profile of vehicle fires over the past ten years.

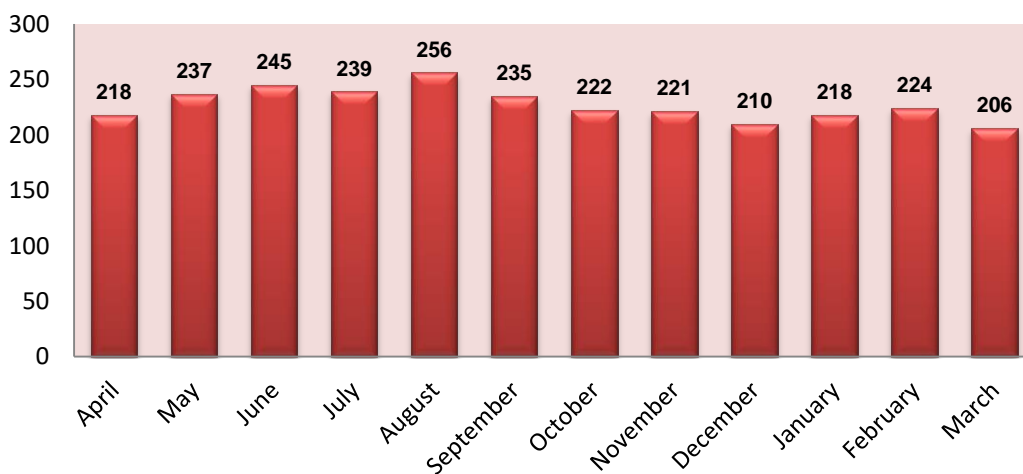
**Vehicle Fires 2010/11 to 2019/20 by Hour of Day**



**Vehicle Fire Incidents 2010/11 to 2019/20**



**Vehicle Fire Incidents 2010/11 to 2019/20**



### Summary

- **The risk of residents in Cleveland experiencing a vehicle fire is Medium**
- Vehicle fire incidents are evenly spread across the months of the year with slightly higher numbers in August and lower numbers in December;
- High levels of vehicle fire incidents occur between 2100 and 0159hrs
- Vehicle fire incidents are evenly spread across the days of the week with a slightly higher number on Mondays.

Nationally in 2019/20 there were 20,539 vehicle fires attended by Fire and Rescue Services which is a decrease of 6.3% compared to the previous year; a 1.5% reduction over the last 5 years and a 25.9% reduction over the last 10 years.

Nationally in 2019/20 there were 16 fatalities in vehicle fires and 549 non-fatal casualties. Over the last 5 years there have been 116 fatalities and 2,499 non-fatal casualties.

Within Cleveland over the last 10 years there have been 4 injuries from vehicle fires.

### Drowning

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There are a number of water-related risks across Cleveland with the River Tees posing a significant risk. The risk of members of the public entering the water and getting into difficulty appears to be on the increase. Our crews carry out training in these areas to ensure their knowledge of the hazards posed and ability to respond are first class. CFB continues to prepare for water rescue incidents on a daily basis and provides an emergency rescue response 24 hours a day

**Risk Assessment: the Drowning Risk to residents of Cleveland is Low**

## Wildfires

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A wildfire is defined as a large destructive fire that spreads quickly over woodland or brush: an uncontrolled fire in an area of combustible vegetation occurring in rural areas.

Nationally, there have been a number of high-profile wildfire incidents, with CFB supporting the most recent fire in Lancashire by deploying a number of personnel and equipment to support the efforts in bringing the fire under control and concluding the incident.

In terms of our local risk from wildfire, the south of the Service area is predominantly rural, consisting of open moorland and wooded river valleys, and is sparsely populated. Loftus, Skelton, Saltburn and Guisbrough fire stations cover a large outlying area of small villages and communities. These remote rural areas present us with a risk of wildfire, particularly during the summer months.

We know that wildfires can start for many reasons, such as mishandled campfires or barbecues, malicious activity such as deliberate fire setting, infrastructure incidents such as sparks from electricity lines or rail transport, and natural phenomena such as lightning (although this is rare). Hot, dry and windy weather are ideal conditions for wildfires to start and spread. Such weather tends to be relatively short-lived, but is most likely to occur between the months of April and September.

The number of wildfire incidents we attend is very low across the Service area: **43 over last five years**, however, there remains a risk of such incidents in the more rural areas, and appropriate resources and procedures therefore remain in place should such an incident occur

## Waste Sites

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Waste disposal sites nationally are recognised as being susceptible to fires, whether accidental or through negligence. These fires are an increasingly growing risk and they have the potential to impact for a significant period of time on resources, local communities and the environment.

As well as the health risk to the residents of Cleveland and firefighters dealing with this type of incident, waste disposal sites also place a strain on partner agencies such as the police, Environment Agency, Public Health, Local Authorities and site owners.

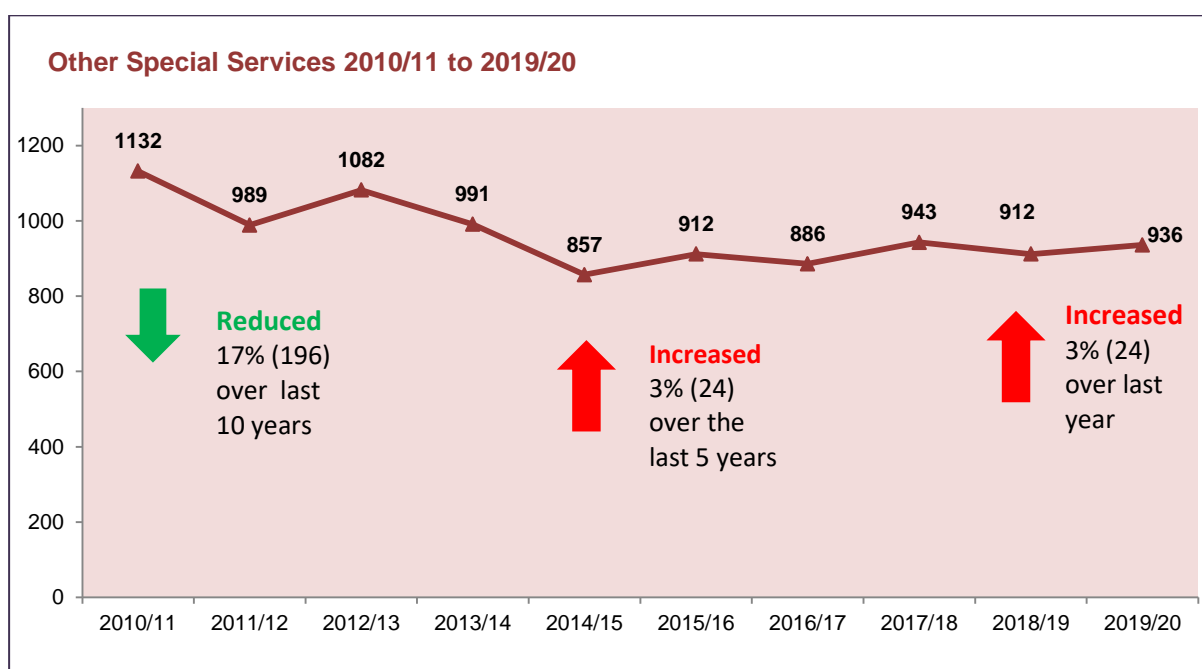
There have been 31 incidents recorded over the past 5 years in scrap yards.

## Other Special Services

The Brigade is requested to respond to a variety of other incidents a number of which have been described and analysed in the previous sections. These include, for example:

- spills and leaks of dangerous and hazardous materials
- rescues and release of people and animals
- recovery and removal of objects
- assistance to other agencies such as Police and Ambulance

In 2019/20 we attended 936 other special service incidents. The chart shows that we have seen an increase in these types of incidents of 3% over the last year; 3% over the last five years with a decrease of 17% over the last ten years.



Dangerous hazardous materials are regularly transported through the service area along the A19 and A66. A number of pieces of legislation place a duty on Cleveland Fire Brigade to protect lives, property and the environment from the damaging effects of hazardous materials. We work closely with partner organisations, particularly the Environment Agency (EA), to try and reduce the impact caused by hazardous materials.

Over the past five years we have attended an average of 156 hazardous spills and leaks.

Year	No of hazardous spills and leaks
2015 - 2016	160
2016 - 2017	169
2017 - 2018	126
2018 - 2019	172
2019 - 2020	148

## Heritage

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Cleveland has a cultural heritage. Part of this history is preserved in the listed buildings that are situated within the Brigade area which are categorised as Grade I, Grade II or Grade III\*.

- Grade I listed buildings are defined as those of exceptional national interest,
- Grade II particularly important buildings of more than special interest,
- Grade III\* special interest.

*\*Heritage at Risk: North East Register 2018<sup>2</sup>*

Heritage buildings were usually built in an era when fire safety was not a priority and as a result they can be more vulnerable to fire. Our operational staff work with the owner/operators of these sites to ensure they comply with fire safety legislation to minimise the risk of fire incidents within these properties. Operational staff gather intelligence to inform tactical plans that aim to quickly extinguish any fires but also protect and preserve these important buildings and their valuable contents.

Heritage Buildings within the Cleveland Area			
	Grade I	Grade II	Grade II*
Hartlepool	3	198	6
Middlesbrough	1	113	12
Redcar	14	574	27
Stockton	7	444	43
<b>Total</b>	25	1,329	88

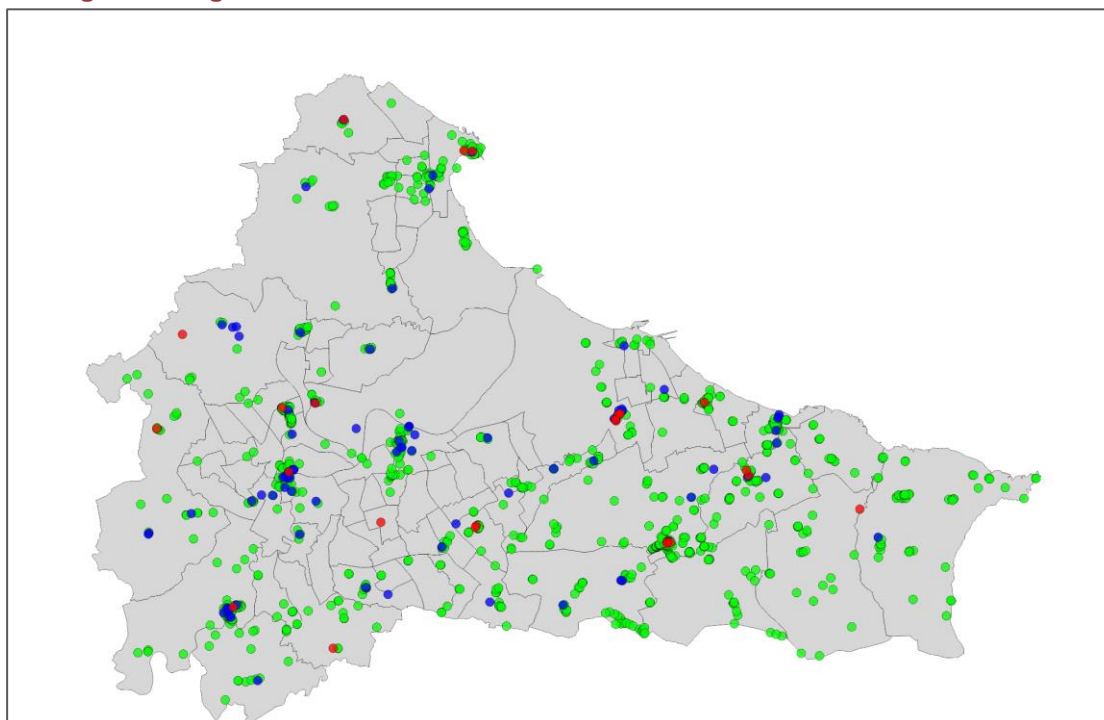
Within the Brigade area there are 25 Grade I, 1,329 Grade II and 88 Grade II\* listed buildings (Table 23). Details of these premises are held by the Brigade's Risk and Performance team. The graph shows the geographic location of our heritage sites.

Incidents within listed buildings are not separately identifiable within the Incident Recording System. Any such incidents would be included within the primary fire incident details and responded to in line with the Building Fire Risk Assessment unless a separate PDA has been identified as part of the inspection program.

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<sup>2</sup> <https://content.historicengland.org.uk/images-books/publications/har-2017-registers/ne-har-register2017.pdf/>

## Heritage Building Location within Cleveland Area



## Sites of Special Scientific Interest

A Site of Special Scientific Interest (SSSI) in Great Britain is a conservation designation denoting a protected area in the United Kingdom. SSSI/ASSIs are the basic building block of site-based nature conservation legislation and most other legal nature/geological conservation designations in the United Kingdom are based upon them, including national nature reserves, Ramsar sites, Special Protection Areas, and Special Areas of Conservation. The SSSI/ASSI series has developed since 1949 as the suite of sites providing statutory protection for the best examples of the UK's flora, fauna, or geological or physiographical features. These sites are also used to underpin other national and international nature conservation designations.

The following table provides details of the SSSI sites within the Brigade's area which we need to take cognisance of when delivering our responsibilities



	SSSI	Geological Conservation Review	National Nature Reserve	RAMSAR	Nature Conservation Review	Special Protection Area	Water Framework Directive	National Trust Reserve	Local Wildlife Site	Crown Estate	National Nature Reserve	Local Nature Reserve
Briarcroft Pastures	✓											
Cowpen Marsh	✓		✓	✓*		✓	✓					
Hart Bog	✓	✓										
Hartlepool Submerged Forest	✓	✓										
Langbaugh Ridge	✓	✓										
Lovell Hill Pools	✓						✓					
Redcar Rocks	✓	✓		✓*		✓						
Roseberry Topping	✓	✓						✓				
Saltburn Gill	✓	✓							✓			
Seal Sands	✓			✓*	✓	✓	✓			✓	✓	
Seaton Dunes and Common	✓			✓*	✓	✓	✓			✓	✓	✓
South Gare and Coatham Sands	✓			✓*	✓	✓	✓			✓		
Tees and Hartlepool Foreshore and Wetlands	✓			✓*		✓	✓			✓		
Whitton Bridge Pastures	✓											

**Source:**

<https://designatedsites.naturalengland.org.uk/SiteList.aspx?siteName=&countyCode=55&responsiblePerson=&DesignationType=A>

The Convention of Wetlands, called the Ramsar Convention, is the treaty providing the framework for conservation and wise use of wetlands. Originally intended to protect sites of importance, especially as waterfowl habitat, the Convention has broadened its scope over the years to cover all aspects of wetland conservation and wise use. Within Cleveland there is 1 RAMSAR Site - Teesmouth and Cleveland Coast – made up of a number of sub RAMSAR Sites as shown in the map.

**Source:**

<https://designatedsites.naturalengland.org.uk/SiteList.aspx?siteName=&countyCode=55&responsiblePerson=&DesignationType=All>

Teesmouth and Cleveland Coast RAMSAR Sites is an estuarine complex of intertidal sand and mudflats, rocky shore, saltmarsh, freshwater marsh and sand dunes. The site supports a rich assemblage of invertebrates, including the seven Red Data Book species and has been highly modified by human activities, encompassing a range of habitats including sand and mud flats, rocky shore, saltmarsh, freshwater marsh, and sand dunes. There are nationally and internationally important species of waterbirds who stage and winter at the site which also supports a rich assemblage of invertebrates, including seven nationally rare species.



## Major Public Events

Across Teesside there are on occasion public events attracting large crowds of people into a concentrated area, causing a significant level of risk. These events have the potential to impact significantly on the local infrastructure with the risk of normal fire service attendance times being compromised due to gatherings of large numbers of people and an increase in hazard of risk and reduction in access.

We work closely with local partners and event organisers to ensure the safety of the community.

## False Alarms Incident Analysis

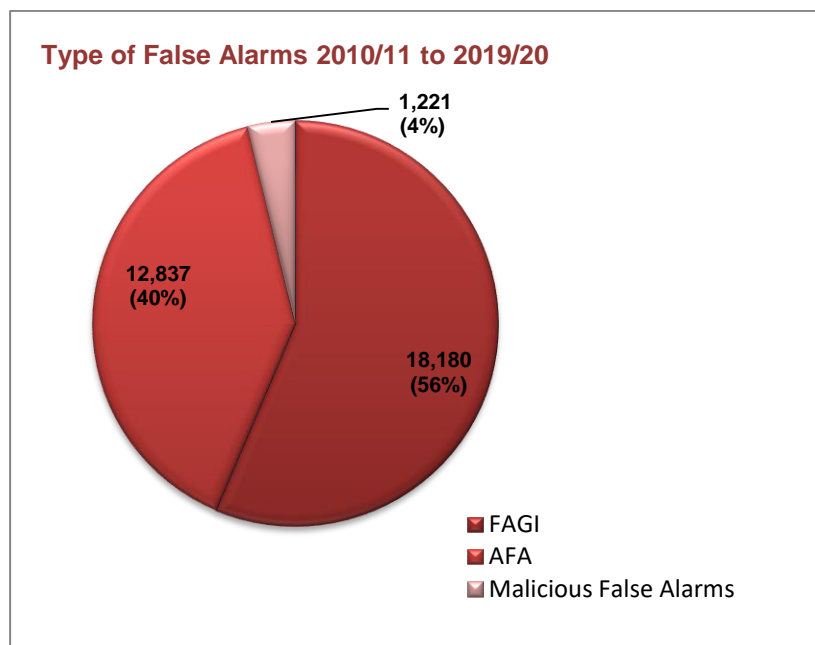
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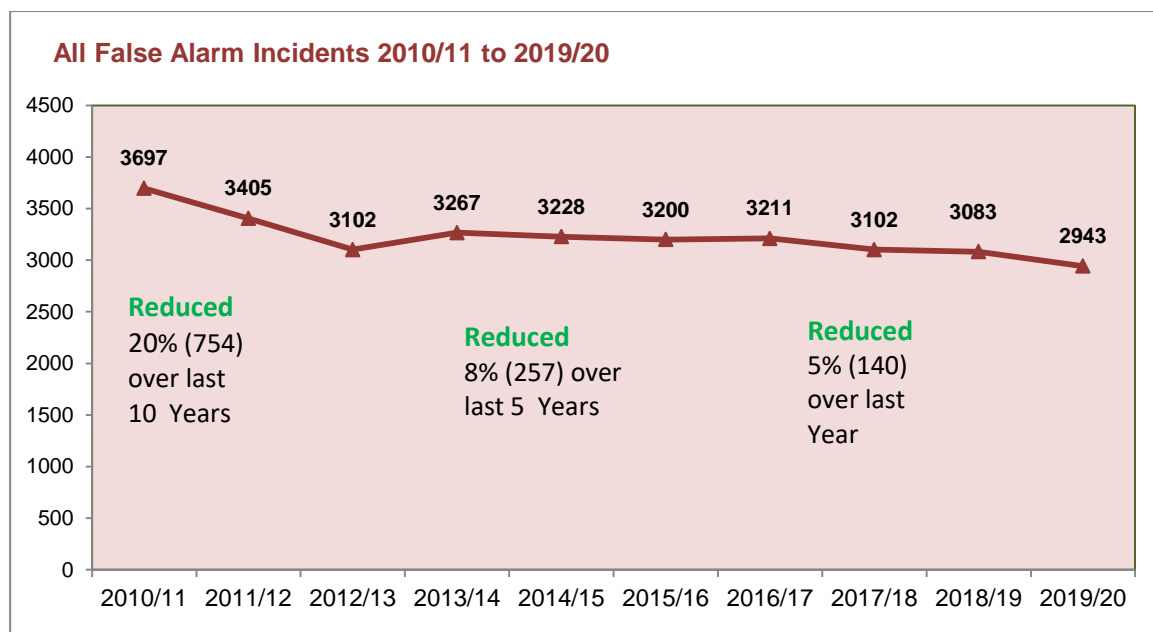
*The Brigade responds to a number of incidents when called to do so and when they get to the location they find that the incident is either over or no emergency incident actually exists. These are classed as false alarms and can be genuine (accidental) or of a deliberate nature (malicious). Although false alarm incidents do not pose a direct risk to life they create service demand for the Brigade to respond to.*

False alarms are categorised into three main types:

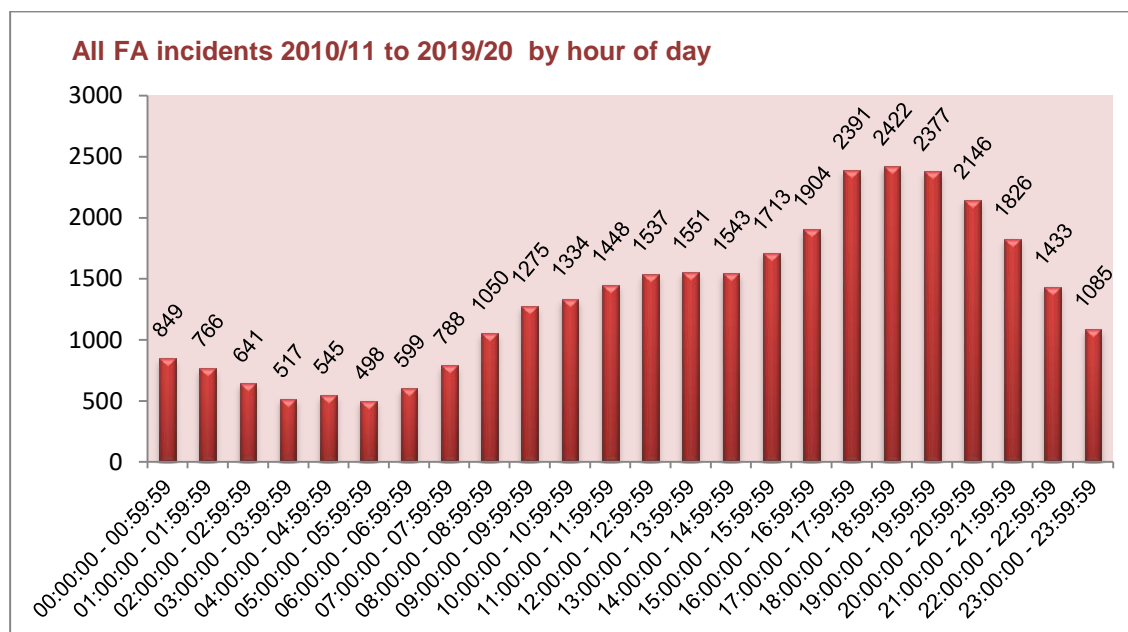
- ♣ Automated False Alarms (AFA)
- ♣ False Alarm Good Intents (FAGI)
- ♣ Malicious False Alarms (FAM)

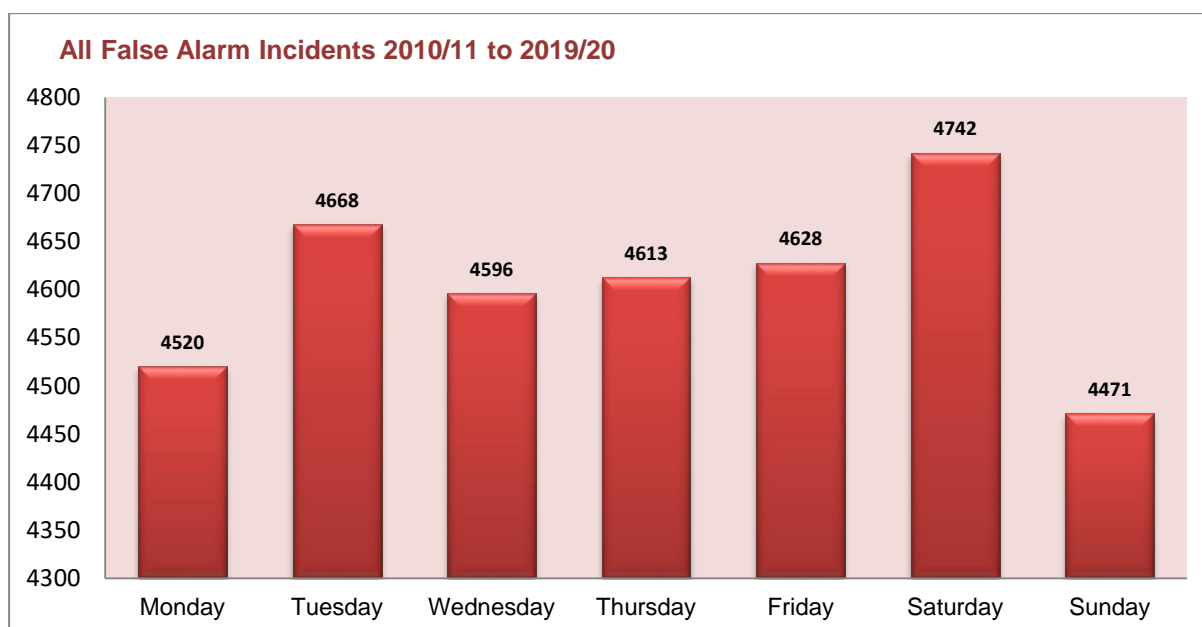
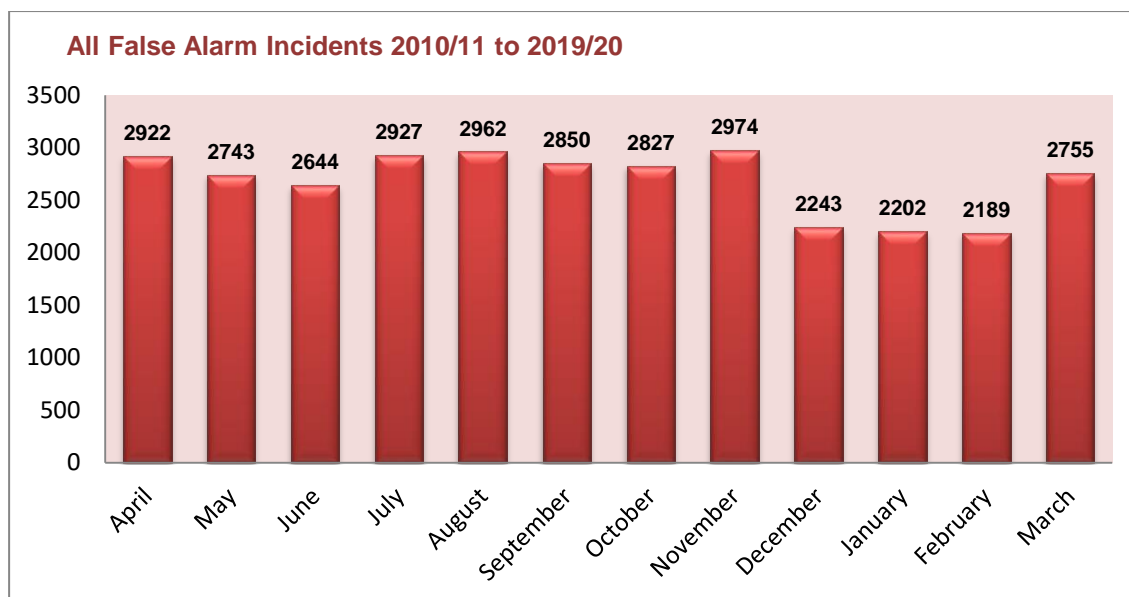
The proportions of each type of false alarm are shown in the following chart.





In 2019/20 we attended 2,943 false alarms. As illustrated in the chart below, there has been a reduction of 5% (140) in false alarms over the last year and a decrease of 20% (754) over the past ten years.





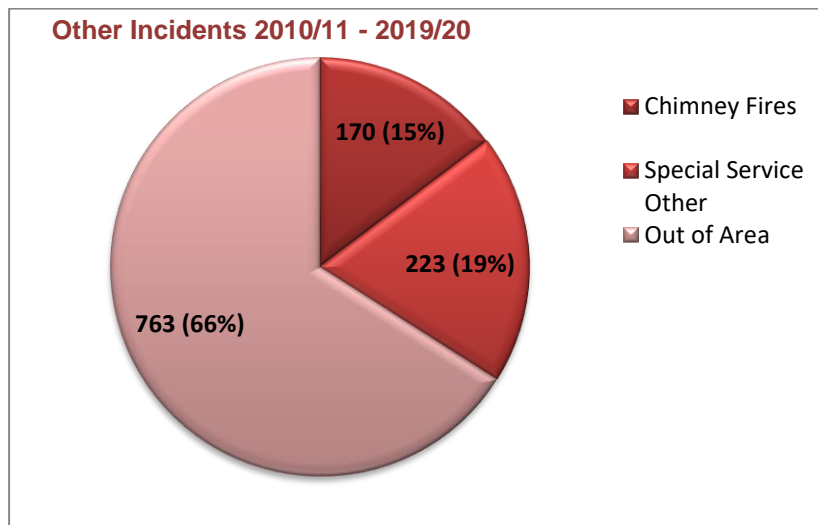
## Summary

- Just under a third (29%) of false alarms incidents occur between 1700hrs and 2059hrs.
- December to February demonstrate lower numbers of false alarms than the rest of the year. November indicates the highest number of false alarms with consistently high numbers April to October
- All days of the week experience false alarm incidents, although Sundays do show a slightly lower proportion

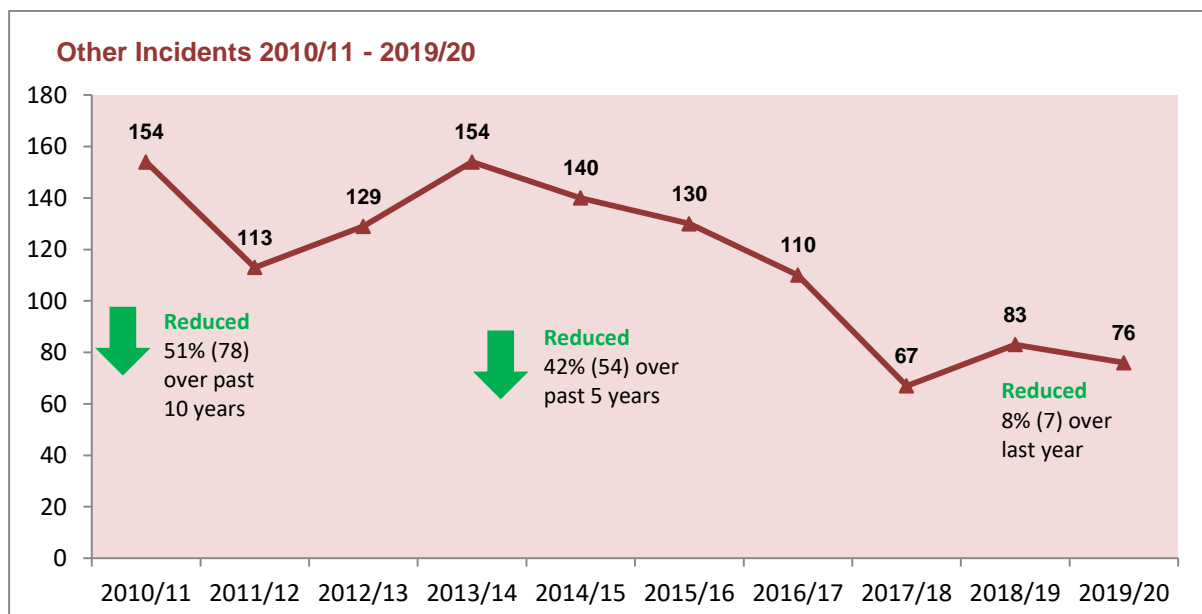
## Other Incidents

The Brigade attends a number of other types of incidents not previously discussed which include:

- Chimney Fires: Fires within Chimneys of buildings
- Other Special Services: Non-emergency special services that we attend such as Officer Only attendance at events such as the Riverside Stadium on match days, cleaning up spills
- Out of Area incidents: Incidents that we attend to assist at the request of other Fire and Rescue Services within their area.



In 2019/20 we attended 76 such incidents. As can be seen in the chart below, we have seen a reduction of 8% (7) when compared to the previous years, a reduction of 42% (54) over past 5 years and a reduction of 51% (78) when compared to 10 years ago.



## Future Service and Risk Demand within our Neighbourhoods

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There are a number of factors which may increase community risk and place significant demands upon Brigade resources including the following:

➤ **Increasing numbers of terrorist attacks across the UK and Europe**

The UK faces a serious and sustained threat from terrorism, including from international groups, domestic extremists and Northern Ireland related groups. The current UK threat level for international terrorism is '**severe**'<sup>3</sup>. The majority of incidents have occurred in and around major cities in the UK but all emergency services must be prepared to deal with an incident in the area and contribute towards national incidents.

We have a statutory duty under the Civil Contingency Act to ensure we support a response to national emergencies. Our support arrangements include various nationally provided specialist vehicles and equipment that we can deploy to a range of serious, significant or catastrophic incidents that have a national impact.

➤ **Impact of Brexit negotiations**

While the longer term impacts of Brexit are currently unknown there is some thought that it may exacerbate regional economic inequality with already struggling regions hit the hardest.

➤ **Effects of climate change**

Adapting to climate change means reducing the risks and taking advantage of the opportunities associated with a changing climate. As referenced in the *Tees Valley Climate Change Strategy 2010 - 2020* climate change impacts we can expect in the North East by 2050 include:

- Increased flooding from rivers, streams, sea and drainage systems.
- Increased pressure on emergency services and disruption to services e.g. meals on wheels, particularly during floods.
- Increased erosion of the coastline and sea level rise.

Climate change is affecting people's lives within the Brigade area, with far hotter and drier summers and warmer but wetter winters. This has the resultant impact of increasing risk for widespread and prolonged flooding incidents. Increasing summer temperatures and reduced rainfall from summer to winter is likely to increase the number and ecological significance of accidental and deliberate fires especially on heath land, urban grasslands and reed beds. This is already an issue on a number of local wildlife sites across Eston Hills.

We work in close partnership with the Environment Agency, Local Authorities and the Local Resilience Forum, to ensure we can respond to the impacts of climate change across Teesside and when required we can and have deployed resources to other areas of the country.

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<sup>3</sup> <https://www.mi5.gov.uk/threat-levels>, November 2020

The National Fire Chiefs Council has responded quickly to a number of high profile national fires putting in place national resilience arrangements to ensure the right support is mobilised from across the country to deal with these fires as effectively and quickly as possible<sup>4</sup>.

The National Resilience Assurance Team provide invaluable support in response to these nationally significant incidents, working to the National Coordination and Advisory Framework (NCAF), to ensure a flexible response is put in place:

*“It is evident to see how much resource has been needed across the country to deal with these fires; last year we saw the highest number of grass fires in recent history and this pattern is being repeated, despite it being so early in the year (Chair, National Fire Chiefs Council).”*

As referenced within the recent Local Government Association report the fire service need to adapt to the challenges posed by current climate change to reduce our vulnerabilities to resulting impacts<sup>5</sup>.

Our Commissioning Services team work with young people across the Brigade area via a number of funded initiatives promoting the importance of fire safety awareness and the dangers of playing with fire.

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<sup>4</sup> Fire and Security Matters 23<sup>rd</sup> April 2019

<sup>5</sup> Climate emergency Fire and Rescue Services LGA



## Risks within the Community Health and Wellbeing Environment

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Operating Category	Hazardous Event / Risk	Risk Level
Community Health and Wellbeing	Medical Incident (Exc Impact of EMR Trial)	Very Low
	Bariatric	

As previously highlighted people living in Teesside suffer significantly higher levels of health problems and have higher rates of dependency on alcohol, drugs and tobacco. This creates a risk which the Brigade works towards addressing in partnership with other agencies.

Research indicates that increasingly victims of fire are involved with health and social care services and hence our proactive approach to risk management has evolved significantly to include vulnerability.

Home fire safety visits (HFSVs) have been the cornerstone of our home safety and social care prevention activity since their inception in 2003. Over the years our approach to identifying those 'most at risk' has evolved. Our key prevention activity is focused on those 'most at risk' and is carried out in partnership.

During 2019/20 we undertook 3,071 Safe and Well Visits from which 139 (5%) onward health referrals were made to partners for health interventions and or items of risk reduction equipment.

## Emergency Medical Response

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*The Brigade has historically responded to medical incidents to assist the ambulance service and we continue to mobilise our appliances where there are reports of symptoms relating to cardiac arrest, chest pain, breathing difficulty and unconsciousness not due to trauma.*

In 2019/20 we attended 43 Emergency Medical Response Incidents (Co-Responder). The Brigade participated in a national trial which ended in September 2017, which explains the spike in attendance of incidents for that year. There has been an increase of 60% (16) in EMR incidents over the last year, a reduction of 53% (48) over the last five years and a reduction of 84% (219) compared to 10 years ago.

### Summary

- The most prevalent times for EMR/co-responder incidents is between 0900 to 1359, 1800 to 1859 and 2100 to 2159 hours. This equates to 37% of incidents.
- February to March demonstrate a lower number of EMR calls than the rest of the year with December showing the greatest numbers of calls. These figures are impacted on by the EMR trial in 2016/17 which commenced in April 2016 with growth every month thereon as the trial became embedded. From January 2017 the numbers of such incidents decreased significantly due to issues with the trial.
- Weekends demonstrate higher numbers of EMR incidents than the rest of the week, although all days indicate high numbers of incidents.

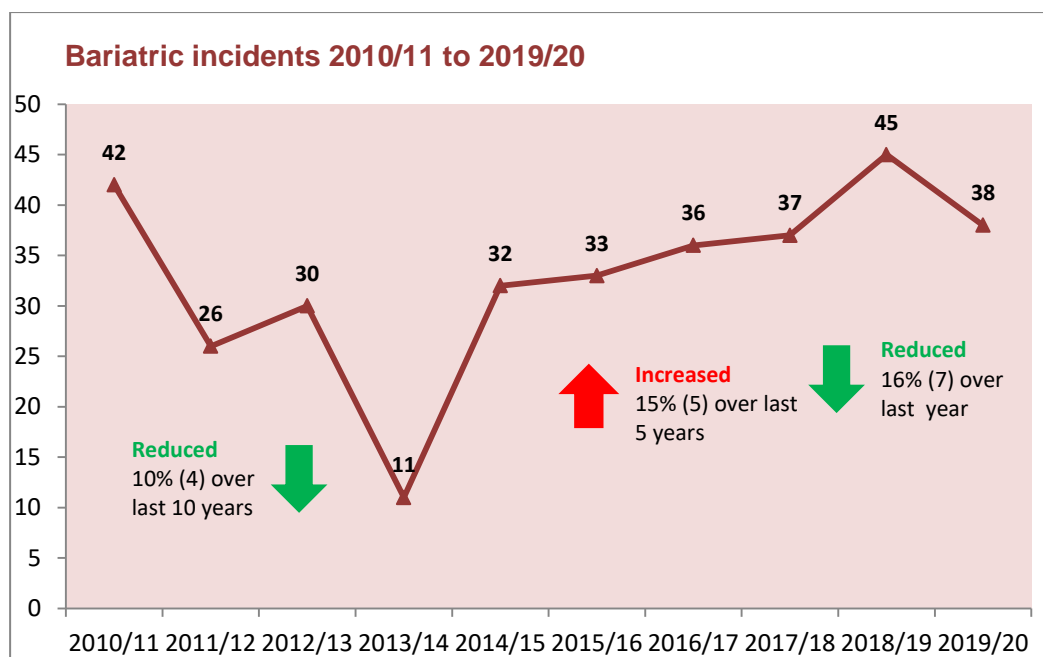
Nationally in 2019/20 there were 13,845 co-responder incidents attended by Fire and Rescue Services which is a decrease of 7% compared to 2018/19. There has been a 46.4% increase over the last 5 years.

## Bariatric Incidents

*We primarily respond to bariatric rescues at the request of the Ambulance Service or other agencies to assist in the lifting and moving of individuals who are classed as being obese. We have specialist equipment for this type of rescue located at Coulby Newham fire station.*

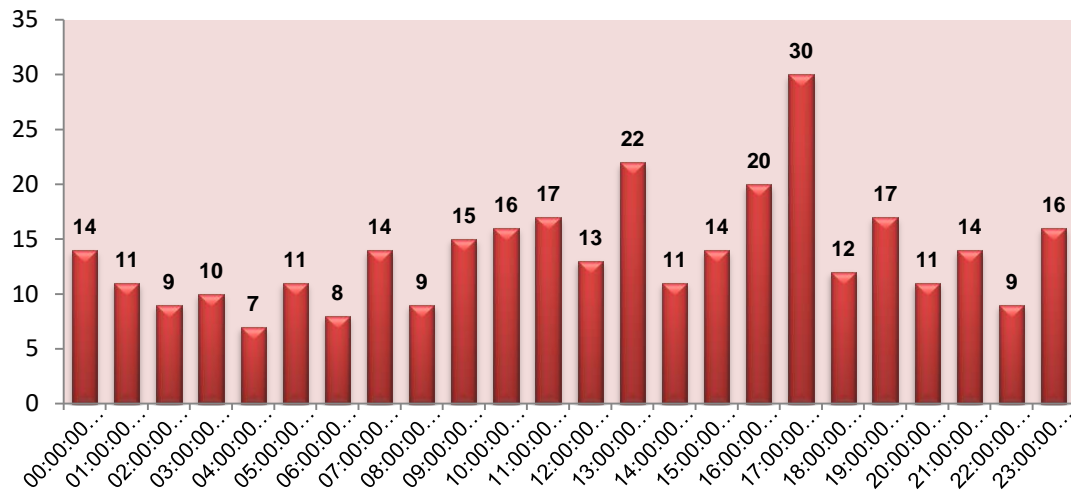
In 2019/20 we attended 38 Bariatric Incidents. The chart shows a reduction of 16% (7) in this type of incident over the last year, an increase of 15% (5) compared to 5 years ago and a reduction of 10% (4) compared to 10 years ago.

Incident volumes are however extremely small and equate to less than 1 incident per week.

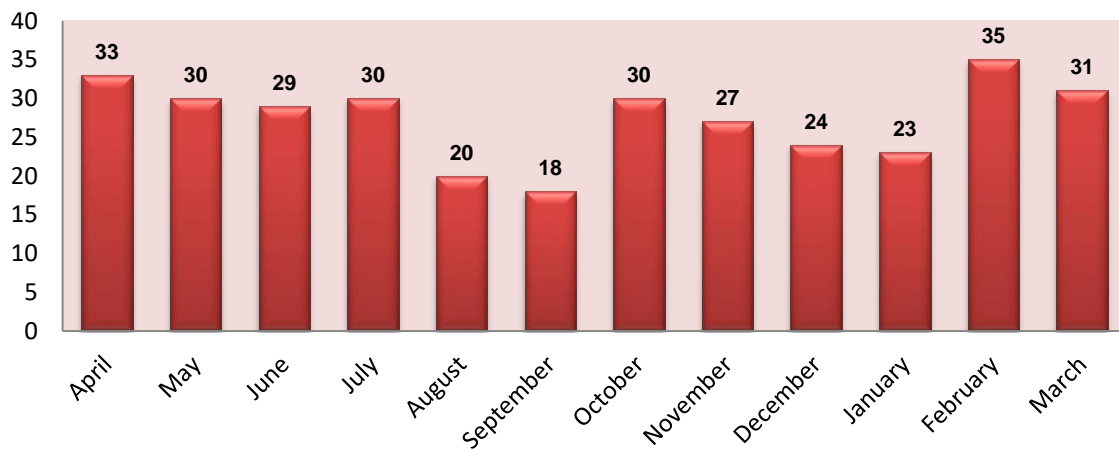


The following charts provide a temporal profile of bariatric incidents over the past ten years.

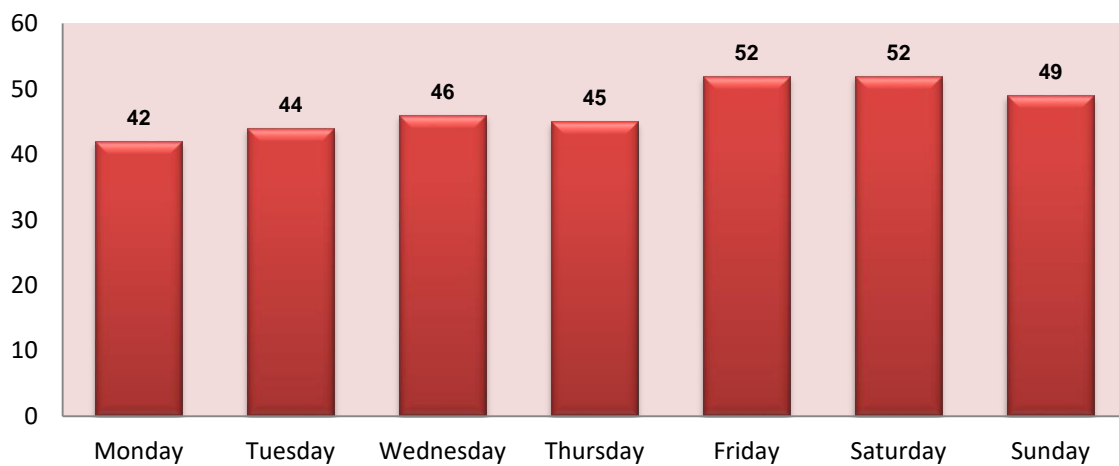
**Bariatric Incidents by time of day 2010/11 - 2019/20**



**Bariatric Incidents 2010/11 to 2019/20**



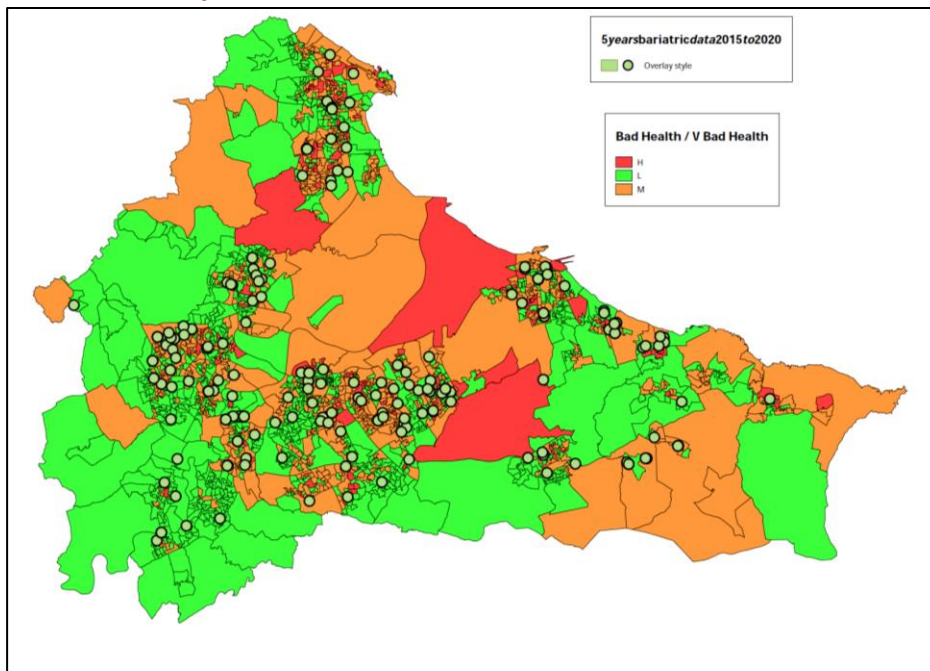
**Bariatric Incidents 2010/11 - 2019/20**



## Summary

- Bariatric incidents are spread out through the day with a higher number recorded during the hours of 1700 -1759 hours
- Over the last 10 years the only month that has demonstrated a lower demand for these incidents is the month of September.
- No day of the week demonstrates a significantly higher proportion of such incidents.

## Bad Health/ Very Bad health overlaid with bariatric incidents



## **Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI)**

These systems have been developed by the Institute of \Public Care. They are used by local authority planners and commissioners of social care provision in England, together with providers. They have been developed to help explore the possible impact that demography and certain conditions may have on populations. The following areas have been chosen because of their links with increased fire risk. See Appendix A for further details where the information contains:

- Obesity
- Limiting Long term Illness
- Dementia
- Falls
- Falls with Hospital Admissions
- Hearing Loss
- Mobility
- Living Alone
- Tenure Older
- Mental Health
- Drugs/ Alcohol
- Early Onset Dementia
- Visual Impairment
- Learning Disability

## Future Service and Risk Demand in Community Health and Wellbeing

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- Whilst we are expecting an increase in population in our area and the UK Government is expecting an obesity crisis to 2030 there is no evidence in our service demand figures that we have seen any significant increase in bariatric incidents over the last ten years;
- **The Marmot Review: Fair Society, Healthy Lives** was published in February 2010 and outlined the scale of health inequalities in England and the actions required to reduce them. The report highlighted the need to take action across the social determinants of health, and called for progress to be made on a clear set of policy objectives. However, life expectancy is stalling, after steady increases for the past 100 years, and health inequalities are widening.
- **Health Equity in England: The Marmot Review 10 Years On** has reported

*'life expectancy in England has stalled, years in ill health have increased and inequalities in health have widened. Among women, particularly, life expectancy declined in the more deprived areas of the country. Some areas, especially in the North, have been ignored left behind, as health has improved elsewhere'.<sup>6</sup>*

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<sup>6</sup> Institute of Health Equity, Health Equity in England - the Marmot Review 10 years on

## COVID-19

On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19. By 30th January 2020, WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC). And on March 11, 2020 WHO declared COVID-19 a global pandemic, pointing to the over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world and the sustained risk of further global spread.

There are a number of **challenges** that have arisen as a result of COVID-19 which require on-going development of prevention and mitigation strategies over the coming months. Some of these challenges include<sup>7</sup>

- Disruption of health and social care systems
- Backlog of non-COVID-19 care
- A possible influenza epidemic
- Disruption to educational services;
- Disruption to travel services
- Decline in the number of businesses

The **long term impact** of the virus is currently unknown and changing but research has proved that COVID-19 has replicated existing health inequalities, and in some cases, has increased them<sup>8</sup>. This is significant in the North East and includes:

- People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas.
- COVID-19 diagnosis rates increased with age for both males and females
- People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups
- When compared to previous years, there has been a larger increase in deaths among people born outside the UK and Ireland.
- Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.
- Diabetes was mentioned on 21% of death certificates where COVID-19 was also mentioned.
- Increased risk of adverse outcomes in obese or morbidly obese people.

The latest information from a weekly bulletin<sup>9</sup> determines opinions around a number of areas and found that 72% of adults were very worried or somewhat worried about the effect of the virus on their life right now. Other areas considered included impact on life and well-being; impact on work; changes to work and skills. Figures are not provided at a local authority level to date.

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<sup>7</sup> The Academy of Medical Sciences, Preparing for a challenging winter, July 2020

<sup>8</sup> *Disparities in the risk and outcomes from COVID-19, Public Health England 2020*

<sup>9</sup> *(Coronavirus and the Social Impacts in Great Britain, 9 October 2020)*

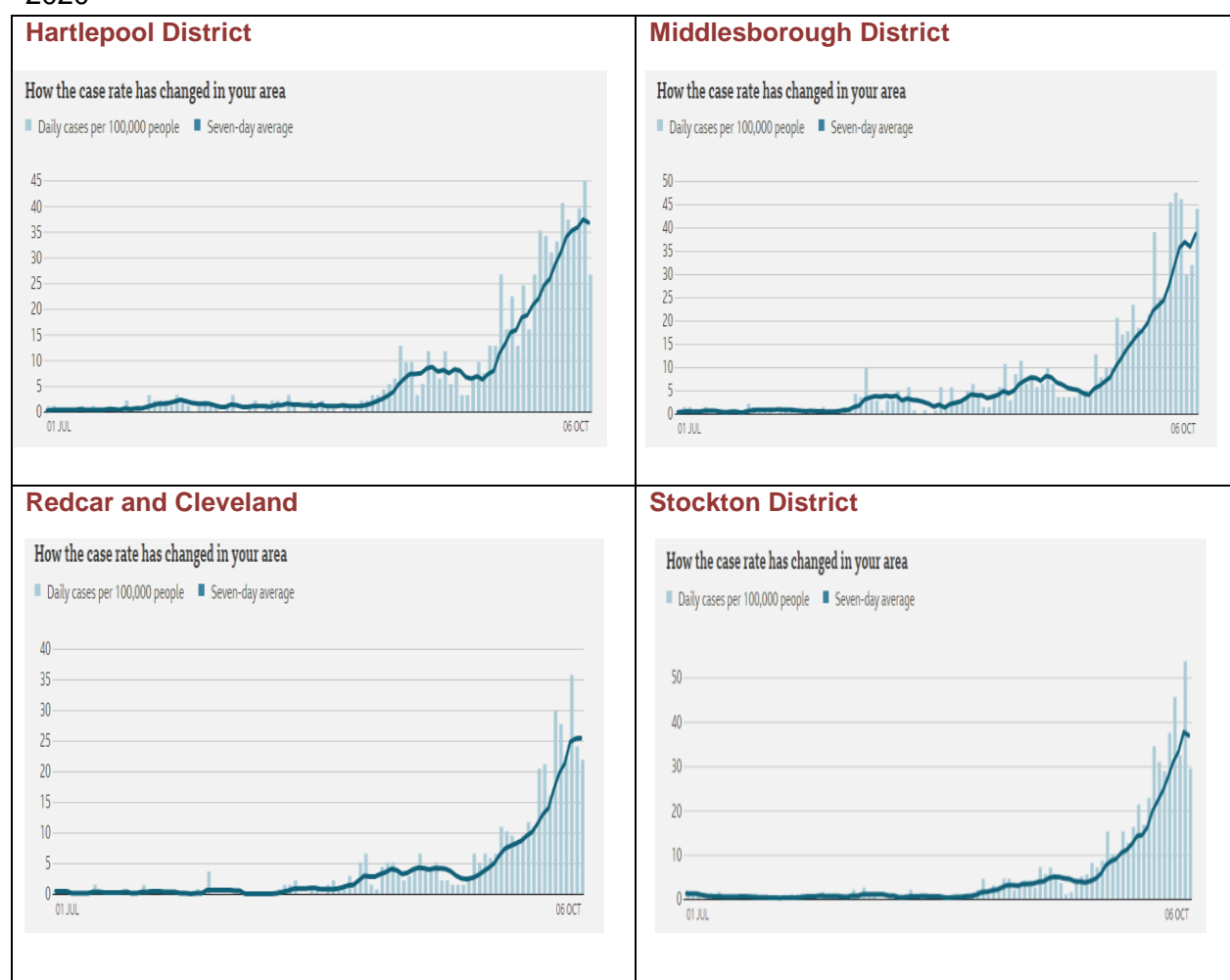


## Review of Cases

At 9<sup>th</sup> October 2020 there have been more than 500,000 confirmed cases of coronavirus so far in the UK and government figures show that more than 40,000 people have died<sup>10</sup>. The Scientific Advisory Group for Emergencies (Sage) said it is "almost certain that the epidemic continues to grow across the country." The table profiles the current position within each of the four districts served by Cleveland Fire Brigade.

		Rate/ 100,000 pop		
District	LA	England	Deaths (registered to 25 <sup>th</sup> Sept 2020)	Total Cases (to 9 <sup>th</sup> Oct 2020)
Hartlepool	1381.5	873.1	110	1,294
Middlesbrough	1431.4	873.1	206	2,018
Stockton	1087.9	873.1	158	2,147
Redcar & Cleveland	946.4	873.1	135	1,298
		<b>TOTAL</b>	609	6,557

The maps profile the growth of COVID-19 in each of the four local authorities since July 2020



<sup>10</sup> Gov.uk dashboard, 9 October

Covid-19 came on the back drop of increased health inequalities over the past ten years. **The Marmot Review**, published in 2010, set out an analysis of the causes of health inequalities in England and what needed to be done to address them showing the importance of social determinants of health acting through the life course. Ten years later this review was updated finding that

*'life expectancy in England has stalled, years in ill health have increased and inequalities in health have widened. Among women, particularly, life expectancy declined in the more deprived areas of the country. Some areas, especially in the North, have been ignored left behind, as health has improved elsewhere'.<sup>11</sup>*

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<sup>11</sup> Institute of Health Equity, *Health Equity in England - the Marmot Review 10 years on*

## Summary of Future Demand

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**Increasing population** - ONS Population Projections show an expected increase of 10,100 people in Teesside by the Year 2041;

**Ageing population** - ONS Population Projections show an expected increase of people over the age of 65 years of 39%;

**Obesity** - In 2015, the UK Health Forum, an alliance of public interest and professional groups, undertook research based on data in 2010 from 57 countries and predicted that in the UK, 74% of men and 64% of women will be obese; this being an increase from 70% and 59% respectively five years ago<sup>12</sup>;

**Large scale housing developments** - Increase of 27,470 dwellings across Teesside by 2032;

**Increased number of road users** - ONS Population Projections show an expected increase of 10,100 people in Teesside by the Year 2041 we can therefore assume that there will be an associated increase of road users; specifically over 65;

**New Businesses** - the Tees Valley Combined Authority Economic Strategy has set a target of 2,000 new businesses to be created by 2026;

**Rail Freight** - The Tees Valley Combined Authority Transport Plan indicates investment to create new bulk rail freight capacity to serve Teesport and promote the ports expansion – funding is in place to more than double existing container rail capacity;

**Teesport** – Aiming to achieve a Free port status in the UK;

**Grenfell** - Potential for increased legislation or policy associated with the outcomes of Grenfell.

**Brexit** – Potential for civil unrest and fuel shortages.

**Climate change** – increased number of wildfires and flooding incidents

**Covid-19** – impacts on the health service, the economy, the education system and potential for widening existing inequalities between regions.

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<sup>12</sup> <https://www.theguardian.com/society/2015/may/05/obesity-crisis-projections-uk-2030-men-women>

## Glossary of Terms

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ADF	Accidental Dwelling Fire
CFA	Cleveland Fire Authority
COMAH	Control of Major Accident Hazards
DCLG	Department for Communities and Local Government
DDF	Deliberate Dwelling Fire
EMR	Emergency Medical Response
FAM	False Alarm Malicious
ICF	Industrial and Commercial Fire
IMD	Index of Multiple Deprivation
IRMP	Integrated Risk Management Plan
LRF	Local Resilience Forum
NRA	National Risk Assessment
NRR	National Risk Register of Civil Emergencies
OBF	Other Building Fire
PANSI	Projecting Adult Needs and Service Information
POPPI	Projecting Older People Population Information System
PORIS	Provision of Risk Information System
RTC	Road Traffic Collision

## Summary of Information Sources

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- Annual Population Survey, 2019, ONS
- Climate emergency Fire and Rescue Services LGA
- Coronavirus and the Social Impacts in Great Britain, 9 October 2020
- Department of Transport - Road Length Statistics, 2020
- Disparities in the risk and outcomes from COVID-19, Public Health England 2020
- English Indices of Deprivation, 2019
- Focus on Trends in Fires and Fire-related fatalities, 2017, Home Office.
- Feed in Tariffs Sub National Stats, 2018/19
- Fire and Security Matters 23<sup>rd</sup> April 2019
- Gateshead Council [www.neroadsafety.org.uk](http://www.neroadsafety.org.uk)
- Health and Social Care Fire Safety Guidance, produced by Greater Manchester Fire and Rescue Service and Manchester Mental Health and Social Care Trust
- Hartlepool Local Plan, May 2018
- Institute of Health Equity, Health Equity in England - the Marmot Review 10 years on
- Local Authorities Council Tax base, 2019
- Mid-Term Estimates, 2019, ONS
- Ministry of Housing Communities and Local Government, English Housing Survey
- National Fire Protection Association (<https://www.nfpa.org/public-education/by-topic/safety-in-the-home/hoarding-and-fire-safety>)
- Population Projections for Local Authorities in England May, 2020, ONS
- Public Health England, published March 2020
- Strategic Transport Plan, 2020-2030
- Tees Valley Rail Implementation Plan, 2020

- The effect of alcohol or drugs on casualty rates in accidental dwelling fires, England, 2011-12, DCLG
- Tees Valley Combined Authority Economic Strategy 2016-26
- [www.trusselltrust.org](http://www.trusselltrust.org)
- The Academy of Medical Sciences, Preparing for a challenging winter, July2020
- POPPI (Projecting Older People Population Information)
- PANSI (Projecting Adult Needs and Service information)
- Health Falls Teams
- Local Authority Development Plans
- Local Authority Social Services;
- Local Authority Flood Plans
- Local Authority Housing Associations
- Local Resilience Forum
- Emergency Planning Unit
- NOMIS - Labour Market statistics
- <http://www.pdports>
- [www.wikipedia](http://www.wikipedia)
- Cleveland Police
- North East Road Safety Resource
- BOC Oxygen Suppliers
- Environment Agency
- English Indices of Multiple Deprivation 2019
- Tees Valley Unlimited – Transport Plans; Business Growth Plans
- National Risk Register
- Heritage England

- High Hazard Sites
- Data Extract from CFB CFRMIS System (August 2017)
- Home Office Operational Stats

# APPENDICIES



## Appendix I : Risk Assessment of Hazardous events

Hazardous Event	Likelihood (L)	CS: Community Safety (L*CS)	FFS: Fire-Fighter Safety (L*FFS)	Property	Environment	VFM	Cumulative Risk Score
Dwelling Fire	2	2 (4)	1 (2)	**	**	**	6
Dwelling : Trapped Person	2	3 (6)	1 (2)	**	**	**	8
High Rise Fire	1	1 (1)	1 (1)	**	**	**	2
Commercial Building Fire	3	1(3)	1(3)	**	**	**	6
Industrial Building Fire	3	1(3)	1(3)	**	**	**	6
Industrial & Commercial Collapsed Structure	2	2 (4)	1(2)	**	**	**	8
Industrial & Commercial Trapped Person	2	3 (6)	1 (2)	**	**	**	12
Other Building Fire	3	1(3)	1(3)	**	**	**	9
Other Building: Trapped Person	2	3 (6)	1(2)	**	**	**	8
Road Traffic Collisions	3	2 (6)	1 (3)	**	**	**	9
High Hazard Fire	3	1 (3)	1 (3)	**	**	**	6
High Hazard Toxic Release	3	2 (6)	1 (3)	**	**	**	9
High Hazard Trapped Person	2	3 (6)	1(2)	**	**	**	8
Animal Rescue	3	1(3)	1(3)	**	**	**	6
Flooding	3	1(3)	1(3)	**	**	**	6
Drowning	3	1(3)	1(3)	**	**	**	6
Nuisance Fires	5	1(5)	1(5)	**	**	**	10
Vehicle Fire	4	2 (8)	1 (4)	**	**	**	12
Medical Incident (inc EMR Trial)***	5	5 (25)	1 (5)	**	**	**	30
Medical Incident (exc EMR Trial)***	1	1 (1)	1 (1)	**	**	**	2

\*\* : Not assessed in absence of Evidenced Based National Descriptors

\*\*\*: Risk impacted by National EMR Trial in 2016

## Appendix II : Likelihood Thresholds

Hazardous Event	Very Low	Low	Medium	High	Very High
<b>Fires (Rate per 10,000 Population)</b>					
Dwelling Fires	Less Than 3.21	3.21 to 3.74	3.75 to 6.96	6.97 to 7.5	Greater Than 7.5
High Rise Fires	Less Than 0.28	0.29 to 0.33	0.34 to 0.62	0.63 to 0.66	Greater Than 0.66
Other Building Fires	Less Than 1.64	1.64 to 1.91	1.92 to 3.55	3.56 to 3.82	Greater Than 3.82
Road Vehicle Fires	Less Than 2.33	2.33 to 2.72	2.73 to 5.05	5.06 to 5.44	Greater Than 5.44
Other Outdoor Primary Fires	Less Than 0.59	0.59 to 0.69	0.70 to 1.29	1.30 to 1.39	Greater Than 1.39
All Primary Fires	Less Than 7.77	7.77 to 9.07	9.08 to 16.84	16.85 to 18.14	Greater Than 18.14
Secondary Fires	Less Than 9.49	9.49 to 11.07	11.08 to 20.55	20.56 to 22.13	Greater Than 22.13
<b>Non Fire Incidents (Rate per 10,000 population)</b>					
Road Traffic Collision (RTC)	Less Than 3.16	3.16 to 3.68	3.69 to 6.84	6.85 to 7.37	Greater Than 7.37
Other transport incident	Less Than 0.14	0.14 to 0.16	0.17 to 0.30	0.31 to 0.32	Greater Than 0.32
Flooding	Less Than 1.62	1.62 to 1.89	1.90 to 3.52	3.53 to 3.79	Greater Than 3.79
Rescue or evacuation from water	Less Than 0.11	0.11 to 0.13	0.13 to 0.24	0.25 to 0.26	Greater Than 0.26
Effecting entry / exit	Less Than 1.64	1.64 to 1.92	1.93 to 3.56	3.57 to 3.83	Greater Than 3.83
Lift release	Less Than 1.59	1.59 to 1.86	1.87 to 3.45	3.55 to 3.71	Greater Than 3.71
Other rescue / release	Less Than 0.50	0.50 to 0.58	0.59 to 1.08	1.09 to 1.67	Greater Than 1.67
Rescue / Release of Persons (consolidated)	Less Than 3.85	3.85 to 4.49	4.50 to 8.33	8.34 to 8.98	Greater Than 8.98
Animal assistance	Less Than 0.55	0.55 to 0.64	0.65 to 1.19	1.20 to 1.29	Greater Than 1.29
Medical Incident (First / Co Responder) : Including EMR Trial	Less Than 3.17	3.17 to 3.70	3.71 to 6.87	6.88 to 7.39	Greater Than 7.39
Medical Incident (First / Co Responder): Excluding EMR Trial	Less Than 3.00	3.00 to 3.50	3.51 to 6.51	6.52 to 7.01	Greater Than 7.01
Hazardous Materials	Less Than 0.19	0.19 to 0.22	0.23 to 0.42	0.43 to 0.45	Greater Than 0.45
Spills and Leaks (not RTC)	Less Than 0.55	0.55 to 0.64	0.65 to 1.19	1.20 to 1.28	Greater Than 1.28
Making Safe (not RTC)	Less Than 0.42	0.42 to 0.49	0.50 to 0.91	0.92 to 0.98	Greater Than 0.98

### Appendix III: Community Safety Thresholds

Hazardous Event	Very Low	Low	Medium	High	Very High
<b>Fatalities / Injuries in Fires (Rate per 10,000 Population)</b>					
All Fires	Less Than 8.00	8.00 to 9.34	9.35 to 17.34	17.35 to 18.68	Greater Than 18.68
Dwelling Fires	Less Than 5.98	5.99 to 6.89	6.90 to 12.97	12.98 to 13.96	Greater Than 13.96
Other Building	Less Than 1.07	1.07 to 1.25	1.26 to 2.32	2.33 to 2.49	Greater Than 2.49
Road Vehicle Fires	Less Than 0.55	0.55 to 0.65	0.66 to 1.21	1.22 to 1.30	Greater Than 1.30
Other Outdoor Primary Fires	Less Than 0.39	0.39 to 0.46	0.47 to 0.85	0.86 to 0.92	Greater Than 0.92

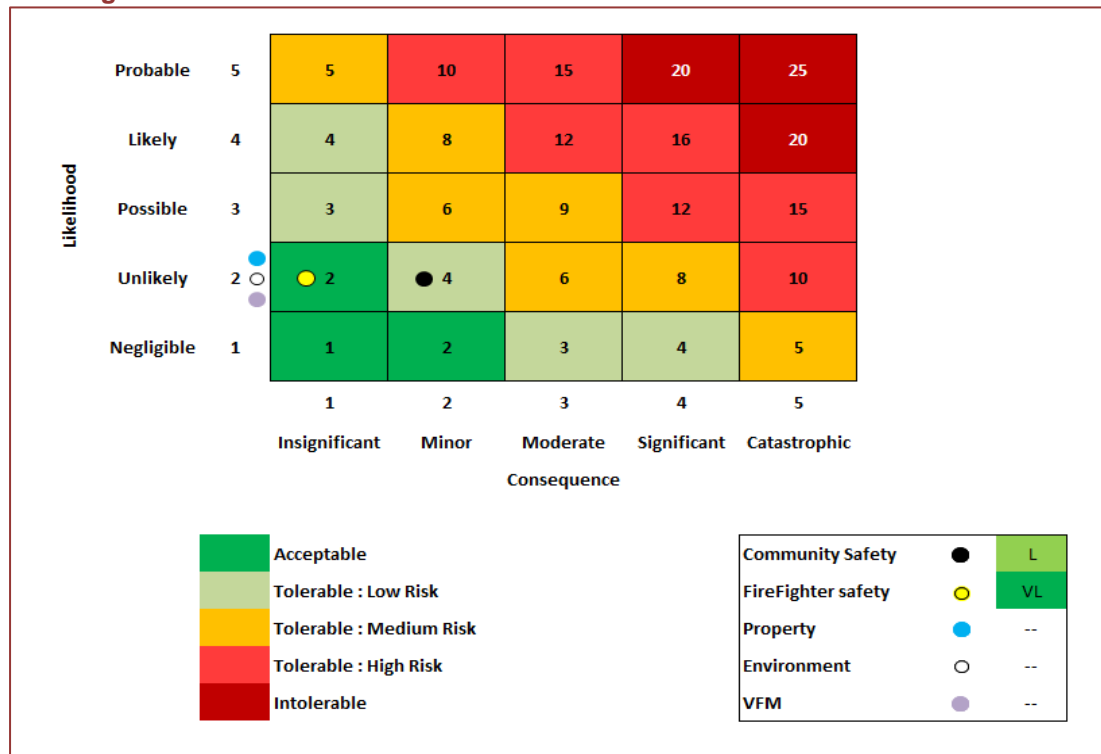
<b>Non Fire Incidents (Rate per 10,000 population)</b>					
All Special Services	Less Than 51.67	51.67 to 60.28	60.29 to 111.94	111.95 to 120.55	Greater Than 120.55
Road Traffic Collision (RTC)	Less Than 22.48	22.48 to 26.22	26.23 to 48.70	48.71 to 52.45	Greater Than 52.45
Medical Incident (First / Co Responder) : Including EMR Trial	Less Than 18.24	18.24 to 21.28	21.29 to 39.52	39.53 to 42.56	Greater Than 42.56
Medical Incident (First / Co Responder): Excluding EMR Trial	Less Than 13.23	13.23 to 15.43	15.44 to 28.66	28.67 to 30.86	Greater Than 30.86
Assist Other Agencies	Less Than 3.50	3.50 to 4.09	4.10 to 7.59	7.60 to 8.17	Greater Than 8.17
Flooding	Less Than 0.43	0.43 to 0.51	0.52 to 0.94	0.95 to 1.01	Greater Than 1.01
Effecting Entry / Exit	Less Than 0.58	0.58 to 0.68	0.69 to 1.26	1.27 to 1.36	Greater Than 1.36
Lift Release	Less Than 0.21	0.21 to 0.24	0.25 to 0.45	0.46 to 0.48	Greater Than 0.48
Suicide Attempts	Less Than 0.51	0.51 to 0.60	0.61 to 1.11	1.12 to 1.19	Greater Than 1.19
Rescue of Trapped Persons	Less Than 3.60	3.60 to 4.20	4.21 to 7.81	7.82 to 8.41	Greater Than 8.41
Other Non Fire Incidents	Less Than 4.29	4.29 to 5.00	5.01 to 9.29	9.29 to 10.01	Greater Than 10.01

### Appendix III: Fire fighter Safety Thresholds

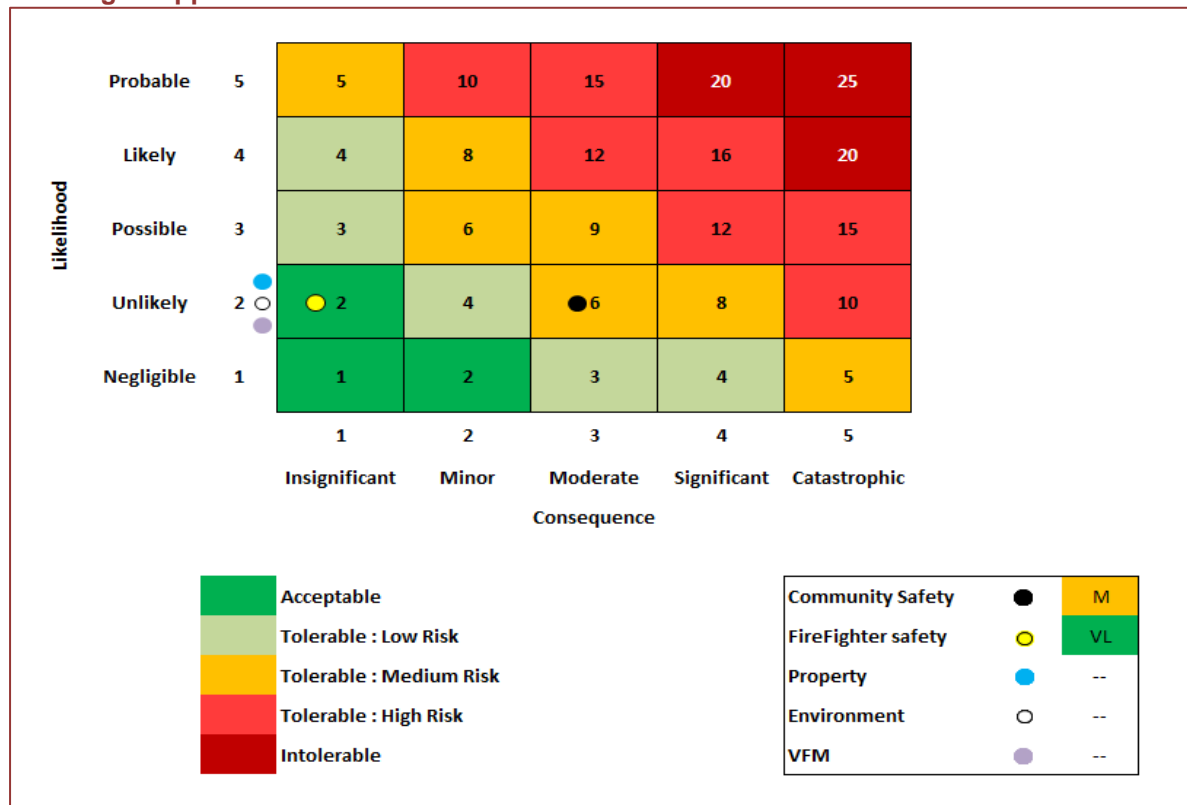
Hazardous Event	Very Low	Low	Medium	High	Very High
Fire Fighter Fatalities and Injuries / 1000 staff (Operational Incidents)	Under 35.16	35.16 to 41.02	41.03 to 76.18	79.19 to 82.04	Over 82.04

## Appendix IV : Hazardous Events Matrices

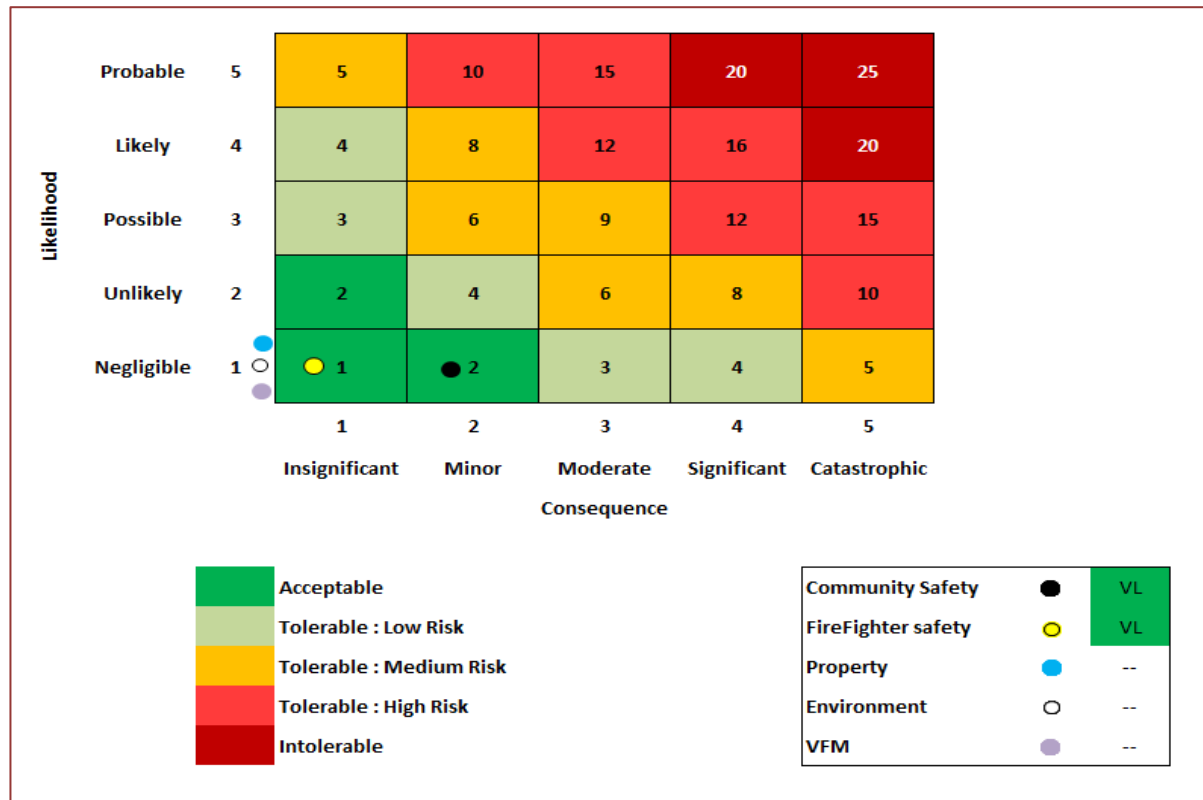
### Dwelling Fire



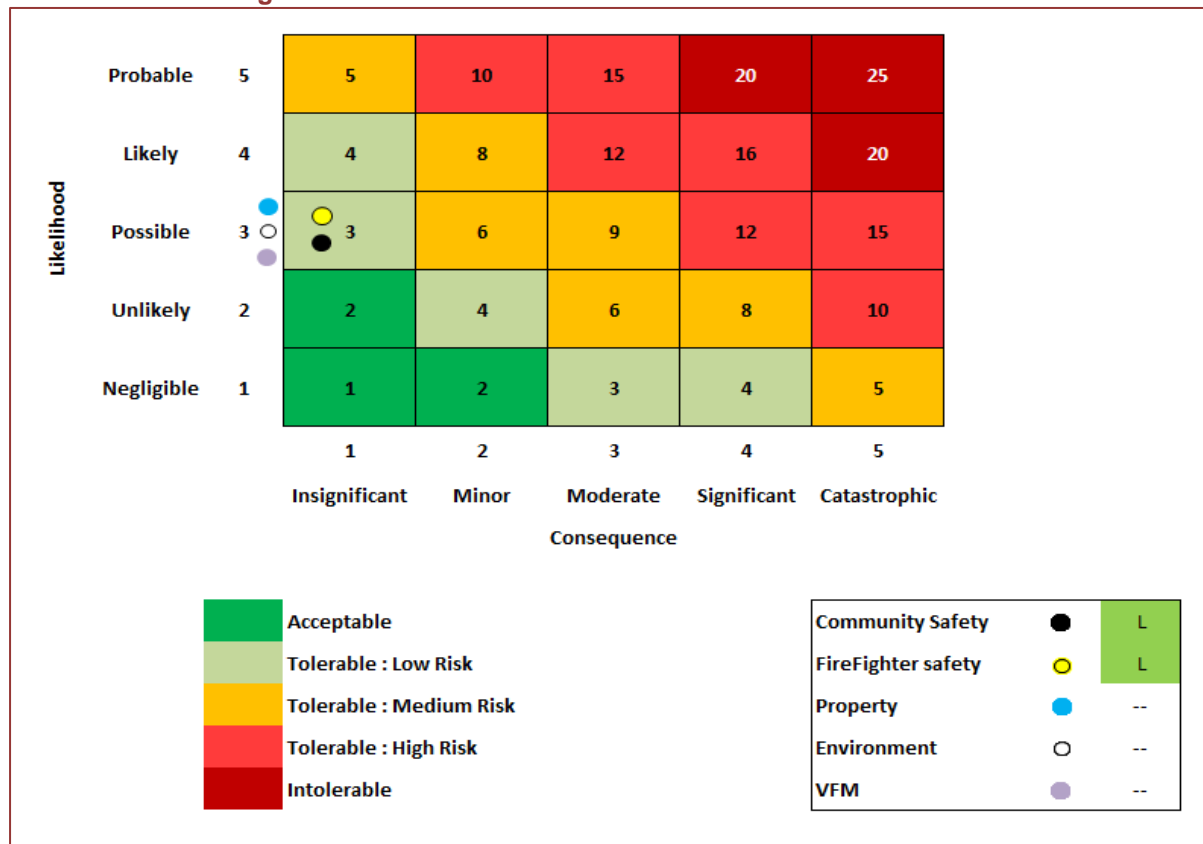
### Dwelling: Trapped Person



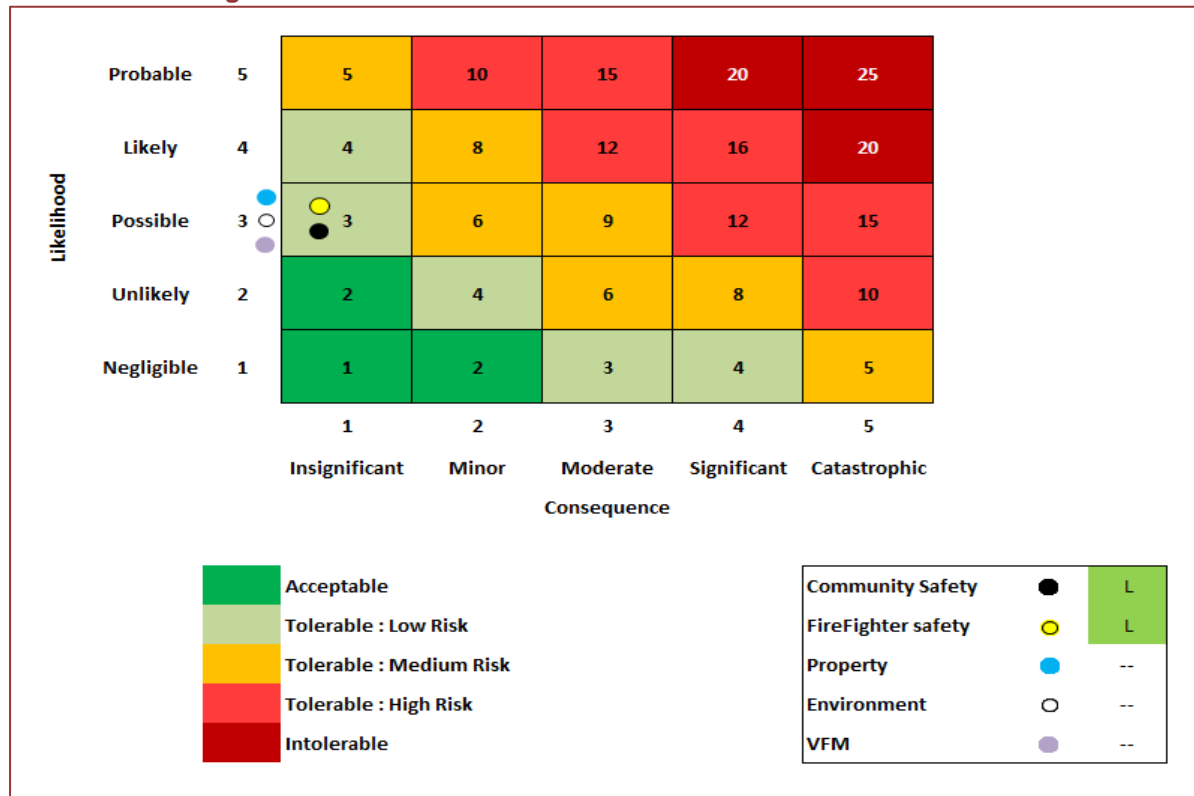
## High Rise Fire



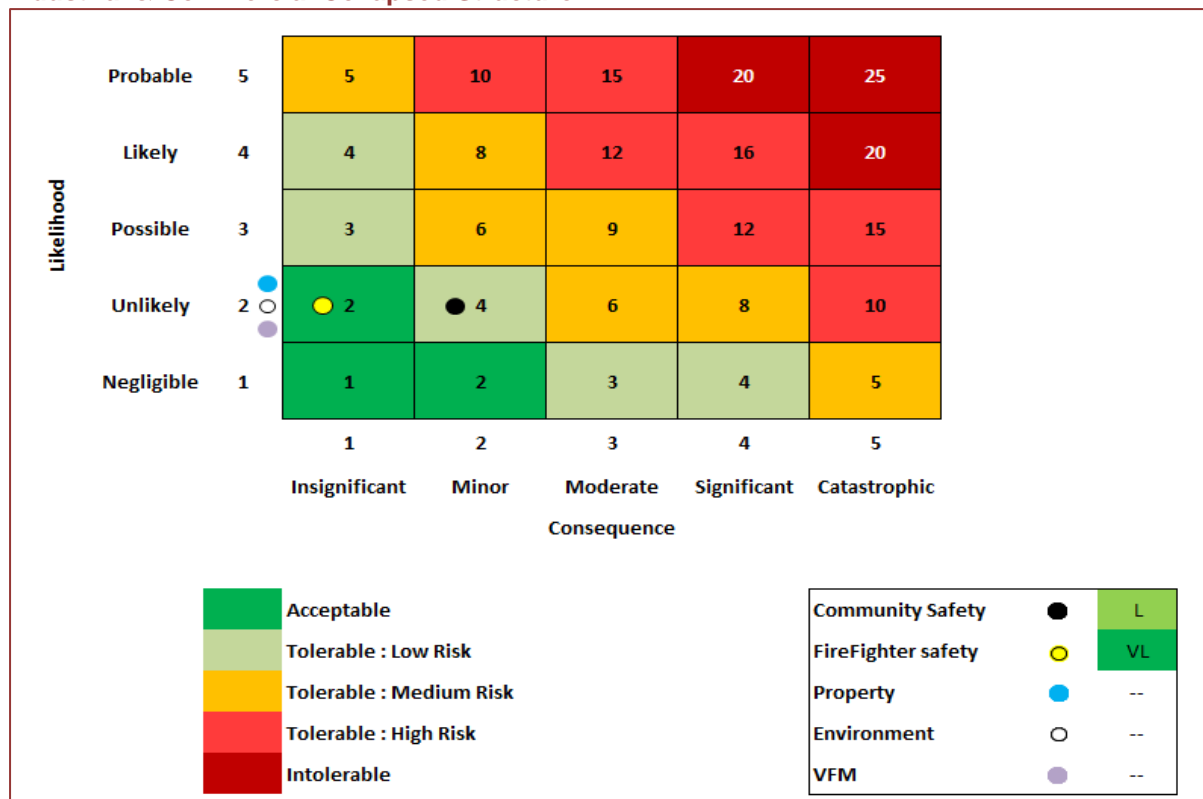
## Commercial Building Fire



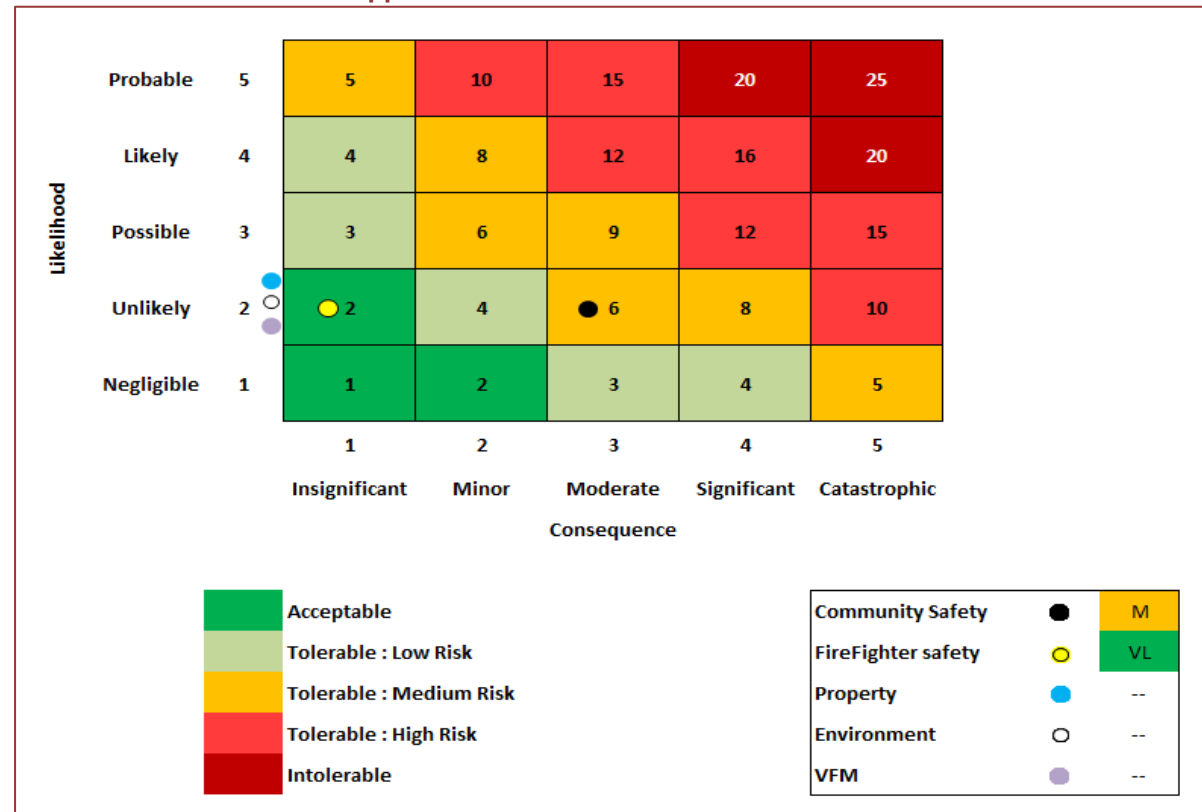
## Industrial Building Fire



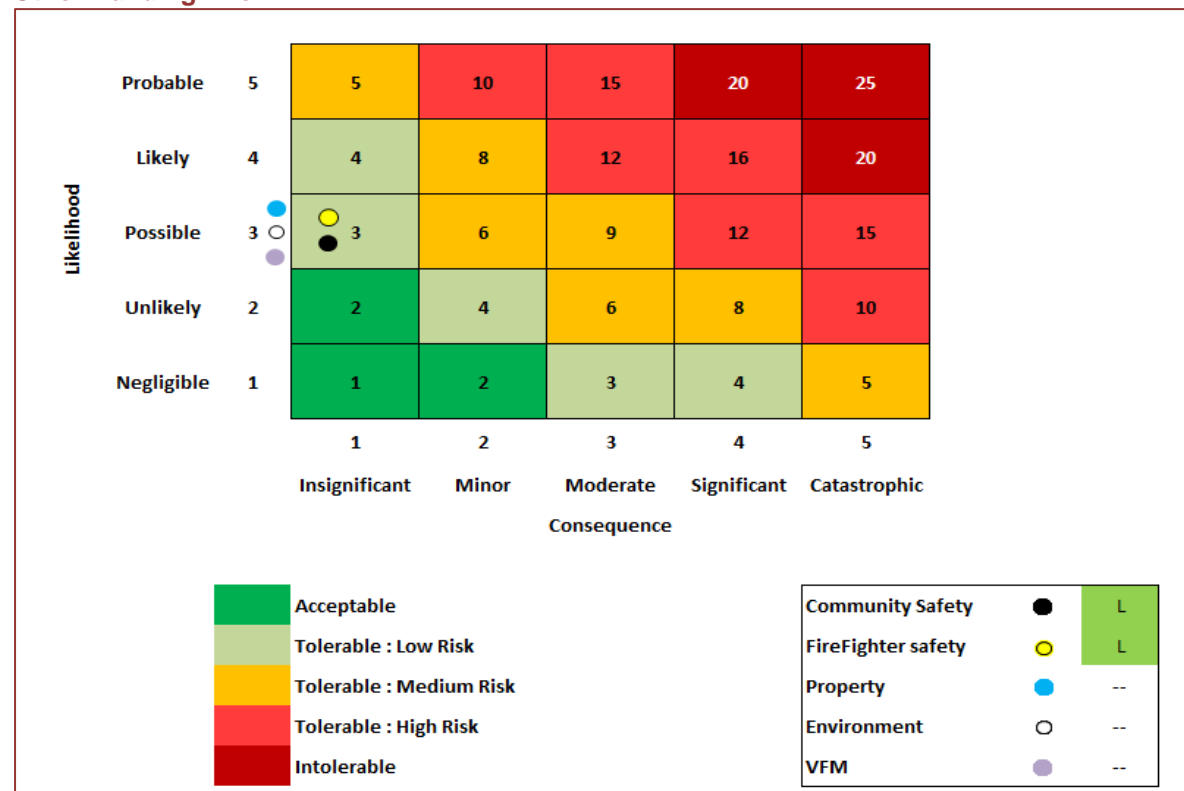
## Industrial & Commercial Collapsed Structure



## Industrial & Commercial Trapped Person

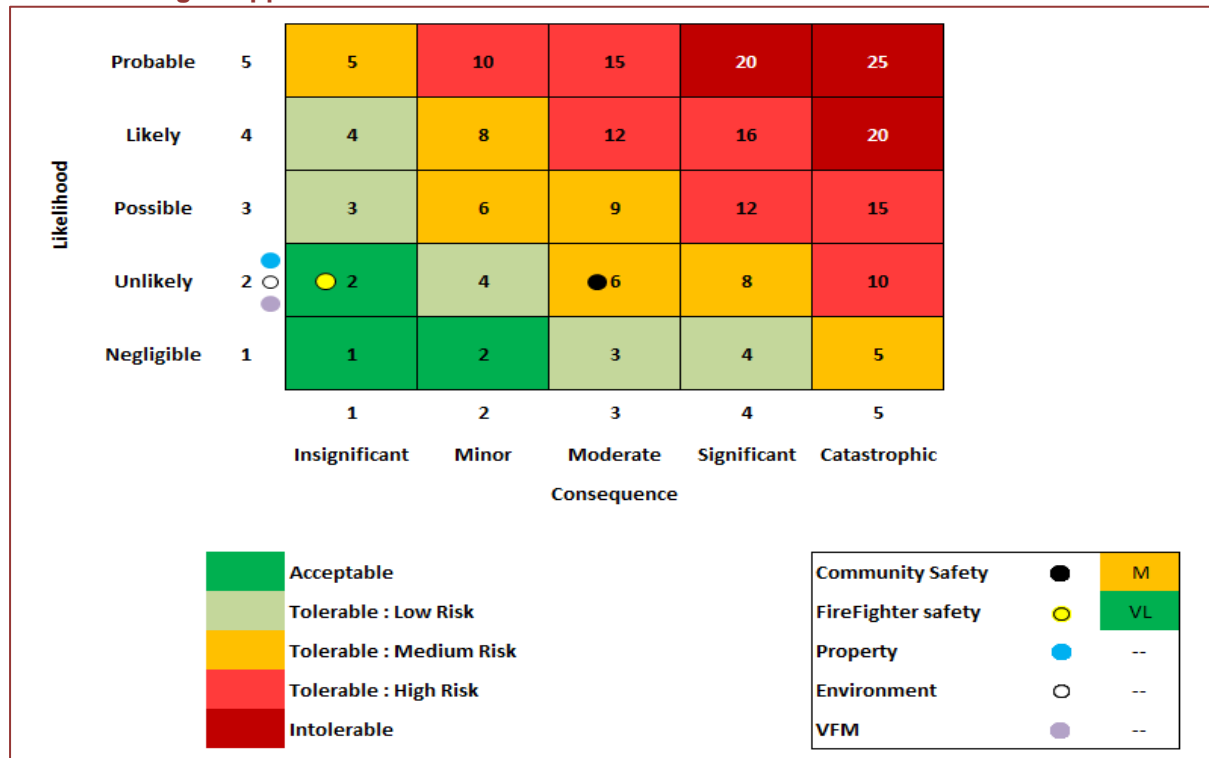


## Other Building Fire

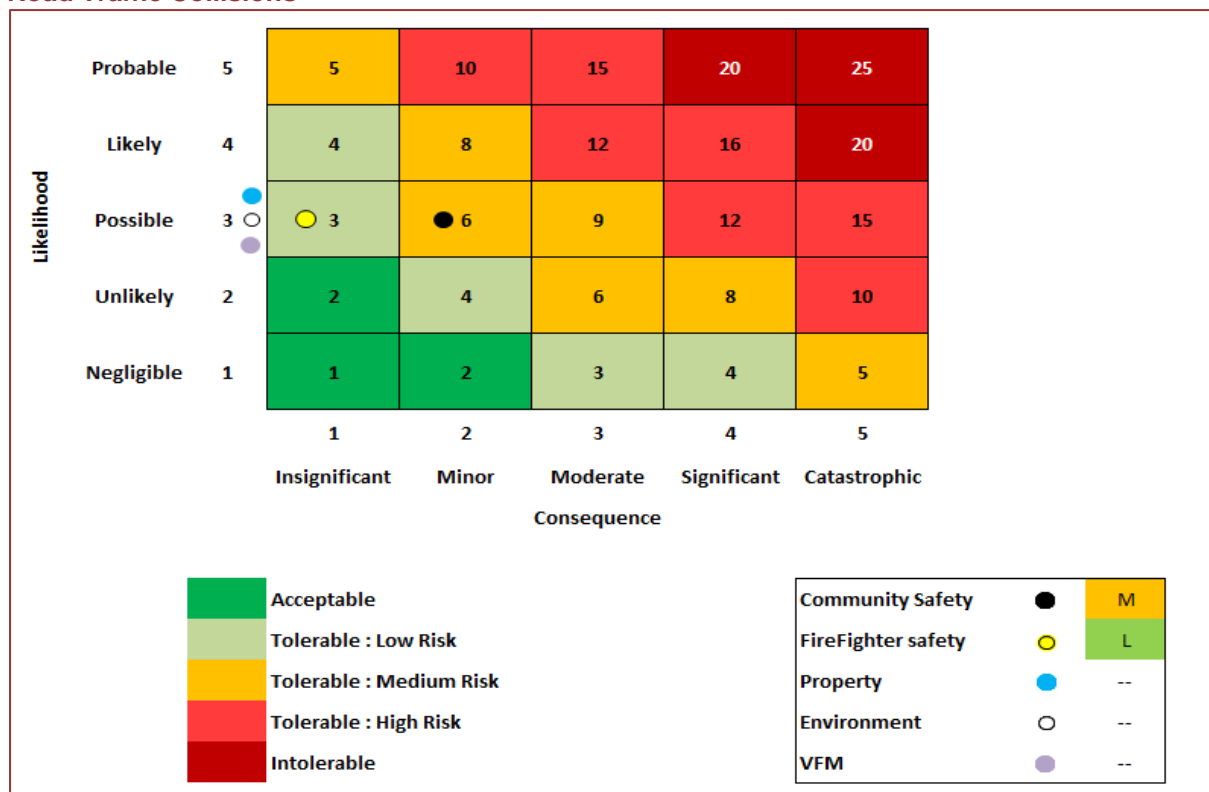




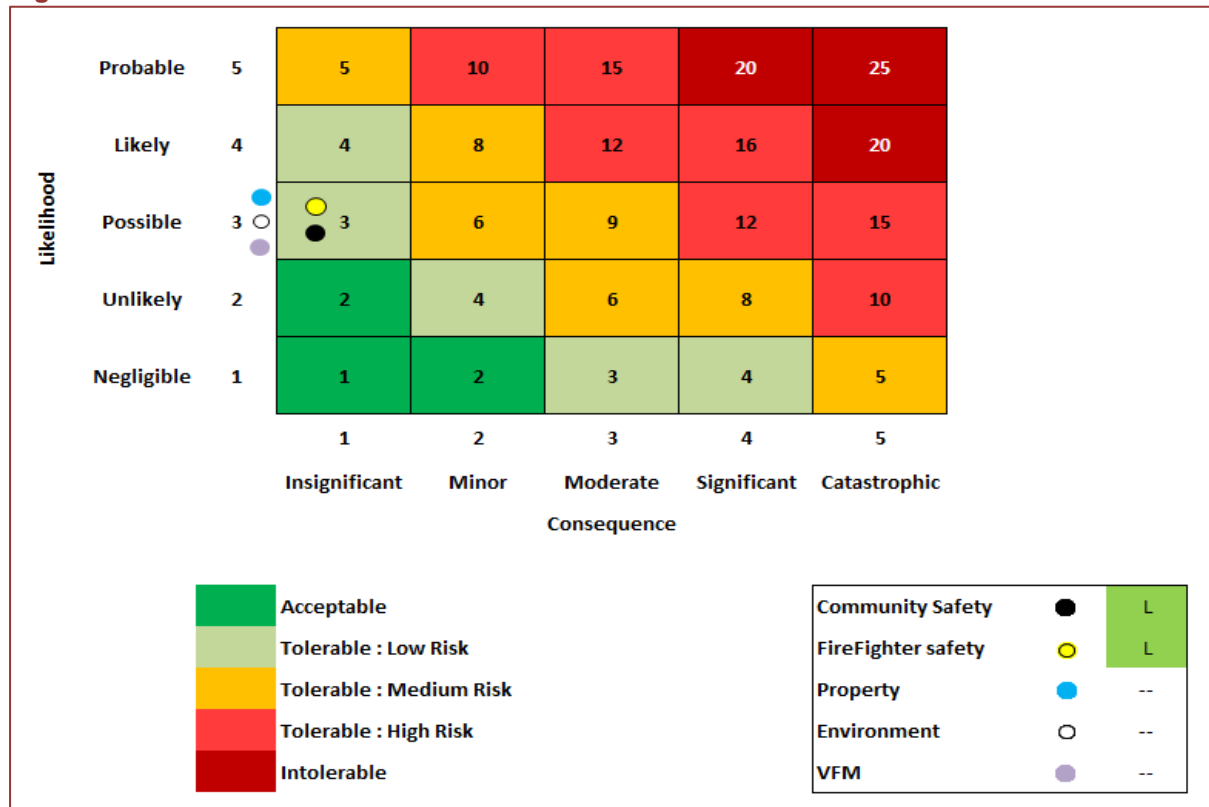
## Other Building: Trapped Person



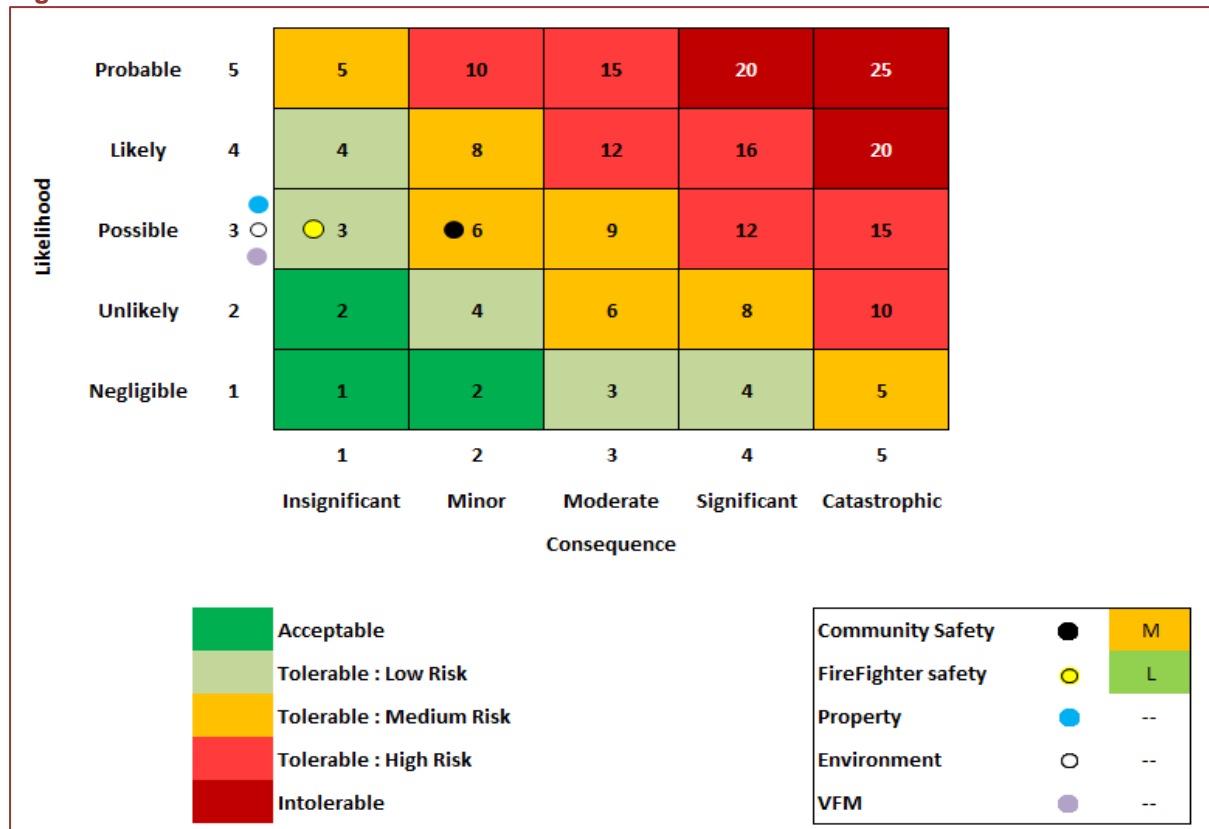
## Road Traffic Collisions



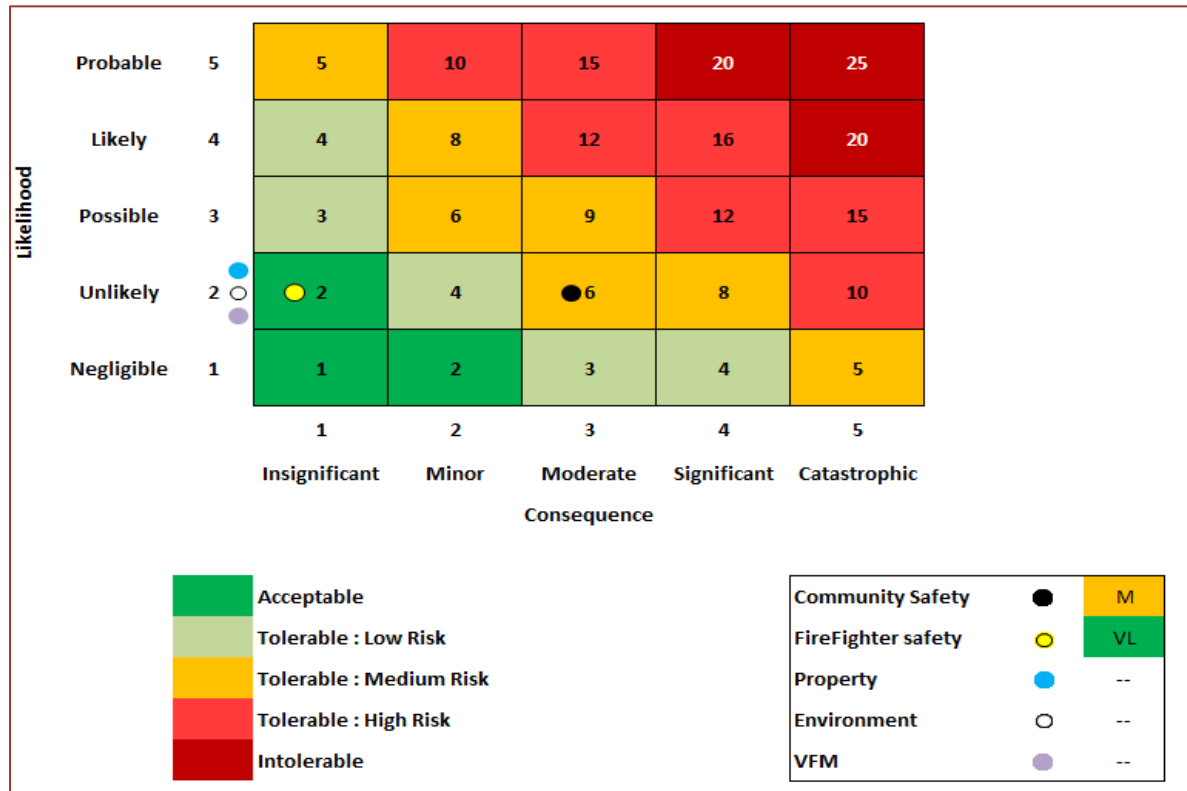
## High Hazard Fire



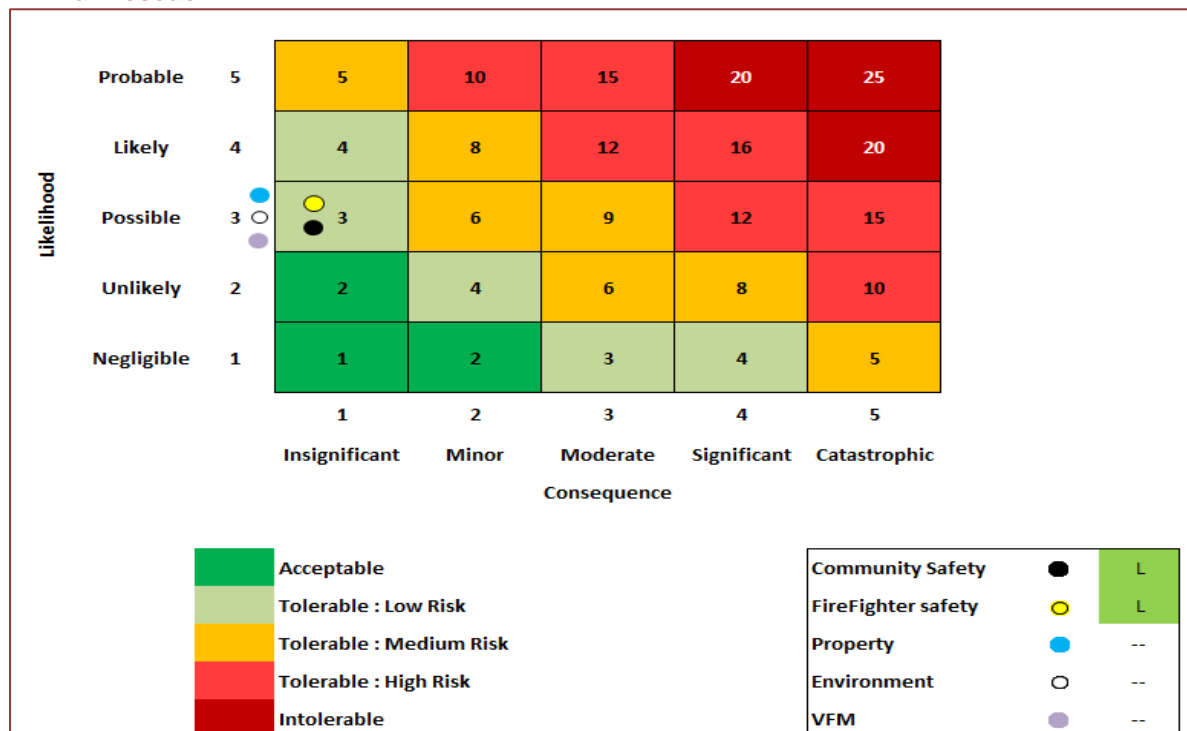
## High Hazard Toxic Release



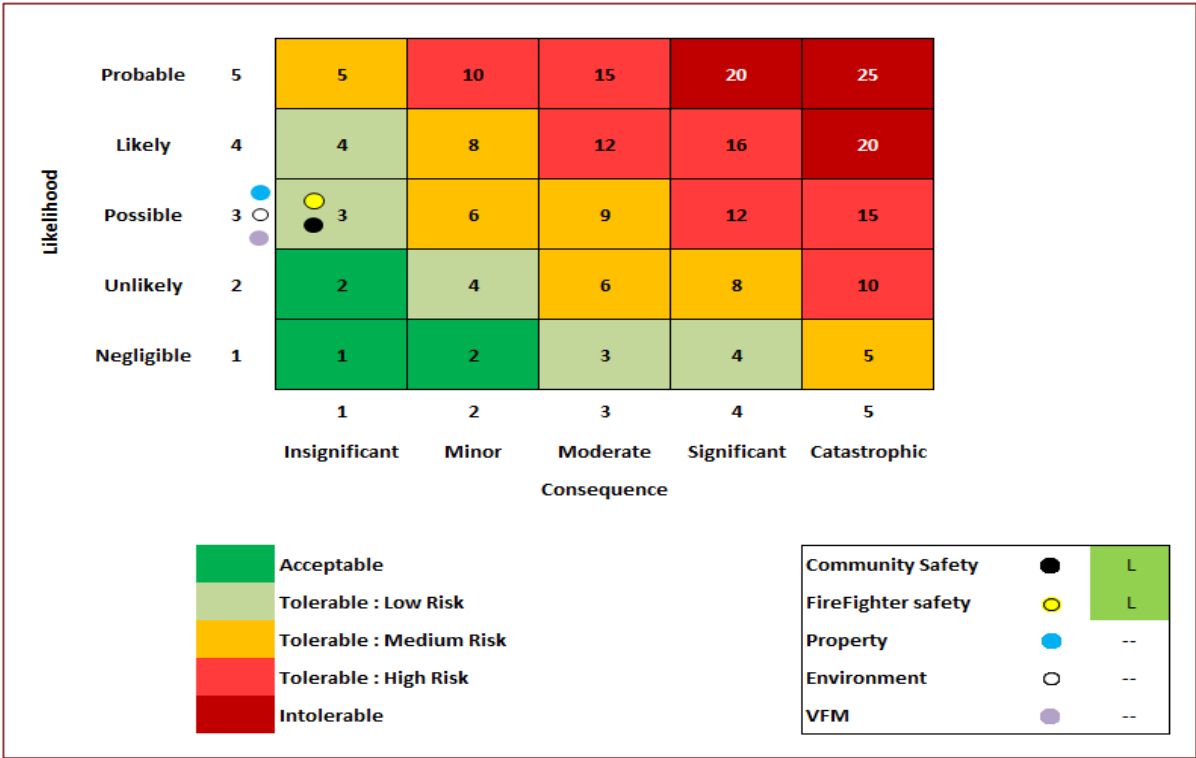
## High Hazard Trapped Person



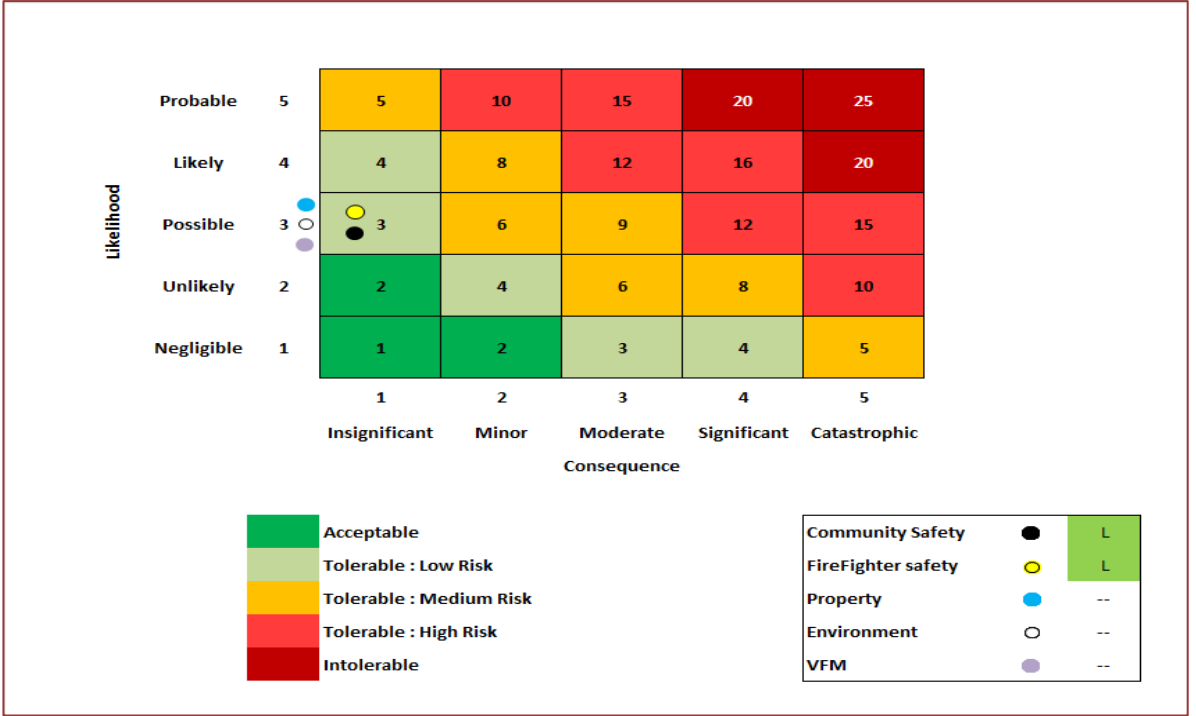
## Animal Rescue



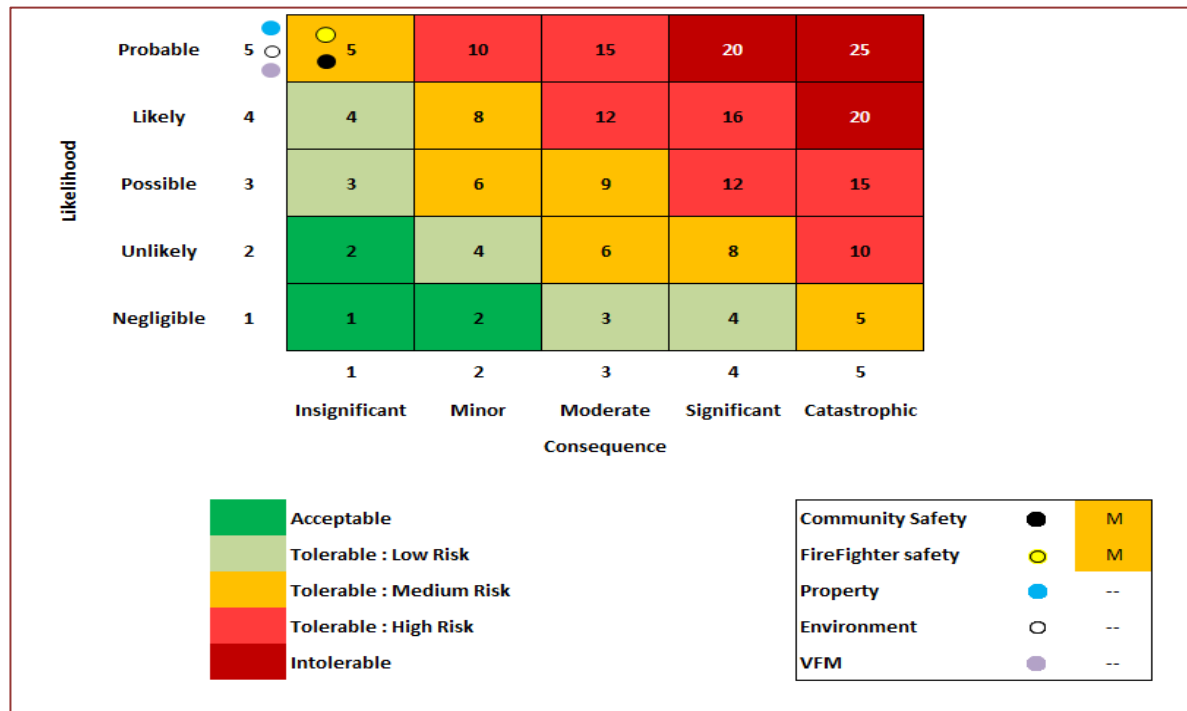
**Flooding**



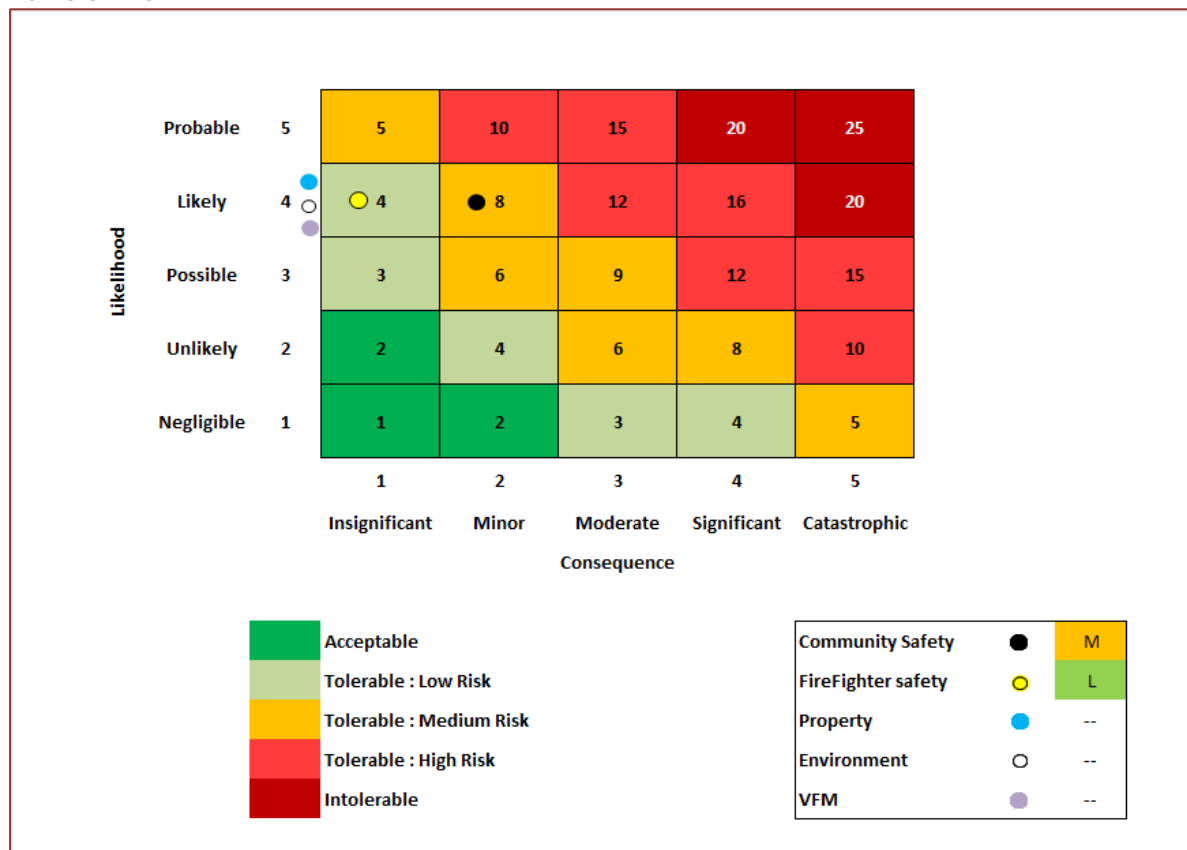
**Drowning**



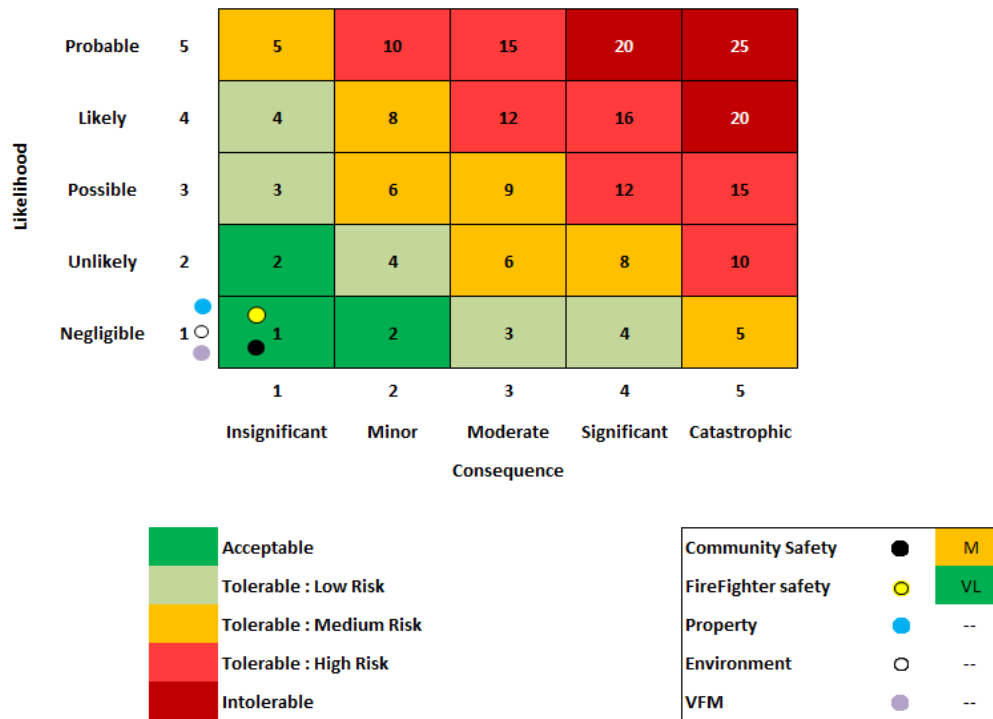
## Nuisance Fires



## Vehicle Fire



## Medical Incident (Exc Impact of EMR Trial)



## Appendix V ADF Fatality Analysis: Vulnerability Factors

Fatality	Gender	Age	Living alone	Smoking	Alcohol	Drugs	Rented	IMD (Top 10%)	Poor Health	Mobility
1 F19127382 Brambles & Thorntree	M	51	Yes	Yes	Yes		Yes	Yes		
2 F19115830 North Ormesby	F	39				Yes	Yes	Yes		
3 F19115830 North Ormesby	M	53				Yes	Yes	Yes		
4 F1799907 Mandale & Victoria	M	24			Yes			Yes		
5 F1798563 Kirkleatham	F	84	Yes				Yes	Yes	Yes	Yes
6 F1792133 Village	M	35	Yes	Yes		Yes	Yes			
7 F1790708 Village	F	58	Yes				Yes			
8 F1567759 Norton West	F	30	Yes		Yes					
9 F1447501 Central	M	64			Yes		Yes	Yes		
10 F1336693 Loftus	M	67		Yes				Yes		
11 F1331351 Western Parishes	M	88								
12 F1331351 Western Parishes	F	90								
13 F1112068 Eston	F	73	Yes				Yes	Yes		
14 F1104709 Hart	M	19			Yes		Yes			
15 F1002554 Hardwick	M	72	Yes	Yes			Yes	Yes	Yes	
16 F0904050 Brambles & Thorntree	M	61	Yes	Yes				Yes		
17 F0903509 Billingham Central	F	30	Yes	Yes						





## PROJECTING OLDER PEOPLE POPULATION INFORMATION SYSTEM (POPPI)

## PROJECTING ADULT NEEDS AND SERVICE INFORMATION SYSTEM (PANSI)

**Obesity:** *Older Persons Projected Data*

**Limiting Long term Illness:** *Older Persons Projected Data*

**Dementia:** *Older Persons Projected Data*

**Falls:** *Older Persons Projected Data*

**Falls with Hospital Admissions:** *Older Persons Projected Data*

**Hearing Loss:** *Older Persons Projected Data and Adult Projected Data*

**Mobility:** *Older Persons Projected Data*

**Living Alone:** *Older Persons Projected Data*

**Tenure Older:** *Persons Projected Data*

**Mental Health:** *Adult Projected Data*

**Drugs/ Alcohol:** *Adult Projected Data*

**Early Onset Dementia:** *Adult Projected Data*

**Visual Impairment:** *Older Persons Projected Data and Adult Projected Data*

**Learning Disability:** *Older Persons Projected Data and Adult Projected Data*

People aged 65 and over who are obese or morbidly obese, by age and gender, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	1,608	1,608	1,797	2,049	1,926
People aged 70-74 with BMI 30+	1,398	1,428	1,341	1,512	1,713
People aged 75-79 with BMI 30+	787	808	1,087	1,037	1,158
People aged 80-84 with BMI 30+	547	547	523	728	704
People aged 85+ with BMI 30+	384	384	442	452	587
<b>Total population 65+ with BMI 30+</b>	<b>4,724</b>	<b>4,775</b>	<b>5,190</b>	<b>5,778</b>	<b>6,088</b>

Redcar and Cleveland:	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	2,589	2,526	2,808	3,126	3,033
People aged 70-74 with BMI 30+	2,400	2,430	2,172	2,400	2,688
People aged 75-79 with BMI 30+	1,516	1,558	1,924	1,716	1,916
People aged 80-84 with BMI 30+	923	940	1,015	1,292	1,169
People aged 85+ with BMI 30+	577	577	693	790	1,002
<b>Total population 65+ with BMI 30+</b>	<b>8,005</b>	<b>8,031</b>	<b>8,612</b>	<b>9,324</b>	<b>9,808</b>

Middlesbrough	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	2,115	2,148	2,400	2,592	2,370
People aged 70-74 with BMI 30+	1,713	1,743	1,773	1,974	2,175
People aged 75-79 with BMI 30+	1,066	1,087	1,316	1,345	1,524
People aged 80-84 with BMI 30+	711	711	687	875	899
People aged 85+ with BMI 30+	442	452	481	520	655
<b>Total population 65+ with BMI 30+</b>	<b>6,047</b>	<b>6,141</b>	<b>6,657</b>	<b>7,306</b>	<b>7,623</b>

Stockton-on-Tees:	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	3,279	3,282	3,693	4,041	3,915
People aged 70-74 with BMI 30+	2,799	2,856	2,742	3,114	3,402
People aged 75-79 with BMI 30+	1,666	1,716	2,245	2,195	2,474
People aged 80-84 with BMI 30+	1,070	1,070	1,145	1,497	1,497
People aged 85+ with BMI 30+	721	731	818	925	1,195
<b>Total population 65+ with BMI 30+</b>	<b>9,535</b>	<b>9,655</b>	<b>10,643</b>	<b>11,772</b>	<b>12,483</b>

North East	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	46,980	46,848	51,909	56,751	54,300
People aged 70-74 with BMI 30+	41,151	41,988	39,477	43,971	48,351
People aged 75-79 with BMI 30+	24,530	25,277	32,683	31,038	34,836
People aged 80-84 with BMI 30+	15,612	15,718	16,741	21,946	21,122
People aged 85+ with BMI 30+	10,267	10,462	11,731	13,243	16,969
<b>Total population 65+ with BMI 30+</b>	<b>138,540</b>	<b>140,293</b>	<b>152,541</b>	<b>166,949</b>	<b>175,578</b>

Hartlepool	2019	2020	2025	2030	2035
Male: 65-69	750	750	840	960	870
Male: 70-74	648	648	621	702	783
Male: 75 - 79	294	315	420	399	462
Male: 80-84	187	187	187	272	272
Male: 85+	80	80	100	110	150
<b>All Male</b>	<b>1,959</b>	<b>1,980</b>	<b>2,168</b>	<b>2,443</b>	<b>2,537</b>

R&C	2019	2020	2025	2030	2035
Male: 65-69	1,170	1,140	1,290	1,410	1,350
Male: 70-74	1,080	1,080	972	1,080	1,188
Male: 75 - 79	588	630	735	672	756
Male: 80-84	323	340	391	476	425
Male: 85+	140	140	180	220	280
<b>All Male</b>	<b>3,301</b>	<b>3,330</b>	<b>3,568</b>	<b>3,858</b>	<b>3,999</b>

Middlesbrough	2019	2020	2025	2030	2035
Male: 65-69	960	960	1,080	1,140	1,050
Male: 70-74	783	783	783	864	945
Male: 75 - 79	399	420	504	504	567
Male: 80-84	255	255	255	323	323
Male: 85+	100	110	120	140	180
<b>All Male</b>	<b>2,497</b>	<b>2,528</b>	<b>2,742</b>	<b>2,971</b>	<b>3,065</b>

Stockton	2019	2020	2025	2030	2035
Male: 65-69	1,530	1,500	1,680	1,830	1,770
Male: 70-74	1,269	1,296	1,242	1,404	1,512
Male: 75 - 79	651	672	882	861	966
Male: 80-84	374	374	425	561	561
Male: 85+	170	180	210	260	340
<b>All Male</b>	<b>3,994</b>	<b>4,022</b>	<b>4,439</b>	<b>4,916</b>	<b>5,149</b>

North East	2019	2020	2025	2030	2035
Male: 65-69	21,570	21,570	23,760	25,830	24,600
Male: 70-74	18,711	19,008	17,847	19,791	21,681
Male: 75 - 79	9,450	9,849	12,789	12,159	13,608
Male: 80-84	5,508	5,542	6,205	8,194	7,922
Male: 85+	2,420	2,520	3,010	3,610	4,790
<b>All Male</b>	<b>57,659</b>	<b>58,489</b>	<b>63,611</b>	<b>69,584</b>	<b>72,601</b>

## Limiting Long Term Illness

People aged 65 and over with a limiting long-term illness, by age, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a little	2,662	2,689	2,769	3,141	3,195
People 75-84: day-to-day activities are limited a little	1,797	1,828	2,138	2,355	2,479
People 85+: day-to-day activities are limited a little	503	503	566	607	796
All aged 65+ with limiting long term illness whose day-to-day activities are limited a little	4,962	5,019	5,472	6,103	6,469

Middlesbrough District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a little	3,043	3,091	3,307	3,618	3,594
People 75-84: day-to-day activities are limited a little	2,297	2,267	2,600	2,902	3,144
People 85+: day-to-day activities are limited a little	674	698	746	819	1,035
All aged 65+ with limiting long term illness whose day-to-day activities are limited a little	6,015	6,057	6,653	7,339	7,774

Redcar District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a little	4,089	4,064	4,064	4,505	4,627
People 75-84: day-to-day activities are limited a little	3,229	3,322	3,881	4,036	4,129
People 85+: day-to-day activities are limited a little	903	927	1,098	1,269	1,586
All aged 65+ with limiting long term illness whose day-to-day activities are limited a little	8,220	8,313	9,043	9,810	10,343

Stockton District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a little	4,752	4,823	5,036	5,580	5,769
People 75-84: day-to-day activities are limited a little	3,656	3,719	4,500	4,938	5,313
People 85+: day-to-day activities are limited a little	1,096	1,120	1,287	1,454	1,882
All aged 65+ with limiting long term illness whose day-to-day activities are limited a little	9,505	9,662	10,823	11,971	12,964

North East	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a little	72,946	73,544	75,335	83,051	84,917
People 75-84: day-to-day activities are limited a little	53,008	54,184	64,946	70,667	74,100
People 85+: day-to-day activities are limited a little	15,379	15,731	17,844	20,379	26,296
All aged 65+ with limiting long term illness whose day-to-day activities are limited a little	141,333	143,458	158,125	174,098	185,314

Hartlepool District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a lot	2,435	2,460	2,533	2,874	2,922
People 75-84: day-to-day activities are limited a lot	2,168	2,206	2,579	2,841	2,991
People 85+: day-to-day activities are limited a lot	1,077	1,077	1,212	1,302	1,706
All 65+ with a limiting long term illness whose day-to-day activities are limited a lot	5,681	5,743	6,324	7,017	7,619

Middlesbrough District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a lot	2,987	3,034	3,246	3,552	3,528
People 75-84: day-to-day activities are limited a lot	2,648	2,613	2,996	3,344	3,623
People 85+: day-to-day activities are limited a lot	1,271	1,317	1,407	1,544	1,952
All 65+ with a limiting long term illness whose day-to-day activities are limited a lot	6,906	6,964	7,650	8,440	9,104

Redcar District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a lot	3,487	3,467	3,467	3,842	3,947
People 75-84: day-to-day activities are limited a lot	3,546	3,648	4,261	4,432	4,534
People 85+: day-to-day activities are limited a lot	1,703	1,749	2,071	2,394	2,992
All 65+ with a limiting long term illness whose day-to-day activities are limited a lot	8,736	8,864	9,799	10,668	11,473

Stockton District	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a lot	3,757	3,813	3,982	4,412	4,561
People 75-84: day-to-day activities are limited a lot	3,544	3,604	4,362	4,786	5,149
People 85+: day-to-day activities are limited a lot	2,095	2,141	2,459	2,778	3,598
All 65+ with a limiting long term illness whose day-to-day activities are limited a lot	9,396	9,558	10,803	11,975	13,308

North East	2019	2020	2025	2030	2035
People 65-74: day-to-day activities are limited a lot	64,079	64,604	66,178	72,955	74,595
People 75-84: day-to-day activities are limited a lot	57,604	58,881	70,576	76,794	80,524
People 85+: day-to-day activities are limited a lot	30,410	31,106	35,285	40,299	51,998
All 65+ with a limiting long term illness whose day-to-day activities are limited a lot	152,092	154,590	172,039	190,047	207,117

## Dementia

People aged 65 and over predicted to have dementia, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	84	84	94	107	101
All people 70-74 predicted to have dementia	149	152	143	162	183
All people 75-79 predicted to have dementia	186	192	258	246	275
All people 80-84 predicted to have dementia	289	289	277	387	375
All people 85-89 predicted to have dementia	293	293	328	308	434
People 90+ predicted to have dementia	259	259	318	377	413
Total population 65+ predicted to have dementia	1,261	1,269	1,419	1,587	1,781

Middlesbrough District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	111	113	126	136	125
All people 70-74 predicted to have dementia	183	186	189	210	232
All people 75-79 predicted to have dementia	253	258	312	319	361
All people 80-84 predicted to have dementia	377	377	365	465	477
All people 85-89 predicted to have dementia	363	363	399	414	540
People 90+ predicted to have dementia	259	283	318	377	436
Total population 65+ predicted to have dementia	1,546	1,579	1,709	1,921	2,169

Redcar and Cleveland District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	136	133	147	164	159
All people 70-74 predicted to have dementia	256	259	232	256	286
All people 75-79 predicted to have dementia	360	370	456	407	455
All people 80-84 predicted to have dementia	488	499	541	686	620
All people 85-89 predicted to have dementia	434	434	525	590	757
People 90+ predicted to have dementia	413	436	472	589	707
Total population 65+ predicted to have dementia	2,086	2,130	2,372	2,693	2,984

Stockton-on-Tees District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	172	172	194	212	206
All people 70-74 predicted to have dementia	299	305	293	332	363
All people 75-79 predicted to have dementia	395	407	533	521	587
All people 80-84 predicted to have dementia	566	566	609	796	796
All people 85-89 predicted to have dementia	565	580	615	681	933
People 90+ predicted to have dementia	472	472	589	707	825
Total population 65+ predicted to have dementia	2,468	2,502	2,832	3,249	3,709

Hartlepool District	2019	2020	2025	2030	2035
Males: 65-69	38	38	42	48	44
Males: 70-74	74	74	71	81	90
Males: 75-79	74	80	106	101	117
Males: 80-84	113	113	113	165	165
Males: 85-89	91	91	106	106	151
Males: 90+	47	47	71	94	94
All Males 65+	437	442	509	594	660

Middlesbrough District	2019	2020	2025	2030	2035
Males: 65-69	48	48	54	57	53
Males: 70-74	90	90	90	99	109
Males: 75-79	101	106	127	127	143
Males: 80-84	155	155	155	196	196
Males: 85-89	121	121	136	151	196
Males: 90+	47	71	71	94	118
All Males 65+	561	590	632	724	814

Redcar and Cleveland District	2019	2020	2025	2030	2035
Males: 65-69	59	57	65	71	68
Males: 70-74	124	124	112	124	136
Males: 75-79	148	159	186	170	191
Males: 80-84	196	206	237	288	258
Males: 85-89	151	151	181	227	272
Males: 90+	94	118	118	165	212
All Males 65+	772	815	897	1,044	1,136

Stockton-on-Tees District	2019	2020	2025	2030	2035
Males: 65-69	77	75	84	92	89
Males: 70-74	146	149	143	161	174
Males: 75-79	164	170	223	217	244
Males: 80-84	227	227	258	340	340
Males: 85-89	181	196	211	257	347
Males: 90+	118	118	165	212	259
All Males 65+	912	934	1,083	1,278	1,452

North East	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	2,465	2,457	2,723	2,978	2,850
All people 70-74 predicted to have dementia	4,392	4,480	4,212	4,690	5,156
All people 75-79 predicted to have dementia	5,817	5,997	7,755	7,365	8,266
All people 80-84 predicted to have dementia	8,263	8,319	8,896	11,669	11,235
All people 85-89 predicted to have dementia	7,869	8,021	9,009	9,921	13,285
People 90+ predicted to have dementia	7,014	7,191	8,121	9,758	11,631
Total population 65+ predicted to have dementia	35,820	36,464	40,716	46,382	52,423

North East	2019	2020	2025	2030	2035
Males: 65-69	1,079	1,079	1,188	1,292	1,230
Males: 70-74	2,148	2,182	2,049	2,272	2,489
Males: 75-79	2,385	2,486	3,228	3,069	3,434
Males: 80-84	3,337	3,358	3,760	4,965	4,800
Males: 85-89	2,597	2,688	3,111	3,639	4,923
Males: 90+	1,669	1,739	2,209	2,820	3,596
All Males 65+	13,215	13,531	15,544	18,056	20,472

## Falls

### People aged 65 and over predicted have a fall, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,048	1,048	1,171	1,335	1,258
People 70-74 predicted to have a fall	1,155	1,182	1,108	1,249	1,417
People 75-79 predicted to have a fall	725	744	1,001	955	1,066
People 80-84 predicted to have a fall	851	851	817	1,142	1,108
People 85+ predicted to have a fall	1,032	1,032	1,204	1,247	1,634
<b>Total population 65+: predicted to have a fall</b>	<b>4,811</b>	<b>4,857</b>	<b>5,301</b>	<b>5,928</b>	<b>6,483</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,381	1,404	1,568	1,696	1,550
People 70-74 predicted to have a fall	1,417	1,444	1,471	1,639	1,807
People 75-79 predicted to have a fall	982	1,001	1,212	1,239	1,404
People 80-84 predicted to have a fall	1,111	1,111	1,077	1,371	1,405
People 85+ predicted to have a fall	1,204	1,247	1,333	1,462	1,849
<b>Total population 65+: predicted to have a fall</b>	<b>6,095</b>	<b>6,207</b>	<b>6,661</b>	<b>7,407</b>	<b>8,015</b>

Redcar & Cleveland District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,691	1,650	1,832	2,042	1,983
People 70-74 predicted to have a fall	1,988	2,015	1,800	1,988	2,230
People 75-79 predicted to have a fall	1,396	1,434	1,772	1,580	1,764
People 80-84 predicted to have a fall	1,439	1,470	1,597	2,024	1,829
People 85+ predicted to have a fall	1,591	1,591	1,935	2,236	2,838
<b>Total population 65+: predicted to have a fall</b>	<b>8,105</b>	<b>8,160</b>	<b>8,936</b>	<b>9,870</b>	<b>10,644</b>

Stockton District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	2,137	2,142	2,411	2,639	2,557
People 70-74 predicted to have a fall	2,317	2,364	2,270	2,579	2,821
People 75-79 predicted to have a fall	1,534	1,580	2,067	2,021	2,278
People 80-84 predicted to have a fall	1,668	1,668	1,795	2,349	2,349
People 85+ predicted to have a fall	1,978	2,021	2,279	2,623	3,397
<b>Total population 65+: predicted to have a fall</b>	<b>9,634</b>	<b>9,775</b>	<b>10,822</b>	<b>12,211</b>	<b>13,402</b>

North East	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	30,652	30,560	33,875	37,049	35,460
People 70-74 predicted to have a fall	34,056	34,762	32,687	36,422	40,063
People 75-79 predicted to have a fall	22,590	23,275	30,093	28,578	32,076
People 80-84 predicted to have a fall	24,358	24,522	26,241	34,424	33,146
People 85+ predicted to have a fall	28,165	28,810	32,680	37,324	48,160
<b>Total population 65+: predicted to have a fall</b>	<b>139,821</b>	<b>141,929</b>	<b>155,576</b>	<b>173,797</b>	<b>188,905</b>

Hartlepool District	2019	2020	2025	2030	2035
Males: 65-69	450	450	504	576	522
Males: 70-74	480	480	460	520	580
Males: 75-79	266	285	380	361	418
Males: 80-84	341	341	341	496	496
Males: 85+	344	344	430	473	645
<b>Total Males: 65+</b>	<b>1,881</b>	<b>1,900</b>	<b>2,115</b>	<b>2,426</b>	<b>2,661</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males: 65-69	576	576	648	684	630
Males: 70-74	580	580	580	640	700
Males: 75-79	361	380	456	456	513
Males: 80-84	465	465	465	589	589
Males: 85+	430	473	516	602	774
<b>Total Males: 65+</b>	<b>2,412</b>	<b>2,474</b>	<b>2,665</b>	<b>2,971</b>	<b>3,206</b>

Redcar & Cleveland District	2019	2020	2025	2030	2035
Males: 65-69	702	684	774	846	810
Males: 70-74	800	800	720	800	880
Males: 75-79	532	570	665	608	684
Males: 80-84	589	620	713	868	775
Males: 85+	602	602	774	946	1,204
<b>Total Males: 65+</b>	<b>3,225</b>	<b>3,276</b>	<b>3,646</b>	<b>4,068</b>	<b>4,353</b>

Stockton District	2019	2020	2025	2030	2035
Males: 65-69	918	900	1,008	1,098	1,062
Males: 70-74	940	960	920	1,040	1,120
Males: 75-79	589	608	798	779	874
Males: 80-84	682	682	775	1,023	1,023
Males: 85+	731	774	903	1,118	1,462
<b>Total Males: 65+</b>	<b>3,860</b>	<b>3,924</b>	<b>4,404</b>	<b>5,058</b>	<b>5,541</b>

## Falls - hospital admissions

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-69 predicted admitted to hospital as a result of falls	28	27	30	34	32
People 70-74 predicted admitted to hospital as a result of falls	40	46	44	49	56
People 75-79 admitted to hospital as a result of falls	104	104	131	133	148
People 80+ admitted to hospital as a result of falls	483	483	499	592	678
<b>Total pop 65+ predicted admitted to hospital as a result of falls</b>	<b>723</b>	<b>725</b>	<b>776</b>	<b>886</b>	<b>989</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
People 65-69 predicted admitted to hospital as a result of falls	67	67	74	81	78
People 70-74 predicted admitted to hospital as a result of falls	115	115	103	115	127
People 75-79 admitted to hospital as a result of falls	148	153	187	168	190
People 80+ admitted to hospital as a result of falls	631	647	732	888	943
<b>Total 65+ predicted to be admitted to hospital as a result of falls</b>	<b>962</b>	<b>981</b>	<b>1,097</b>	<b>1,252</b>	<b>1,338</b>

North East District	2019	2020	2025	2030	2035
People 65-69 predicted admitted to hospital as a result of falls	1,224	1,221	1,352	1,478	1,414
People 70-74 predicted admitted to hospital as a result of falls	1,955	1,993	1,874	2,087	2,294
People 75-79 admitted to hospital as a result of falls	2,393	2,469	3,197	3,034	3,404
People 80+ admitted to hospital as a result of falls	10,898	11,070	12,184	14,980	16,639
<b>Total 65+ predicted to be admitted to hospital as a result of falls</b>	<b>16,471</b>	<b>16,753</b>	<b>18,607</b>	<b>21,579</b>	<b>23,752</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 65-69 predicted admitted to hospital as a result of falls	55	56	62	67	62
People 70-74 predicted admitted to hospital as a result of falls	81	83	84	94	102
People 75-79 admitted to hospital as a result of falls	104	104	131	133	148
People 80+ admitted to hospital as a result of falls	473	490	553	622	694
<b>Total pop 65+ predicted admitted to hospital as a result of falls</b>	<b>723</b>	<b>725</b>	<b>776</b>	<b>886</b>	<b>989</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
People 65-69 predicted admitted to hospital as a result of falls	85	85	95	105	102
People 70-74 predicted admitted to hospital as a result of falls	132	136	132	146	163
People 75-79 admitted to hospital as a result of falls	163	168	220	212	242
People 80+ admitted to hospital as a result of falls	756	763	849	1,036	1,176
<b>Total 65+ predicted to be admitted to hospital as a result of falls</b>	<b>1,135</b>	<b>1,152</b>	<b>1,296</b>	<b>1,500</b>	<b>1,683</b>

## Hearing Loss

Hartlepool District	2019	2020	2025	2030	2035
People aged 18-24 predicted to have some hearing loss	130	125	120	133	130
People aged 25-34 predicted to have some hearing loss	266	267	259	235	234
People aged 35-44 predicted to have some hearing loss	497	506	561	596	594
People aged 45-54 predicted to have some hearing loss	1,624	1,559	1,363	1,281	1,411
People aged 55-64 predicted to have some hearing loss	3,216	3,301	3,480	3,155	2,778
People aged 65-74 predicted to have some hearing loss	4,601	4,700	4,750	5,365	5,645
People aged 75-84 predicted to have some hearing loss	4,313	4,362	5,015	5,826	6,033
People aged 85+ predicted to have some hearing loss	2,448	2,554	3,038	3,394	4,422
<b>Total population 18+ predicted to have some hearing loss</b>	<b>17,095</b>	<b>17,374</b>	<b>18,586</b>	<b>19,985</b>	<b>21,247</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	284	279	271	297	302
People 25-34 predicted to have some hearing loss	432	433	434	408	410
People 35-44 predicted to have some hearing loss	752	758	823	857	868
People 45-54 predicted to have some hearing loss	2,168	2,087	1,895	1,817	1,965
People 55-64 predicted to have some hearing loss	4,414	4,486	4,504	4,092	3,724
People 65-74 predicted to have some hearing loss	5,830	5,951	6,256	6,917	6,979
People 75-84 predicted to have some hearing loss	5,452	5,497	6,192	7,091	7,612
People 85+ predicted to have some hearing loss	2,828	2,908	3,353	3,806	4,831
<b>Total population 18+ predicted to have some hearing loss</b>	<b>22,160</b>	<b>22,399</b>	<b>23,728</b>	<b>25,285</b>	<b>26,691</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	175	169	162	177	177
People 25-34 predicted to have some hearing loss	351	351	340	308	304
People 35-44 predicted to have some hearing loss	678	681	735	771	768
People 45-54 predicted to have some hearing loss	2,345	2,275	1,915	1,746	1,880
People 55-64 predicted to have some hearing loss	4,781	4,899	5,086	4,659	3,979
People 65-74 predicted to have some hearing loss	7,714	7,726	7,445	8,177	8,499
People 75-84 predicted to have some hearing loss	7,403	7,628	8,899	9,582	9,529
People 85+ predicted to have some hearing loss	3,643	3,772	4,662	5,617	7,147
<b>Total population 18+ predicted to have some hearing loss</b>	<b>27,090</b>	<b>27,501</b>	<b>29,244</b>	<b>31,037</b>	<b>32,283</b>

Hartlepool District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	34	34	35	31	29
People 35-44 predicted to have severe hearing loss	57	58	63	66	62
People 45-54 predicted to have severe hearing loss	71	68	60	55	61
People 55-64 predicted to have severe hearing loss	178	183	195	178	157
People 65-74 predicted to have severe hearing loss	296	303	306	345	364
People 75-84 predicted to have severe hearing loss	634	639	666	865	857
People 85+ predicted to have severe hearing loss	584	610	725	810	1,056
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>1,854</b>	<b>1,895</b>	<b>2,050</b>	<b>2,350</b>	<b>2,586</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	51	51	54	51	47
People 35-44 predicted to have severe hearing loss	87	88	93	96	93
People 45-54 predicted to have severe hearing loss	94	91	82	78	85
People 55-64 predicted to have severe hearing loss	245	249	253	230	209
People 65-74 predicted to have severe hearing loss	375	383	402	445	450
People 75-84 predicted to have severe hearing loss	784	790	835	1,028	1,066
People 85+ predicted to have severe hearing loss	675	694	800	909	1,153
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>2,311</b>	<b>2,346</b>	<b>2,519</b>	<b>2,837</b>	<b>3,103</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	44	44	45	41	37
People 35-44 predicted to have severe hearing loss	76	78	82	84	80
People 45-54 predicted to have severe hearing loss	102	100	84	75	81
People 55-64 predicted to have severe hearing loss	265	273	285	264	225
People 65-74 predicted to have severe hearing loss	498	499	479	526	548
People 75-84 predicted to have severe hearing loss	1031	1,070	1,203	1,444	1,355
People 85+ predicted to have severe hearing loss	870	900	1,113	1,341	1,706
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>2,886</b>	<b>2,964</b>	<b>3,291</b>	<b>3,775</b>	<b>4,032</b>



Stockton-on-Tees District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	283	277	276	309	309
People 25-34 predicted to have some hearing loss	568	584	576	536	540
People 35-44 predicted to have some hearing loss	1,138	1,159	1,279	1,326	1,337
People 45-54 predicted to have some hearing loss	3,382	3,302	2,941	2,853	3,124
People 55-64 predicted to have some hearing loss	6,527	6,661	6,952	6,486	5,804
People 65-74 predicted to have some hearing loss	9,178	9,336	9,609	10,639	11,115
People 75-84 predicted to have some hearing loss	8,495	8,675	10,210	11,689	12,283
People 85+ predicted to have some hearing loss	4,475	4,657	5,624	6,647	8,616
<b>Total population 18+ predicted to have some hearing loss</b>	<b>34,046</b>	<b>34,651</b>	<b>37,467</b>	<b>40,485</b>	<b>43,128</b>

North East	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	4,343	4,259	4,158	4,568	4,557
People 25-34 predicted to have some hearing loss	7,559	7,571	7,539	7,033	7,039
People 35-44 predicted to have some hearing loss	14,528	14,707	15,857	16,539	16,781
People 45-54 predicted to have some hearing loss	45,034	43,803	39,011	36,867	39,641
People 55-64 predicted to have some hearing loss	90,473	92,377	95,295	88,620	79,382
People 65-74 predicted to have some hearing loss	134,557	136,235	136,733	150,508	155,653
People 75-84 predicted to have some hearing loss	123,392	126,275	149,027	168,299	173,266
People 85+ predicted to have some hearing loss	63,760	65,896	78,212	92,213	119,976
<b>Total population 18+ predicted to have some hearing loss</b>	<b>483,646</b>	<b>491,123</b>	<b>525,832</b>	<b>564,647</b>	<b>596,295</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	75	74	78	71	66
People 35-44 predicted to have severe hearing loss	132	135	143	147	141
People 45-54 predicted to have severe hearing loss	147	144	128	122	135
People 55-64 predicted to have severe hearing loss	362	370	389	365	327
People 65-74 predicted to have severe hearing loss	591	602	618	685	716
People 75-84 predicted to have severe hearing loss	1,213	1,243	1,380	1,726	1,749
People 85+ predicted to have severe hearing loss	1068	1,112	1,343	1,587	2,057
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>3,588</b>	<b>3,680</b>	<b>4,079</b>	<b>4,703</b>	<b>5,191</b>

North East	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	931	934	987	921	846
People 35-44 predicted to have severe hearing loss	1,664	1,682	1,770	1,841	1,774
People 45-54 predicted to have severe hearing loss	1,961	1,909	1,700	1,584	1,710
People 55-64 predicted to have severe hearing loss	5,029	5,141	5,343	4,998	4,477
People 65-74 predicted to have severe hearing loss	8,674	8,787	8,799	9,687	10,035
People 75-84 predicted to have severe hearing loss	17,523	17,908	19,928	24,932	24,572
People 85+ predicted to have severe hearing loss	15,223	15,733	18,674	22,017	28,645
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>51,005</b>	<b>52,093</b>	<b>57,200</b>	<b>65,979</b>	<b>72,059</b>

Mobility

People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2035. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Hartlepool	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	434	434	485	553	520
People 70-74 unable to manage at least one activity on their own	640	656	614	692	786
People 75-79 unable to manage at least one activity on their own	525	537	723	690	768
People 80-84 unable to manage at least one activity on their own	633	633	604	839	810
People 85+ unable to manage at least one activity on their own	1,080	1,080	1,250	1,285	1,675
All 65+ unable to manage at least one activity on own	3,312	3,340	3,676	4,059	4,559

Middlesbrough	2017	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	571	580	648	700	640
People 70-74 unable to manage at least one activity on their own	786	802	818	912	1,006
People 75-79 unable to manage at least one activity on their own	711	723	876	897	1,017
People 80-84 unable to manage at least one activity on their own	821	821	792	1,009	1,038
People 85+ unable to manage at least one activity on their own	1,250	1,285	1,370	1,490	1,880
All 65+ unable to manage at least one activity on own	4,139	4,211	4,504	5,008	5,581

Redcar	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	699	682	758	844	819
People 70-74 unable to manage at least one activity on their own	1,104	1,120	1,000	1,104	1,240
People 75-79 unable to manage at least one activity on their own	1,008	1,032	1,281	1,140	1,272
People 80-84 unable to manage at least one activity on their own	1,067	1,085	1,168	1,490	1,349
People 85+ unable to manage at least one activity on their own	1,640	1,640	1,980	2,270	2,880
All population 65+ unable to manage at least one activity on own	5,518	5,559	6,187	6,848	7,560

Stockton	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	885	886	997	1,091	1,057
People 70-74 unable to manage at least one activity on their own	1,286	1,312	1,260	1,432	1,568
People 75-79 unable to manage at least one activity on their own	1,107	1,140	1,491	1,458	1,644
People 80-84 unable to manage at least one activity on their own	1,237	1,237	1,320	1,725	1,725
People 85+ unable to manage at least one activity on their own	2,045	2,080	2,335	2,660	3,440
All population 65+ unable to manage at least one activity on own	6,560	6,655	7,403	8,366	9,434

North east	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	12,682	12,646	14,013	15,321	14,660
People 70-74 unable to manage at least one activity on their own	18,898	19,296	18,146	20,226	22,254
People 75-79 unable to manage at least one activity on their own	16,320	16,800	21,714	20,619	23,148
People 80-84 unable to manage at least one activity on their own	18,041	18,164	19,301	25,293	24,338
People 85+ unable to manage at least one activity on their own	29,120	29,720	33,485	37,985	48,815
All pop 65+ unable to manage at least one activity on own	95,061	96,626	106,659	119,444	133,215

Hartlepool	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	200	200	224	256	232
Males 70-74 unable to manage at least one activity on their own	240	240	230	260	290
Males 75-79 unable to manage at least one activity on their own	168	180	240	228	264
Males 80-84 unable to manage at least one activity on their own	198	198	198	288	288
Males 85+ unable to manage at least one activity on their own	280	280	350	385	525
All Males 65+ unable to manage at least one activity on own	1,086	1,098	1,242	1,417	1,599

Middlesbrough	2017	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	256	256	288	304	280
Males 70-74 unable to manage at least one activity on their own	290	290	290	320	350
Males 75-79 unable to manage at least one activity on their own	228	240	288	288	324
Males 80-84 unable to manage at least one activity on their own	270	270	270	342	342
Males 85+ unable to manage at least one activity on their own	350	385	420	490	630
All Males 65+ unable to manage at least one activity on own	1,394	1,441	1,556	1,744	1,926

Redcar	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	312	304	344	376	360
Males 70-74 unable to manage at least one activity on their own	400	400	360	400	440
Males 75-79 unable to manage at least one activity on their own	336	360	420	384	432
Males 80-84 unable to manage at least one activity on their own	342	360	414	504	450
Males 85+ unable to manage at least one activity on their own	490	490	630	770	980
All Males 65+ unable to manage at least one activity on own	1,880	1,914	2,168	2,434	2,662

Stockton	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	408	400	448	488	472
Males 70-74 unable to manage at least one activity on their own	470	480	460	520	560
Males 75-79 unable to manage at least one activity on their own	372	384	504	492	552
Males 80-84 unable to manage at least one activity on their own	396	396	450	594	594
Males 85+ unable to manage at least one activity on their own	595	630	735	910	1,190
All Males 65+ unable to manage at least one activity on own	2,241	2,290	2,597	3,004	3,368

North east	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	5,752	5,752	6,336	6,888	6,560
Males 70-74 unable to manage at least one activity on their own	6,930	7,040	6,610	7,330	8,030
Males 75-79 unable to manage at least one activity on their own	5,400	5,628	7,308	6,948	7,776
Males 80-84 unable to manage at least one activity on their own	5,832	5,868	6,570	8,676	8,388
Males 85+ unable to manage at least one activity on their own	8,470	8,820	10,535	12,635	16,765
All Males 65+ unable to manage at least one activity on own	32,384	33,108	37,359	42,477	47,519

## Living Alone

People aged 65 and over living alone, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	980	980	1,020	1,160	1,160
Males 75+ predicted to live alone	957	986	1,189	1,334	1,537
Females 65-74 predicted to live alone	1,479	1,508	1,537	1,740	1,827
Females 75+ predicted to live alone	2,400	2,400	2,750	2,950	3,250
<b>Total population 65-74 predicted to live alone</b>	<b>2,459</b>	<b>2,488</b>	<b>2,557</b>	<b>2,900</b>	<b>2,987</b>
<b>Total population 75+ predicted to live alone</b>	<b>3,357</b>	<b>3,386</b>	<b>3,939</b>	<b>4,284</b>	<b>4,787</b>

Redcar District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	1,580	1,560	1,580	1,740	1,780
Males 75+ predicted to live alone	1,769	1,856	2,204	2,378	2,581
Females 65-74 predicted to live alone	2,523	2,523	2,494	2,784	2,929
Females 75+ predicted to live alone	4,000	4,000	4,700	5,000	5,450
<b>Total population 65-74 predicted to live alone</b>	<b>4,103</b>	<b>4,083</b>	<b>4,074</b>	<b>4,524</b>	<b>4,709</b>
<b>Total population 75+ predicted to live alone</b>	<b>5,769</b>	<b>5,856</b>	<b>6,904</b>	<b>7,378</b>	<b>8,031</b>

North East	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	28,240	28,460	29,060	31,880	32,460
Males 75+ predicted to live alone	29,464	30,363	36,975	41,238	46,197
Females 65-74 predicted to live alone	44,022	44,428	45,646	50,547	51,881
Females 75+ predicted to live alone	67,700	68,700	79,200	86,550	96,150
<b>Total population 65-74 predicted to live alone</b>	<b>72,262</b>	<b>72,888</b>	<b>74,706</b>	<b>82,427</b>	<b>84,341</b>
<b>Total population 75+ predicted to live alone</b>	<b>97,164</b>	<b>99,063</b>	<b>116,175</b>	<b>127,788</b>	<b>142,347</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	1,220	1,220	1,300	1,400	1,400
Males 75+ predicted to live alone	1,276	1,334	1,479	1,653	1,856
Females 65-74 predicted to live alone	1,914	1,972	2,117	2,349	2,349
Females 75+ predicted to live alone	3,000	3,000	3,250	3,600	4,100
<b>Total population 65-74 predicted to live alone</b>	<b>3,134</b>	<b>3,192</b>	<b>3,417</b>	<b>3,749</b>	<b>3,749</b>
<b>Total population 75+ predicted to live alone</b>	<b>4,276</b>	<b>4,334</b>	<b>4,729</b>	<b>5,253</b>	<b>5,956</b>

Stockton District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	1,960	1,960	2,040	2,260	2,300
Males 75+ predicted to live alone	2,030	2,088	2,552	2,900	3,277
Females 65-74 predicted to live alone	3,016	3,074	3,219	3,596	3,712
Females 75+ predicted to live alone	4,650	4,700	5,450	6,000	6,800
<b>Total population 65-74 predicted to live alone</b>	<b>4,976</b>	<b>5,034</b>	<b>5,259</b>	<b>5,856</b>	<b>6,012</b>
<b>Total population 75+ predicted to live alone</b>	<b>6,680</b>	<b>6,788</b>	<b>8,002</b>	<b>8,900</b>	<b>10,077</b>

## Tenure

Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011

Hartlepool District	People 65-74	People 75-84	People 85+
Owned	68.02%	64.77%	59.70%
Rented from Council	9.71%	9.56%	9.23%
Other Social Rented	15.65%	19.53%	23.32%
Private Rented or Living Rent Free	6.61%	6.15%	7.75%

Redcar District	People 65-74	People 75-84	People 85+
Owned	74.20%	72.44%	63.79%
Rented from Council	9.81%	10.35%	10.86%
Other Social Rented	10.86%	11.68%	18.77%
Private Rented or Living Rent Free	5.13%	5.53%	6.58%

North East	People 65-74	People 75-84	People 85+
Owned	69.47%	65.66%	56.86%
Rented from Council	15.65%	17.30%	20.01%
Other Social Rented	9.37%	11.37%	15.66%
Private Rented or Living Rent Free	5.51%	5.67%	7.48%

Middlesbrough District	People 65-74	People 75-84	People 85+
Owned	68.52%	69.96%	65.02%
Rented from Council	9.55%	8.75%	8.95%
Other Social Rented	15.68%	14.89%	17.24%
Private Rented or Living Rent Free	6.24%	6.40%	8.79%

Stockton District	People 65-74	People 75-84	People 85+
Owned	76.01%	73.08%	66.53%
Rented from Council	9.49%	9.90%	10.00%
Other Social Rented	9.67%	12.18%	17.70%
Private Rented or Living Rent Free	4.83%	4.84%	5.77%

## Mental Health

People aged 18-64 predicted to have a mental health problem, by gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
All 18-64 predicted a common mental disorder	10,437	10,429	10,181	9,885	9,687
All 18-64 predicted a borderline personality disorder	1,325	1,324	1,292	1,255	1,230
All 18-64 predicted an antisocial personality disorder	1,827	1,830	1,777	1,731	1,701
All 18-64 predicted to have psychotic disorder	385	385	375	365	358
People 18-64 predicted 2+ psychiatric disorders	3,963	3,962	3,863	3,754	3,681

Middlesbrough District	2019	2020	2025	2030	2035
People 18-64 predicted a common mental disorder	16,141	16,065	15,641	15,397	15,221
People 18-64 predicted borderline personality disorder	2,050	2,040	1,986	1,955	1,933
People 18-64 predicted antisocial personality disorder	2,861	2,848	2,777	2,743	2,725
People 18-64 predicted to have psychotic disorder	598	595	580	571	566
People 18-64 predicted 2+ psychiatric disorders	6,149	6,120	5,961	5,873	5,814

Redcar District	2019	2020	2025	2030	2035
People 18-64 predicted a common mental disorder	14,645	14,654	14,223	13,715	13,299
People 18-64 predicted borderline personality disorder	1,859	1,860	1,805	1,741	1,688
People 18-64 predicted antisocial personality disorder	2,545	2,542	2,464	2,383	2,309
People 18-64 predicted to have psychotic disorder	539	539	523	505	489
People 18-64 predicted 2+ psychiatric disorders	5,551	5,551	5,386	5,198	5,039

Stockton District	2019	2020	2025	2030	2035
People 18-64 predicted a common mental disorder	22,407	22,355	22,098	21,834	21,561
People 18-64 predicted borderline personality disorder	2,845	2,838	2,806	2,772	2,737
People 18-64 predicted antisocial personality disorder	3,935	3,923	3,873	3,826	3,783
People 18-64 predicted to have psychotic disorder	827	825	816	806	796
People 18-64 predicted 2+ psychiatric disorders	8,515	8,494	8,394	8,293	8,192

North East	2017	2020	2025	2030	2035
People 18-64 predicted a common mental disorder	302,152	301,132	295,292	290,247	285,818
People 18-64 predicted borderline personality disorder	38,363	38,233	37,492	36,853	36,292
People 18-64 predicted antisocial personality disorder	53,175	52,994	51,980	51,178	50,510
People 18-64 predicted to have psychotic disorder	11,165	11,127	10,912	10,732	10,576
People 18-64 predicted 2+ psychiatric disorders	114,890	114,501	112,288	110,418	108,797

Hartlepool District	2019	2020	2025	2030	2035
Males 18-64 predicted a common mental disorder	3,969	3,984	3,851	3,763	3,704
Males 18-64 predicted borderline personality disorder	513	515	498	486	479
Males 18-64 predicted antisocial personality disorder	1,323	1,328	1,284	1,254	1,235
Males 18-64 predicted to have psychotic disorder	189	190	183	179	176
Males 18-64 predicted 2+ psychiatric disorders	1,863	1,870	1,808	1,766	1,739

Middlesbrough District	2019	2020	2025	2030	2035
Males 18-64 predicted a common mental disorder	6,277	6,248	6,101	6,042	6,027
Males 18-64 predicted borderline personality disorder	811	808	789	781	779
Males 18-64 predicted antisocial personality disorder	2,092	2,083	2,034	2,014	2,009
Males 18-64 predicted to have psychotic disorder	299	298	291	288	287
Males 18-64 predicted 2+ psychiatric disorders	2,946	2,933	2,864	2,836	2,829

Redcar District	2019	2020	2025	2030	2035
Males 18-64 predicted a common mental disorder	5,498	5,483	5,307	5,145	4,983
Males 18-64 predicted borderline personality disorder	711	709	686	665	644
Males 18-64 predicted antisocial personality disorder	1,833	1,828	1,769	1,715	1,661
Males 18-64 predicted to have psychotic disorder	262	261	253	245	237
Males 18-64 predicted 2+ psychiatric disorders	2,581	2,574	2,491	2,415	2,339

Stockton District	2019	2020	2025	2030	2035
Males 18-64 predicted a common mental disorder	8,570	8,541	8,423	8,320	8,232
Males 18-64 predicted borderline personality disorder	1,108	1,104	1,089	1,075	1,064
Males 18-64 predicted antisocial personality disorder	2,857	2,847	2,808	2,773	2,744
Males 18-64 predicted to have psychotic disorder	408	407	401	396	392
Males 18-64 predicted 2+ psychiatric disorders	4,023	4,009	3,954	3,905	3,864

North East	2017	2020	2025	2030	2035
Males 18-64 predicted a common mental disorder	116,012	115,616	113,425	111,823	110,559
Males 18-64 predicted borderline personality disorder	14,995	14,944	14,660	14,453	14,290
Males 18-64 predicted antisocial personality disorder	38,671	38,539	37,808	37,274	36,853
Males 18-64 predicted to have psychotic disorder	5,524	5,506	5,401	5,325	5,265
Males 18-64 predicted 2+ psychiatric disorders	54,455	54,269	53,240	52,488	51,895

## Drugs/ alcohol

People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
Males 18-64 predicted to have alcohol dependence	2,349	2,358	2,279	2,227	2,192
Females 18-64 predicted to have alcohol dependence	924	921	904	874	855
<b>Total population 18-64 predicted to have alcohol dependence</b>	<b>3,273</b>	<b>3,278</b>	<b>3,184</b>	<b>3,102</b>	<b>3,047</b>
Males 18-64 predicted to be dependent on drugs	1,215	1,220	1,179	1,152	1,134
Females 18-64 predicted to be dependent on drugs	644	642	630	609	596
<b>Total population 18-64 predicted to be dependent on drugs</b>	<b>1,859</b>	<b>1,861</b>	<b>1,809</b>	<b>1,761</b>	<b>1,730</b>

Redcar District	2019	2020	2025	2030	2035
Males 18-64 predicted to have alcohol dependence	3,254	3,245	3,141	3,045	2,949
Females 18-64 predicted to have alcohol dependence	1,307	1,310	1,274	1,224	1,188
<b>Total population 18-64 predicted to have alcohol dependence</b>	<b>4,561</b>	<b>4,555</b>	<b>4,414</b>	<b>4,269</b>	<b>4,137</b>
Males 18-64 predicted to be dependent on drugs	1,683	1,679	1,625	1,575	1,526
Females 18-64 predicted to be dependent on drugs	911	913	888	853	828
<b>Total population 18-64 predicted to be dependent on drugs</b>	<b>2,594</b>	<b>2,592</b>	<b>2,512</b>	<b>2,428</b>	<b>2,353</b>

North East	2019	2020	2025	2030	2035
Males 18-64 predicted to have alcohol dependence	68,660	68,425	67,129	66,181	65,433
Females 18-64 predicted to have alcohol dependence	26,591	26,502	25,981	25,489	25,037
<b>Total population 18-64 predicted to have alcohol dependence</b>	<b>95,252</b>	<b>94,928</b>	<b>93,110</b>	<b>91,670</b>	<b>90,470</b>
Males 18-64 predicted to be dependent on drugs	35,514	35,393	34,722	34,232	33,845
Females 18-64 predicted to be dependent on drugs	18,533	18,471	18,108	17,765	17,450
<b>Total population 18-64 predicted to be dependent on drugs</b>	<b>54,047</b>	<b>53,864</b>	<b>52,830</b>	<b>51,997</b>	<b>51,295</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males 18-64 predicted to have alcohol dependence	3,715	3,697	3,610	3,576	3,567
Females 18-64 predicted to have alcohol dependence	1,409	1,402	1,363	1,336	1,313
<b>Total population 18-64 predicted to have alcohol dependence</b>	<b>5,124</b>	<b>5,100</b>	<b>4,973</b>	<b>4,912</b>	<b>4,880</b>
Males 18-64 predicted to be dependent on drugs	1,922	1,913	1,868	1,850	1,845
Females 18-64 predicted to be dependent on drugs	982	977	950	931	915
<b>Total population 18-64 predicted to be dependent on drugs</b>	<b>2,904</b>	<b>2,890</b>	<b>2,817</b>	<b>2,781</b>	<b>2,760</b>

Stockton District	2019	2020	2025	2030	2035
Males 18-64 predicted to have alcohol dependence	5,072	5,055	4,985	4,924	4,872
Females 18-64 predicted to have alcohol dependence	1,977	1,973	1,954	1,930	1,904
<b>Total population 18-64 predicted to have alcohol dependence</b>	<b>7,049</b>	<b>7,028</b>	<b>6,939</b>	<b>6,855</b>	<b>6,776</b>
Males 18-64 predicted to be dependent on drugs	2,624	2,615	2,579	2,547	2,520
Females 18-64 predicted to be dependent on drugs	1,378	1,375	1,362	1,345	1,327
<b>Total population 18-64 predicted to be dependent on drugs</b>	<b>4,001</b>	<b>3,990</b>	<b>3,940</b>	<b>3,892</b>	<b>3,847</b>

## Early onset dementia

People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
Males 30-39 predicted to have early onset dementia	0	0	0	0	0
Males 40-49 predicted to have early onset dementia	1	1	1	1	1
Males 50-59 predicted to have early onset dementia	8	8	7	6	6
Males 60-64 predicted to have early onset dementia	6	6	7	6	5
<b>Total males 30-64 predicted early onset dementia</b>	<b>15</b>	<b>16</b>	<b>15</b>	<b>14</b>	<b>13</b>
Females 30-39 predicted to have early onset dementia	1	1	1	1	0
Females 40-49 predicted to have early onset dementia	1	1	1	1	1
Females 50-59 predicted to have early onset dementia	5	5	5	4	4
Females 60-64 predicted to have early onset dementia	4	4	4	4	3
<b>Total females 30-64 predicted early onset dementia</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>9</b>

Redcar	2019	2020	2025	2030	2035
Males 30-39 predicted to have early onset dementia	1	1	1	1	1
Males 40-49 predicted to have early onset dementia	2	1	1	1	2
Males 50-59 predicted to have early onset dementia	12	12	11	9	8
Males 60-64 predicted to have early onset dementia	9	9	10	9	8
<b>Total males 30-64 predicted to have early onset dementia</b>	<b>22</b>	<b>23</b>	<b>22</b>	<b>20</b>	<b>18</b>
Females 30-39 predicted to have early onset dementia	1	1	1	1	1
Females 40-49 predicted to have early onset dementia	2	2	2	2	2
Females 50-59 predicted to have early onset dementia	8	8	7	6	6
Females 60-64 predicted to have early onset dementia	5	6	6	6	5
<b>Total females 30-64 predicted early onset dementia</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>15</b>	<b>14</b>

North East	2019	2020	2025	2030	2035
Males 30-39 predicted to have early onset dementia	12	12	13	12	12
Males 40-49 predicted to have early onset dementia	32	31	29	31	32
Males 50-59 predicted to have early onset dementia	221	222	206	183	173
Males 60-64 predicted to have early onset dementia	163	166	179	170	150
<b>Total males 30-64 predicted early onset dementia</b>	<b>427</b>	<b>431</b>	<b>427</b>	<b>395</b>	<b>367</b>
Females 30-39 predicted to have early onset dementia	16	16	16	15	14
Females 40-49 predicted to have early onset dementia	38	37	36	39	39
Females 50-59 predicted to have early onset dementia	146	147	136	121	118
Females 60-64 predicted to have early onset dementia	101	104	114	109	96
<b>Total females 30-64 predicted early onset dementia</b>	<b>301</b>	<b>303</b>	<b>302</b>	<b>284</b>	<b>267</b>

Middlesbrough	2019	2020	2025	2030	2035
Males 30-39 predicted to have early onset dementia	1	1	1	1	1
Males 40-49 predicted to have early onset dementia	2	2	1	2	2
Males 50-59 predicted to have early onset dementia	11	10	9	9	8
Males 60-64 predicted to have early onset dementia	8	8	8	8	7
<b>Total males 30-64 predicted early onset dementia</b>	<b>21</b>	<b>21</b>	<b>20</b>	<b>18</b>	<b>17</b>
Females 30-39 predicted to have early onset dementia	1	1	1	1	1
Females 40-49 predicted to have early onset dementia	2	2	2	2	2
Females 50-59 predicted to have early onset dementia	7	7	6	6	6
Females 60-64 predicted to have early onset dementia	5	5	5	5	4
<b>Total females 30-64 predicted early onset dementia</b>	<b>15</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>13</b>

Stockton	2019	2020	2025	2030	2035
Males 30-39 predicted to have early onset dementia	1	1	1	1	1
Males 40-49 predicted to have early onset dementia	2	2	2	2	3
Males 50-59 predicted to have early onset dementia	16	16	15	14	13
Males 60-64 predicted to have early onset dementia	12	12	13	12	11
<b>Total males 30-64 predicted early onset dementia</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>29</b>	<b>27</b>
Females 30-39 predicted to have early onset dementia	1	1	1	1	1
Females 40-49 predicted to have early onset dementia	3	3	3	3	3
Females 50-59 predicted to have early onset dementia	11	11	10	9	9
Females 60-64 predicted to have early onset dementia	7	7	8	8	7
<b>Total females 30-64 predicted early onset dementia</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>21</b>	<b>20</b>

## Visual Impairment

People aged 18-64 predicted to have a serious visual impairment, by age, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
People 18-24 predicted a serious visual impairment	5	5	4	5	5
People 25-34 predicted a serious visual impairment	8	8	7	7	7
People 35-44 predicted serious visual impairment	7	7	7	8	7
People 45-54 predicted serious visual impairment	8	8	7	7	7
People 55-64 predicted serious visual impairment	8	8	9	8	7
People 65-74 predicted moderate or severe visual impairment	560	566	582	661	672
People 75+ predicted moderate/ severe visual impairment	1,017	1,029	1,203	1,314	1,463
People 75+ predicted registrable eye conditions	525	531	621	678	755

Redcar	2019	2020	2025	2030	2035
People 18-24 predicted a serious visual impairment	6	6	6	6	6
People 25-34 predicted a serious visual impairment	10	10	10	9	9
People 35-44 predicted serious visual impairment	9	9	10	10	10
People 45-54 predicted serious visual impairment	12	12	10	10	10
People 55-64 predicted serious visual impairment	12	13	13	12	10
People 65-74 predicted moderate or severe visual impairment	935	930	930	1,030	1,058
People 75+ predicted moderate/ severe visual impairment	1,748	1,786	2,108	2,257	2,455
People 75+ predicted registrable eye conditions	902	922	1,088	1,165	1,267

North East	2019	2020	2025	2030	2035
People 18-24 predicted a serious visual impairment	156	153	150	165	165
People 25-34 predicted a serious visual impairment	224	223	216	200	204
People 35-44 predicted serious visual impairment	197	199	210	216	209
People 45-54 predicted serious visual impairment	230	223	199	197	208
People 55-64 predicted serious visual impairment	231	235	239	219	196
People 65-74 predicted moderate or severe visual impairment	1,037	1,033	1,013	996	982
People 75+ predicted moderate/ severe visual impairment	16,414	16,548	16,951	18,687	19,107
People 75+ predicted registrable eye conditions	29,376	30,033	35,464	39,085	43,598

Middlesbrough	2019	2020	2025	2030	2035
People 18-24 predicted a serious visual impairment	10	10	10	11	11
People 25-34 predicted a serious visual impairment	13	13	13	12	12
People 35-44 predicted serious visual impairment	10	10	11	11	11
People 45-54 predicted serious visual impairment	11	11	9	9	10
People 55-64 predicted serious visual impairment	11	11	11	10	9
People 65-74 predicted moderate or severe visual impairment	711	722	773	846	840
People 75+ predicted moderate/ severe visual impairment	1,302	1,290	1,463	1,624	1,823
People 75+ predicted registrable eye conditions	672	666	755	838	941

Stockton	2019	2020	2025	2030	2035
People 18-24 predicted a serious visual impairment	10	10	10	11	11
People 25-34 predicted a serious visual impairment	17	17	16	15	15
People 35-44 predicted serious visual impairment	15	16	17	17	16
People 45-54 predicted serious visual impairment	17	17	15	15	16
People 55-64 predicted serious visual impairment	17	17	17	16	14
People 65-74 predicted moderate or severe visual impairment	77	77	76	75	74
People 75+ predicted moderate/ severe visual impairment	1,126	1,142	1,193	1,322	1,366
People 75+ predicted registrable eye conditions	2,021	2,058	2,455	2,716	3,100



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# 1. Introduction

## Projecting Adult Needs and Service Information (PANSI)

This system is developed by the Institute of Public Care (IPC). It is used by local authority planners and commissioners of social care provision in England, together with providers. The programme has been designed to help explore the possible impact that demography and certain conditions may have on populations aged 18 to 64.

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

- **learning disability**, including living with a parent, Down's syndrome, challenging behaviour and autistic spectrum disorders;
- **moderate or serious physical disability** including personal care, stroke, diabetes, visual impairment and hearing impairment;
- **mental health problems** including depression, neurotic, personality and psychotic disorders, drugs and alcohol, suicide, adult survivors of childhood sexual abuse and early onset dementia.

## Projecting Older People Population Information System (POPPI)

This system is developed by the Institute of Public Care (IPC). It is used by local authority planners and commissioners of social care provision in England, together with providers. The programme has been designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over. This system provides population data by age band, gender, ethnic group, and tenure, for English local authorities.

Calculations are applied to population figures to estimate projected numbers of older people by;

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

- limiting long term illness,
- depression and severe depression; dementia,
- heart attack/ stroke
- bronchitis/emphysema,
- falls,
- continence;
- visual & hearing impairment;
- mobility,
- obesity,
- diabetes;
- learning disability including Down's syndrome and autistic spectrum disorders (ASD).

The data within this report was released September 2017 and information contained within this document has used this data.

Currently reviewing the report to include the updated population projections and prevalence rates released April 2019. Worksheets coloured green have been

## Purpose

The purpose of this document is to provide summaries of the key areas covered by both the PANSI and POPPI databases. This is to ensure easily accessible projected data is available for consideration in resource targeting and strategic planning.

## 2.1 Obesity

People aged 65 and over who are obese or morbidly obese, by age and gender, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	1,608	1,608	1,797	2,049	1,926
People aged 70-74 with BMI 30+	1,398	1,428	1,341	1,512	1,713
People aged 75-79 with BMI 30+	787	808	1,087	1,037	1,158
People aged 80-84 with BMI 30+	547	547	523	728	704
People aged 85+ with BMI 30+	384	384	442	452	587
<b>Total population 65+ with BMI 30+</b>	<b>4,724</b>	<b>4,775</b>	<b>5,190</b>	<b>5,778</b>	<b>6,088</b>

Hartlepool	2019	2020	2025	2030	2035
Male: 65-69	750	750	840	960	870
Male: 70-74	648	648	621	702	783
Male: 75 - 79	294	315	420	399	462
Male: 80-84	187	187	187	272	272
Male: 85+	80	80	100	110	150
<b>All Male</b>	<b>1,959</b>	<b>1,980</b>	<b>2,168</b>	<b>2,443</b>	<b>2,537</b>

Redcar and Cleveland:	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	2,589	2,526	2,808	3,126	3,033
People aged 70-74 with BMI 30+	2,400	2,430	2,172	2,400	2,688
People aged 75-79 with BMI 30+	1,516	1,558	1,924	1,716	1,916
People aged 80-84 with BMI 30+	923	940	1,015	1,292	1,169
People aged 85+ with BMI 30+	577	577	693	790	1,002
<b>Total population 65+ with BMI 30+</b>	<b>8,005</b>	<b>8,031</b>	<b>8,612</b>	<b>9,324</b>	<b>9,808</b>

R&C	2019	2020	2025	2030	2035
Male: 65-69	1,170	1,140	1,290	1,410	1,350
Male: 70-74	1,080	1,080	972	1,080	1,188
Male: 75 - 79	588	630	735	672	756
Male: 80-84	323	340	391	476	425
Male: 85+	140	140	180	220	280
<b>All Male</b>	<b>3,301</b>	<b>3,330</b>	<b>3,568</b>	<b>3,858</b>	<b>3,999</b>

Middlesbrough	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	2,115	2,148	2,400	2,592	2,370
People aged 70-74 with BMI 30+	1,713	1,743	1,773	1,974	2,175
People aged 75-79 with BMI 30+	1,066	1,087	1,316	1,345	1,524
People aged 80-84 with BMI 30+	711	711	687	875	899
People aged 85+ with BMI 30+	442	452	481	520	655
<b>Total population 65+ with BMI 30+</b>	<b>6,047</b>	<b>6,141</b>	<b>6,657</b>	<b>7,306</b>	<b>7,623</b>

Middlesbrough	2019	2020	2025	2030	2035
Male: 65-69	960	960	1,080	1,140	1,050
Male: 70-74	783	783	783	864	945
Male: 75 - 79	399	420	504	504	567
Male: 80-84	255	255	255	323	323
Male: 85+	100	110	120	140	180
<b>All Male</b>	<b>2,497</b>	<b>2,528</b>	<b>2,742</b>	<b>2,971</b>	<b>3,065</b>

Stockton-on-Tees:	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	3,279	3,282	3,693	4,041	3,915
People aged 70-74 with BMI 30+	2,799	2,856	2,742	3,114	3,402
People aged 75-79 with BMI 30+	1,666	1,716	2,245	2,195	2,474
People aged 80-84 with BMI 30+	1,070	1,070	1,145	1,497	1,497
People aged 85+ with BMI 30+	721	731	818	925	1,195
<b>Total population 65+ with BMI 30+</b>	<b>9,535</b>	<b>9,655</b>	<b>10,643</b>	<b>11,772</b>	<b>12,483</b>

Stockton	2019	2020	2025	2030	2035
Male: 65-69	1,530	1,500	1,680	1,830	1,770
Male: 70-74	1,269	1,296	1,242	1,404	1,512
Male: 75 - 79	651	672	882	861	966
Male: 80-84	374	374	425	561	561
Male: 85+	170	180	210	260	340
<b>All Male</b>	<b>3,994</b>	<b>4,022</b>	<b>4,439</b>	<b>4,916</b>	<b>5,149</b>

North East	2019	2020	2025	2030	2035
People aged 65-69 with BMI 30+	46,980	46,848	51,909	56,751	54,300
People aged 70-74 with BMI 30+	41,151	41,988	39,477	43,971	48,351
People aged 75-79 with BMI 30+	24,530	25,277	32,683	31,038	34,836
People aged 80-84 with BMI 30+	15,612	15,718	16,741	21,946	21,122
People aged 85+ with BMI 30+	10,267	10,462	11,731	13,243	16,969
Total population 65+ with BMI 30+	138,540	140,293	152,541	166,949	175,578

North East	2019	2020	2025	2030	2035
Male: 65-69	21,570	21,570	23,760	25,830	24,600
Male: 70-74	18,711	19,008	17,847	19,791	21,681
Male: 75 - 79	9,450	9,849	12,789	12,159	13,608
Male: 80-84	5,508	5,542	6,205	8,194	7,922
Male: 85+	2,420	2,520	3,010	3,610	4,790
All Male	57,659	58,489	63,611	69,584	72,601

Age range	% males		% females	
	Obese	Morbidly obese	Obese	Morbidly obese
65-69	29	1	30	3
70-74	27	0	29	1
75-79	21	0	28	1
80-84	16	1	23	1
85+	10	0	19	0

Figures may not sum due to rounding. Crown copyright 2016

Figures are taken from **Health Survey for England (2005), volume 2, table 4.2: Body mass index (BMI), by age and sex**. An individual with a BMI of 30 or greater is classed as obese. A BMI of 40 or greater is classed as morbidly obese.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be obese and morbidly obese, to 2035.

## 2.2 Limiting Long Term Illness

People aged 65 and over with a limiting long-term illness, by age, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-74 whose day-to-day activities are <b>limited a little</b>	2,662	2,689	2,769	3,141	3,195
People 75-84 whose day-to-day activities are <b>limited a little</b>	1,797	1,828	2,138	2,355	2,479
People 85+ whose day-to-day activities are <b>limited a little</b>	503	503	566	607	796
All aged 65+ with limiting long term illness whose day-to-day activities are <b>limited a little</b>	4,962	5,019	5,472	6,103	6,469

Hartlepool District	2019	2020	2025	2030	2035
People 65-74 whose day-to-day activities are <b>limited a lot</b>	2,435	2,460	2,533	2,874	2,922
People 75-84 whose day-to-day activities are <b>limited a lot</b>	2,168	2,206	2,579	2,841	2,991
People 85+ and over whose day-to-day activities are <b>limited a lot</b>	1,077	1,077	1,212	1,302	1,706
All 65+ with a limiting long term illness whose day-to-day activities are <b>limited a lot</b>	5,681	5,743	6,324	7,017	7,619

Middlesbrough District	2019	2020	2025	2030	2035
People 65-74 whose day-to-day activities are <b>limited a little</b>	3,043	3,091	3,307	3,618	3,594
People 75-84 whose day-to-day activities are <b>limited a little</b>	2,297	2,267	2,600	2,902	3,144
People 85+ whose day-to-day activities are <b>limited a little</b>	674	698	746	819	1,035
All aged 65+ with limiting long term illness whose day-to-day activities are <b>limited a little</b>	6,015	6,057	6,653	7,339	7,774

Middlesbrough District	2019	2020	2025	2030	2035
People 65-74 whose day-to-day activities are <b>limited a lot</b>	2,987	3,034	3,246	3,552	3,528
People 75-84 whose day-to-day activities are <b>limited a lot</b>	2,648	2,613	2,996	3,344	3,623
People 85+ and over whose day-to-day activities are <b>limited a lot</b>	1,271	1,317	1,407	1,544	1,952
All 65+ with a limiting long term illness whose day-to-day activities are <b>limited a lot</b>	6,906	6,964	7,650	8,440	9,104

<b>Redcar District</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a little</b>	4,089	4,064	4,064	4,505	4,627
People 75-84 whose day-to-day activities are <b>limited a little</b>	3,229	3,322	3,881	4,036	4,129
People 85+ whose day-to-day activities are <b>limited a little</b>	903	927	1,098	1,269	1,586
All aged 65+ with limiting long term illness whose day-to-day activities are <b>limited a little</b>	8,220	8,313	9,043	9,810	10,343

<b>Redcar District</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a lot</b>	3,487	3,467	3,467	3,842	3,947
People 75-84 whose day-to-day activities are <b>limited a lot</b>	3,546	3,648	4,261	4,432	4,534
People 85+ and over whose day-to-day activities are <b>limited a lot</b>	1,703	1,749	2,071	2,394	2,992
All 65+ with a limiting long term illness whose day-to-day activities are <b>limited a lot</b>	8,736	8,864	9,799	10,668	11,473

<b>Stockton District</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a little</b>	4,752	4,823	5,036	5,580	5,769
People 75-84 whose day-to-day activities are <b>limited a little</b>	3,656	3,719	4,500	4,938	5,313
People 85+ whose day-to-day activities are <b>limited a little</b>	1,096	1,120	1,287	1,454	1,882
All aged 65+ with limiting long term illness whose day-to-day activities are <b>limited a little</b>	9,505	9,662	10,823	11,971	12,964

<b>Stockton District</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a lot</b>	3,757	3,813	3,982	4,412	4,561
People 75-84 whose day-to-day activities are <b>limited a lot</b>	3,544	3,604	4,362	4,786	5,149
People 85+ and over whose day-to-day activities are <b>limited a lot</b>	2,095	2,141	2,459	2,778	3,598
All 65+ with a limiting long term illness whose day-to-day activities are <b>limited a lot</b>	9,396	9,558	10,803	11,975	13,308

<b>North East</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a little</b>	72,946	73,544	75,335	83,051	84,917
People 75-84 whose day-to-day activities are <b>limited a little</b>	53,008	54,184	64,946	70,667	74,100
People 85+ whose day-to-day activities are <b>limited a little</b>	15,379	15,731	17,844	20,379	26,296
All aged 65+ with limiting long term illness whose day-to-day activities are <b>limited a little</b>	141,333	143,458	158,125	174,098	185,314

<b>North East</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People 65-74 whose day-to-day activities are <b>limited a lot</b>	64,079	64,604	66,178	72,955	74,595
People 75-84 whose day-to-day activities are <b>limited a lot</b>	57,604	58,881	70,576	76,794	80,524
People 85+ and over whose day-to-day activities are <b>limited a lot</b>	30,410	31,106	35,285	40,299	51,998
All 65+ with a limiting long term illness whose day-to-day activities are <b>limited a lot</b>	152,092	154,590	172,039	190,047	207,117

Figures are taken from **Office for National Statistics (ONS) 2011 Census, Long Term Health Problem or Disability by Health by Sex & Age, Reference DC3302EW**.  
Numbers have been calculated by applying percentages of people with a limiting long-term illness in 2011 to projected population figures

## 2.3 Dementia

People aged 65 and over predicted to have dementia, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	84	84	94	107	101
All people 70-74 predicted to have dementia	149	152	143	162	183
All people 75-79 predicted to have dementia	186	192	258	246	275
All people 80-84 predicted to have dementia	289	289	277	387	375
All people 85-89 predicted to have dementia	293	293	328	308	434
People 90+ predicted to have dementia	259	259	318	377	413
<b>Total population 65+ predicted to have dementia</b>	<b>1,261</b>	<b>1,269</b>	<b>1,419</b>	<b>1,587</b>	<b>1,781</b>

Hartlepool District	2019	2020	2025	2030	2035
Males: 65-69	38	38	42	48	44
Males: 70-74	74	74	71	81	90
Males: 75-79	74	80	106	101	117
Males: 80-84	113	113	113	165	165
Males: 85-89	91	91	106	106	151
Males: 90+	47	47	71	94	94
<b>All Males 65+</b>	<b>437</b>	<b>442</b>	<b>509</b>	<b>594</b>	<b>660</b>

Middlesbrough District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	111	113	126	136	125
All people 70-74 predicted to have dementia	183	186	189	210	232
All people 75-79 predicted to have dementia	253	258	312	319	361
All people 80-84 predicted to have dementia	377	377	365	465	477
All people 85-89 predicted to have dementia	363	363	399	414	540
People 90+ predicted to have dementia	259	283	318	377	436
<b>Total population 65+ predicted to have dementia</b>	<b>1,546</b>	<b>1,579</b>	<b>1,709</b>	<b>1,921</b>	<b>2,169</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males: 65-69	48	48	54	57	53
Males: 70-74	90	90	90	99	109
Males: 75-79	101	106	127	127	143
Males: 80-84	155	155	155	196	196
Males: 85-89	121	121	136	151	196
Males: 90+	47	71	71	94	118
<b>All Males 65+</b>	<b>561</b>	<b>590</b>	<b>632</b>	<b>724</b>	<b>814</b>



Redcar and Cleveland District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	136	133	147	164	159
All people 70-74 predicted to have dementia	256	259	232	256	286
All people 75-79 predicted to have dementia	360	370	456	407	455
All people 80-84 predicted to have dementia	488	499	541	686	620
All people 85-89 predicted to have dementia	434	434	525	590	757
People 90+ predicted to have dementia	413	436	472	589	707
<b>Total population 65+ predicted to have dementia</b>	<b>2,086</b>	<b>2,130</b>	<b>2,372</b>	<b>2,693</b>	<b>2,984</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	172	172	194	212	206
All people 70-74 predicted to have dementia	299	305	293	332	363
All people 75-79 predicted to have dementia	395	407	533	521	587
All people 80-84 predicted to have dementia	566	566	609	796	796
All people 85-89 predicted to have dementia	565	580	615	681	933
People 90+ predicted to have dementia	472	472	589	707	825
<b>Total population 65+ predicted to have dementia</b>	<b>2,468</b>	<b>2,502</b>	<b>2,832</b>	<b>3,249</b>	<b>3,709</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
Males: 65-69	59	57	65	71	68
Males: 70-74	124	124	112	124	136
Males: 75-79	148	159	186	170	191
Males: 80-84	196	206	237	288	258
Males: 85-89	151	151	181	227	272
Males: 90+	94	118	118	165	212
<b>All Males 65+</b>	<b>772</b>	<b>815</b>	<b>897</b>	<b>1,044</b>	<b>1,136</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
Males: 65-69	77	75	84	92	89
Males: 70-74	146	149	143	161	174
Males: 75-79	164	170	223	217	244
Males: 80-84	227	227	258	340	340
Males: 85-89	181	196	211	257	347
Males: 90+	118	118	165	212	259
<b>All Males 65+</b>	<b>912</b>	<b>934</b>	<b>1,083</b>	<b>1,278</b>	<b>1,452</b>

North East	2019	2020	2025	2030	2035
All people 65-69 predicted to have dementia	2,465	2,457	2,723	2,978	2,850
All people 70-74 predicted to have dementia	4,392	4,480	4,212	4,690	5,156
All people 75-79 predicted to have dementia	5,817	5,997	7,755	7,365	8,266
All people 80-84 predicted to have dementia	8,263	8,319	8,896	11,669	11,235
All people 85-89 predicted to have dementia	7,869	8,021	9,009	9,921	13,285
People 90+ predicted to have dementia	7,014	7,191	8,121	9,758	11,631
<b>Total population 65+ predicted to have dementia</b>	<b>35,820</b>	<b>36,464</b>	<b>40,716</b>	<b>46,382</b>	<b>52,423</b>

North East	2019	2020	2025	2030	2035
Males: 65-69	1,079	1,079	1,188	1,292	1,230
Males: 70-74	2,148	2,182	2,049	2,272	2,489
Males: 75-79	2,385	2,486	3,228	3,069	3,434
Males: 80-84	3,337	3,358	3,760	4,965	4,800
Males: 85-89	2,597	2,688	3,111	3,639	4,923
Males: 90+	1,669	1,739	2,209	2,820	3,596
<b>All Males 65+</b>	<b>13,215</b>	<b>13,531</b>	<b>15,544</b>	<b>18,056</b>	<b>20,472</b>

Rates for men and women with dementia are as follows:

Age range	% males	% females
65-69	1.5	1.8
70-74	3.1	3
75-79	5.3	6.6
80-85	10.3	11.7
85-89	15.1	20.2
90+	27.9	30.7
90-94	22.6	33
95+	28.8	44.2

The most recent relevant source of UK data is **Dementia UK: A Report into the Prevalence and Cost of Dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007**. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2035. To calculate the prevalence rates for the 90+ population, rates from the research for the 90-94 and 95+ age groups have been applied to the England population 2006 to calculate the numbers in each age group, the sum of these groups is then expressed as a percentage of the total 90+ population to establish the predicted prevalence of the 90+ population as a whole.

## 2.4 Falls

People aged 65 and over predicted have a fall, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,048	1,048	1,171	1,335	1,258
People 70-74 predicted to have a fall	1,155	1,182	1,108	1,249	1,417
People 75-79 predicted to have a fall	725	744	1,001	955	1,066
People 80-84 predicted to have a fall	851	851	817	1,142	1,108
People 85+ predicted to have a fall	1,032	1,032	1,204	1,247	1,634
<b>Total population 65+: predicted to have a fall</b>	<b>4,811</b>	<b>4,857</b>	<b>5,301</b>	<b>5,928</b>	<b>6,483</b>

Hartlepool District	2019	2020	2025	2030	2035
Males: 65-69	450	450	504	576	522
Males: 70-74	480	480	460	520	580
Males: 75-79	266	285	380	361	418
Males: 80-84	341	341	341	496	496
Males: 85+	344	344	430	473	645
<b>Total Males: 65+</b>	<b>1,881</b>	<b>1,900</b>	<b>2,115</b>	<b>2,426</b>	<b>2,661</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,381	1,404	1,568	1,696	1,550
People 70-74 predicted to have a fall	1,417	1,444	1,471	1,639	1,807
People 75-79 predicted to have a fall	982	1,001	1,212	1,239	1,404
People 80-84 predicted to have a fall	1,111	1,111	1,077	1,371	1,405
People 85+ predicted to have a fall	1,204	1,247	1,333	1,462	1,849
<b>Total population 65+: predicted to have a fall</b>	<b>6,095</b>	<b>6,207</b>	<b>6,661</b>	<b>7,407</b>	<b>8,015</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males: 65-69	576	576	648	684	630
Males: 70-74	580	580	580	640	700
Males: 75-79	361	380	456	456	513
Males: 80-84	465	465	465	589	589
Males: 85+	430	473	516	602	774
<b>Total Males: 65+</b>	<b>2,412</b>	<b>2,474</b>	<b>2,665</b>	<b>2,971</b>	<b>3,206</b>

Redcar & Cleveland District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	1,691	1,650	1,832	2,042	1,983
People 70-74 predicted to have a fall	1,988	2,015	1,800	1,988	2,230
People 75-79 predicted to have a fall	1,396	1,434	1,772	1,580	1,764
People 80-84 predicted to have a fall	1,439	1,470	1,597	2,024	1,829
People 85+ predicted to have a fall	1,591	1,591	1,935	2,236	2,838
<b>Total population 65+: predicted to have a fall</b>	<b>8,105</b>	<b>8,160</b>	<b>8,936</b>	<b>9,870</b>	<b>10,644</b>

Redcar & Cleveland District	2019	2020	2025	2030	2035
Males: 65-69	702	684	774	846	810
Males: 70-74	800	800	720	800	880
Males: 75-79	532	570	665	608	684
Males: 80-84	589	620	713	868	775
Males: 85+	602	602	774	946	1,204
<b>Total Males: 65+</b>	<b>3,225</b>	<b>3,276</b>	<b>3,646</b>	<b>4,068</b>	<b>4,353</b>

Stockton District	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	2,137	2,142	2,411	2,639	2,557
People 70-74 predicted to have a fall	2,317	2,364	2,270	2,579	2,821
People 75-79 predicted to have a fall	1,534	1,580	2,067	2,021	2,278
People 80-84 predicted to have a fall	1,668	1,668	1,795	2,349	2,349
People 85+ predicted to have a fall	1,978	2,021	2,279	2,623	3,397
<b>Total population 65+: predicted to have a fall</b>	<b>9,634</b>	<b>9,775</b>	<b>10,822</b>	<b>12,211</b>	<b>13,402</b>

Stockton District	2019	2020	2025	2030	2035
Males: 65-69	918	900	1,008	1,098	1,062
Males: 70-74	940	960	920	1,040	1,120
Males: 75-79	589	608	798	779	874
Males: 80-84	682	682	775	1,023	1,023
Males: 85+	731	774	903	1,118	1,462
<b>Total Males: 65+</b>	<b>3,860</b>	<b>3,924</b>	<b>4,404</b>	<b>5,058</b>	<b>5,541</b>

North East	2019	2020	2025	2030	2035
People 65-69 predicted to have a fall	30,652	30,560	33,875	37,049	35,460
People 70-74 predicted to have a fall	34,056	34,762	32,687	36,422	40,063
People 75-79 predicted to have a fall	22,590	23,275	30,093	28,578	32,076
People 80-84 predicted to have a fall	24,358	24,522	26,241	34,424	33,146
People 85+ predicted to have a fall	28,165	28,810	32,680	37,324	48,160
<b>Total population 65+: predicted to have a fall</b>	<b>139,821</b>	<b>141,929</b>	<b>155,576</b>	<b>173,797</b>	<b>188,905</b>

Rates for people who report at least one fall during the last 12 months are as follows:

Age range	% males	% females
65-69	18	23
70-74	20	27
75-79	19	27
80-84	31	34
85+	43	43

Figures are taken from **Health Survey for England (2005), Volume 2, Table 2.1: Prevalence and Number of Falls in last 12 months, by Age and Sex**. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be have fallen at least one in the last 12 months, to 2035.

## 2.5 Falls - hospital admissions

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 65-69 predicted to be admitted to hospital as a result of falls	28	27	30	34	32
People 70-74 predicted to be admitted to hospital as a result of falls	40	46	44	49	56
People 75-79 admitted to hospital as a result of falls	104	104	131	133	148
People 80+ admitted to hospital as a result of falls	483	483	499	592	678
<b>Total population 65+ predicted to be admitted to hospital as a result of falls</b>	<b>723</b>	<b>725</b>	<b>776</b>	<b>886</b>	<b>989</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 65-69 predicted to be admitted to hospital as a result of falls	55	56	62	67	62
People 70-74 predicted to be admitted to hospital as a result of falls	81	83	84	94	102
People 75-79 admitted to hospital as a result of falls	104	104	131	133	148
People 80+ admitted to hospital as a result of falls	473	490	553	622	694
<b>Total population 65+ predicted to be admitted to hospital as a result of falls</b>	<b>723</b>	<b>725</b>	<b>776</b>	<b>886</b>	<b>989</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
People 65-69 predicted to be admitted to hospital as a result of falls	67	67	74	81	78
People 70-74 predicted to be admitted to hospital as a result of falls	115	115	103	115	127
People 75-79 admitted to hospital as a result of falls	148	153	187	168	190
People 80+ admitted to hospital as a result of falls	631	647	732	888	943
<b>Total population 65+ predicted to be admitted to hospital as a result of falls</b>	<b>962</b>	<b>981</b>	<b>1,097</b>	<b>1,252</b>	<b>1,338</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
People 65-69 predicted to be admitted to hospital as a result of falls	85	85	95	105	102
People 70-74 predicted to be admitted to hospital as a result of falls	132	136	132	146	163
People 75-79 admitted to hospital as a result of falls	163	168	220	212	242

People 80+ admitted to hospital as a result of falls	756	763	849	1,036	1,176
<b>Total population 65+ predicted to be admitted to hospital as a result of falls</b>	1,135	1,152	1,296	1,500	1,683

North East District	2019	2020	2025	2030	2035
People 65-69 predicted to be admitted to hospital as a result of falls	1,224	1,221	1,352	1,478	1,414
People 70-74 predicted to be admitted to hospital as a result of falls	1,955	1,993	1,874	2,087	2,294
People 75-79 admitted to hospital as a result of falls	2,393	2,469	3,197	3,034	3,404
People 80+ admitted to hospital as a result of falls	10,898	11,070	12,184	14,980	16,639
<b>Total population 65+ predicted to be admitted to hospital as a result of falls</b>	<b>16,471</b>	<b>16,753</b>	<b>18,607</b>	<b>21,579</b>	<b>23,752</b>

Rates for admissions to hospital as a result of unintentional falls are as follows:

Age range	%
65-69	0.822
70-74	1.356
75-79	2.467
80+	7.79

These figures are based on a study of 647,721 A&E attendances and 204,424 admissions to hospital for fall related injuries in people aged 60 years and over. **Scuffham, P. et al, Incidence and Costs of Unintentional Falls in Older People in the United Kingdom, Journal of Epidemiology and Community Health, Vol. 57, No.9, Sept. 2003, pp.740-744.** The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be admitted to hospital as a result of falls to 2035.

## 2.6 Hearing Loss

Hartlepool District	2019	2020	2025	2030	2035
People aged 18-24 predicted to have some hearing loss	130	125	120	133	130
People aged 25-34 predicted to have some hearing loss	266	267	259	235	234
People aged 35-44 predicted to have some hearing loss	497	506	561	596	594
People aged 45-54 predicted to have some hearing loss	1,624	1,559	1,363	1,281	1,411
People aged 55-64 predicted to have some hearing loss	3,216	3,301	3,480	3,155	2,778
People aged 65-74 predicted to have some hearing loss	4,601	4,700	4,750	5,365	5,645
People aged 75-84 predicted to have some hearing loss	4,313	4,362	5,015	5,826	6,033
People aged 85+ predicted to have some hearing loss	2,448	2,554	3,038	3,394	4,422
<b>Total population 18+ predicted to have some hearing loss</b>	<b>17,095</b>	<b>17,374</b>	<b>18,586</b>	<b>19,985</b>	<b>21,247</b>

Hartlepool District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	34	34	35	31	29
People 35-44 predicted to have severe hearing loss	57	58	63	66	62
People 45-54 predicted to have severe hearing loss	71	68	60	55	61
People 55-64 predicted to have severe hearing loss	178	183	195	178	157
People 65-74 predicted to have severe hearing loss	296	303	306	345	364
People 75-84 predicted to have severe hearing loss	634	639	666	865	857
People 85+ predicted to have severe hearing loss	584	610	725	810	1,056
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>1,854</b>	<b>1,895</b>	<b>2,050</b>	<b>2,350</b>	<b>2,586</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	284	279	271	297	302
People 25-34 predicted to have some hearing loss	432	433	434	408	410
People 35-44 predicted to have some hearing loss	752	758	823	857	868
People 45-54 predicted to have some hearing loss	2,168	2,087	1,895	1,817	1,965
People 55-64 predicted to have some hearing loss	4,414	4,486	4,504	4,092	3,724
People 65-74 predicted to have some hearing loss	5,830	5,951	6,256	6,917	6,979
People 75-84 predicted to have some hearing loss	5,452	5,497	6,192	7,091	7,612
People 85+ predicted to have some hearing loss	2,828	2,908	3,353	3,806	4,831
<b>Total population 18+ predicted to have some hearing loss</b>	<b>22,160</b>	<b>22,399</b>	<b>23,728</b>	<b>25,285</b>	<b>26,691</b>

Middlesbrough District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	51	51	54	51	47
People 35-44 predicted to have severe hearing loss	87	88	93	96	93
People 45-54 predicted to have severe hearing loss	94	91	82	78	85
People 55-64 predicted to have severe hearing loss	245	249	253	230	209
People 65-74 predicted to have severe hearing loss	375	383	402	445	450
People 75-84 predicted to have severe hearing loss	784	790	835	1,028	1,066
People 85+ predicted to have severe hearing loss	675	694	800	909	1,153
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>2,311</b>	<b>2,346</b>	<b>2,519</b>	<b>2,837</b>	<b>3,103</b>



Redcar and Cleveland District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	175	169	162	177	177
People 25-34 predicted to have some hearing loss	351	351	340	308	304
People 35-44 predicted to have some hearing loss	678	681	735	771	768
People 45-54 predicted to have some hearing loss	2,345	2,275	1,915	1,746	1,880
People 55-64 predicted to have some hearing loss	4,781	4,899	5,086	4,659	3,979
People 65-74 predicted to have some hearing loss	7,714	7,726	7,445	8,177	8,499
People 75-84 predicted to have some hearing loss	7,403	7,628	8,899	9,582	9,529
People 85+ predicted to have some hearing loss	3,643	3,772	4,662	5,617	7,147
<b>Total population 18+ predicted to have some hearing loss</b>	<b>27,090</b>	<b>27,501</b>	<b>29,244</b>	<b>31,037</b>	<b>32,283</b>

Redcar and Cleveland District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	44	44	45	41	37
People 35-44 predicted to have severe hearing loss	76	78	82	84	80
People 45-54 predicted to have severe hearing loss	102	100	84	75	81
People 55-64 predicted to have severe hearing loss	265	273	285	264	225
People 65-74 predicted to have severe hearing loss	498	499	479	526	548
People 75-84 predicted to have severe hearing loss	1031	1,070	1,203	1,444	1,355
People 85+ predicted to have severe hearing loss	870	900	1,113	1,341	1,706
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>2,886</b>	<b>2,964</b>	<b>3,291</b>	<b>3,775</b>	<b>4,032</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	283	277	276	309	309
People 25-34 predicted to have some hearing loss	568	584	576	536	540
People 35-44 predicted to have some hearing loss	1,138	1,159	1,279	1,326	1,337
People 45-54 predicted to have some hearing loss	3,382	3,302	2,941	2,853	3,124
People 55-64 predicted to have some hearing loss	6,527	6,661	6,952	6,486	5,804
People 65-74 predicted to have some hearing loss	9,178	9,336	9,609	10,639	11,115
People 75-84 predicted to have some hearing loss	8,495	8,675	10,210	11,689	12,283
People 85+ predicted to have some hearing loss	4,475	4,657	5,624	6,647	8,616
<b>Total population 18+ predicted to have some hearing loss</b>	<b>34,046</b>	<b>34,651</b>	<b>37,467</b>	<b>40,485</b>	<b>43,128</b>

Stockton-on-Tees District	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	75	74	78	71	66
People 35-44 predicted to have severe hearing loss	132	135	143	147	141
People 45-54 predicted to have severe hearing loss	147	144	128	122	135
People 55-64 predicted to have severe hearing loss	362	370	389	365	327
People 65-74 predicted to have severe hearing loss	591	602	618	685	716
People 75-84 predicted to have severe hearing loss	1,213	1,243	1,380	1,726	1,749
People 85+ predicted to have severe hearing loss	1068	1,112	1,343	1,587	2,057
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>3,588</b>	<b>3,680</b>	<b>4,079</b>	<b>4,703</b>	<b>5,191</b>

North East	2019	2020	2025	2030	2035
People 18-24 predicted to have some hearing loss	4,343	4,259	4,158	4,568	4,557
People 25-34 predicted to have some hearing loss	7,559	7,571	7,539	7,033	7,039
People 35-44 predicted to have some hearing loss	14,528	14,707	15,857	16,539	16,781
People 45-54 predicted to have some hearing loss	45,034	43,803	39,011	36,867	39,641
People 55-64 predicted to have some hearing loss	90,473	92,377	95,295	88,620	79,382
People 65-74 predicted to have some hearing loss	134,557	136,235	136,733	150,508	155,653
People 75-84 predicted to have some hearing loss	123,392	126,275	149,027	168,299	173,266
People 85+ predicted to have some hearing loss	63,760	65,896	78,212	92,213	119,976
<b>Total population 18+ predicted to have some hearing loss</b>	<b>483,646</b>	<b>491,123</b>	<b>525,832</b>	<b>564,647</b>	<b>596,295</b>

North East	2019	2020	2025	2030	2035
People 18-24 predicted to have severe hearing loss	0	0	0	0	0
People 25-34 predicted to have severe hearing loss	931	934	987	921	846
People 35-44 predicted to have severe hearing loss	1,664	1,682	1,770	1,841	1,774
People 45-54 predicted to have severe hearing loss	1,961	1,909	1,700	1,584	1,710
People 55-64 predicted to have severe hearing loss	5,029	5,141	5,343	4,998	4,477
People 65-74 predicted to have severe hearing loss	8,674	8,787	8,799	9,687	10,035
People 75-84 predicted to have severe hearing loss	17,523	17,908	19,928	24,932	24,572
People 85+ predicted to have severe hearing loss	15,223	15,733	18,674	22,017	28,645
<b>Total population 18+ predicted to have severe hearing loss</b>	<b>51,005</b>	<b>52,093</b>	<b>57,200</b>	<b>65,979</b>	<b>72,059</b>

Rates for some hearing loss and severe hearing loss are as follows:

Age	Some hearing loss (of $\geq 25$ dBHL*) %	Severe hearing loss ( $\geq 65$ dBHL*) %
18-30	1.8	0
31-40	2.8	0.7
41-50	8.2	0.3
51-60	18.9	0.9
61-70	36.8	2.3
71-80	60.3	4
80 and over	93.4	22.3

\*Prevalence of hearing loss in the better ear averaged across the mid-frequencies (0.5, 1, 2 and 4KHz). Hearing loss is recorded in decibels Hearing Level (dBHL). The term hearing loss is intended to be inclusive of those who identify as hard of hearing, deaf and Deaf, including those who use British Sign Language (BSL) as their first or preferred language. Hearing loss is usually measured by finding the quietest sounds someone can hear using tones with different frequencies, which are heard as different pitches. The person being tested is asked to respond, usually by pressing a button, when they can hear a tone and the level of the tone is adjusted until they can just hear it. This level is called the threshold. Thresholds are measured in units called dBHL: dB stands for 'decibels' and HL stands for 'hearing level'. The greater the threshold level is in dBHL the worse the hearing loss. Anyone with thresholds between 0 and 20 dBHL across all the frequencies is considered to have 'normal' hearing. The threshold of 25 dBHL indicates hearing loss; the threshold of 65 dBHL indicates severe hearing loss. Evidence shows that unsupported hearing loss can have an adverse impact on a person's health and quality of life, for example people with hearing loss may find it difficult communicate with other people and have an increased risk of social isolation and other problems such as anxiety and depression. People with hearing loss may also face barriers to employment due to poor deaf awareness or the lack of communication support. The prevalence rates have been applied to ONS population projections of the 18 and over population to give estimated numbers predicted to have some, or severe, hearing loss to 2035.

## 2.7 Mobility

People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2035. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Hartlepool	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	434	434	485	553	520
People 70-74 unable to manage at least one activity on their own	640	656	614	692	786
People 75-79 unable to manage at least one activity on their own	525	537	723	690	768
People 80-84 unable to manage at least one activity on their own	633	633	604	839	810
People 85+ unable to manage at least one activity on their own	1,080	1,080	1,250	1,285	1,675
<b>All population 65+ unable to manage at least one activity on own</b>	<b>3,312</b>	<b>3,340</b>	<b>3,676</b>	<b>4,059</b>	<b>4,559</b>

Middlesbrough	2017	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	571	580	648	700	640
People 70-74 unable to manage at least one activity on their own	786	802	818	912	1,006
People 75-79 unable to manage at least one activity on their own	711	723	876	897	1,017
People 80-84 unable to manage at least one activity on their own	821	821	792	1,009	1,038
People 85+ unable to manage at least one activity on their own	1,250	1,285	1,370	1,490	1,880
<b>All population 65+ unable to manage at least one activity on own</b>	<b>4,139</b>	<b>4,211</b>	<b>4,504</b>	<b>5,008</b>	<b>5,581</b>

Hartlepool	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	200	200	224	256	232
Males 70-74 unable to manage at least one activity on their own	240	240	230	260	290
Males 75-79 unable to manage at least one activity on their own	168	180	240	228	264
Males 80-84 unable to manage at least one activity on their own	198	198	198	288	288
Males 85+ unable to manage at least one activity on their own	280	280	350	385	525
<b>All Males 65+ unable to manage at least one activity on own</b>	<b>1,086</b>	<b>1,098</b>	<b>1,242</b>	<b>1,417</b>	<b>1,599</b>

Middlesbrough	2017	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	256	256	288	304	280
Males 70-74 unable to manage at least one activity on their own	290	290	290	320	350
Males 75-79 unable to manage at least one activity on their own	228	240	288	288	324
Males 80-84 unable to manage at least one activity on their own	270	270	270	342	342
Males 85+ unable to manage at least one activity on their own	350	385	420	490	630
<b>All Males 65+ unable to manage at least one activity on own</b>	<b>1,394</b>	<b>1,441</b>	<b>1,556</b>	<b>1,744</b>	<b>1,926</b>

Redcar	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	699	682	758	844	819
People 70-74 unable to manage at least one activity on their own	1,104	1,120	1,000	1,104	1,240
People 75-79 unable to manage at least one activity on their own	1,008	1,032	1,281	1,140	1,272
People 80-84 unable to manage at least one activity on their own	1,067	1,085	1,168	1,490	1,349
People 85+ unable to manage at least one activity on their own	1,640	1,640	1,980	2,270	2,880
<b>All population 65+ unable to manage at least one activity on own</b>	<b>5,518</b>	<b>5,559</b>	<b>6,187</b>	<b>6,848</b>	<b>7,560</b>

Stockton	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	885	886	997	1,091	1,057
People 70-74 unable to manage at least one activity on their own	1,286	1,312	1,260	1,432	1,568
People 75-79 unable to manage at least one activity on their own	1,107	1,140	1,491	1,458	1,644
People 80-84 unable to manage at least one activity on their own	1,237	1,237	1,320	1,725	1,725
People 85+ unable to manage at least one activity on their own	2,045	2,080	2,335	2,660	3,440
<b>All population 65+ unable to manage at least one activity on own</b>	<b>6,560</b>	<b>6,655</b>	<b>7,403</b>	<b>8,366</b>	<b>9,434</b>

Redcar	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	312	304	344	376	360
Males 70-74 unable to manage at least one activity on their own	400	400	360	400	440
Males 75-79 unable to manage at least one activity on their own	336	360	420	384	432
Males 80-84 unable to manage at least one activity on their own	342	360	414	504	450
Males 85+ unable to manage at least one activity on their own	490	490	630	770	980
<b>All Males 65+ unable to manage at least one activity on own</b>	<b>1,880</b>	<b>1,914</b>	<b>2,168</b>	<b>2,434</b>	<b>2,662</b>

Stockton	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	408	400	448	488	472
Males 70-74 unable to manage at least one activity on their own	470	480	460	520	560
Males 75-79 unable to manage at least one activity on their own	372	384	504	492	552
Males 80-84 unable to manage at least one activity on their own	396	396	450	594	594
Males 85+ unable to manage at least one activity on their own	595	630	735	910	1,190
<b>All Males 65+ unable to manage at least one activity on own</b>	<b>2,241</b>	<b>2,290</b>	<b>2,597</b>	<b>3,004</b>	<b>3,368</b>

North east	2019	2020	2025	2030	2035
People 65-69 unable to manage at least one activity on their own	12,682	12,646	14,013	15,321	14,660
People 70-74 unable to manage at least one activity on their own	18,898	19,296	18,146	20,226	22,254
People 75-79 unable to manage at least one activity on their own	16,320	16,800	21,714	20,619	23,148
People 80-84 unable to manage at least one activity on their own	18,041	18,164	19,301	25,293	24,338
People 85+ unable to manage at least one activity on their own	29,120	29,720	33,485	37,985	48,815
<b>All population 65+ unable to manage at least one activity on own</b>	<b>95,061</b>	<b>96,626</b>	<b>106,659</b>	<b>119,444</b>	<b>133,215</b>

North east	2019	2020	2025	2030	2035
Males 65-69 unable to manage at least one activity on their own	5,752	5,752	6,336	6,888	6,560
Males 70-74 unable to manage at least one activity on their own	6,930	7,040	6,610	7,330	8,030
Males 75-79 unable to manage at least one activity on their own	5,400	5,628	7,308	6,948	7,776
Males 80-84 unable to manage at least one activity on their own	5,832	5,868	6,570	8,676	8,388
Males 85+ unable to manage at least one activity on their own	8,470	8,820	10,535	12,635	16,765
<b>All Males 65+ unable to manage at least one activity on own</b>	<b>32,384</b>	<b>33,108</b>	<b>37,359</b>	<b>42,477</b>	<b>47,519</b>

Rates for those who are unable to manage at least one of the mobility tasks listed are as follows:

Age range	% males	% females
65-69	8	9
70-74	10	16
75-79	12	21
80-84	18	29
85+	35	50

Figures are taken from **Living in Britain Survey (2001), Table 29**. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2035.

## 2.8 Living Alone

People aged 65 and over living alone, by age and gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	980	980	1,020	1,160	1,160
Males 75+ predicted to live alone	957	986	1,189	1,334	1,537
Females 65-74 predicted to live alone	1,479	1,508	1,537	1,740	1,827
Females 75+ predicted to live alone	2,400	2,400	2,750	2,950	3,250
<b>Total population 65-74 predicted to live alone</b>	<b>2,459</b>	<b>2,488</b>	<b>2,557</b>	<b>2,900</b>	<b>2,987</b>
<b>Total population 75+ predicted to live alone</b>	<b>3,357</b>	<b>3,386</b>	<b>3,939</b>	<b>4,284</b>	<b>4,787</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	1,220	1,220	1,300	1,400	1,400
Males 75+ predicted to live alone	1,276	1,334	1,479	1,653	1,856
Females 65-74 predicted to live alone	1,914	1,972	2,117	2,349	2,349
Females 75+ predicted to live alone	3,000	3,000	3,250	3,600	4,100
<b>Total population 65-74 predicted to live alone</b>	<b>3,134</b>	<b>3,192</b>	<b>3,417</b>	<b>3,749</b>	<b>3,749</b>
<b>Total population 75+ predicted to live alone</b>	<b>4,276</b>	<b>4,334</b>	<b>4,729</b>	<b>5,253</b>	<b>5,956</b>

Redcar District	2019	2020	2025	2030	2035
Males 65-74 predicted to live alone	1,580	1,560	1,580	1,740	1,780
Males 75+ predicted to live alone	1,769	1,856	2,204	2,378	2,581
Females 65-74 predicted to live alone	2,523	2,523	2,494	2,784	2,929
Females 75+ predicted to live alone	4,000	4,000	4,700	5,000	5,450
<b>Total population 65-74 predicted to live alone</b>	<b>4,103</b>	<b>4,083</b>	<b>4,074</b>	<b>4,524</b>	<b>4,709</b>
<b>Total population 75+ predicted to live alone</b>	<b>5,769</b>	<b>5,856</b>	<b>6,904</b>	<b>7,378</b>	<b>8,031</b>

<b>Stockton District</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
Males 65-74 predicted to live alone	1,960	1,960	2,040	2,260	2,300
Males 75+ predicted to live alone	2,030	2,088	2,552	2,900	3,277
Females 65-74 predicted to live alone	3,016	3,074	3,219	3,596	3,712
Females 75+ predicted to live alone	4,650	4,700	5,450	6,000	6,800
<b>Total population 65-74 predicted to live alone</b>	<b>4,976</b>	<b>5,034</b>	<b>5,259</b>	<b>5,856</b>	<b>6,012</b>
<b>Total population 75+ predicted to live alone</b>	<b>6,680</b>	<b>6,788</b>	<b>8,002</b>	<b>8,900</b>	<b>10,077</b>

<b>North East</b>	<b>2019</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
Males 65-74 predicted to live alone	28,240	28,460	29,060	31,880	32,460
Males 75+ predicted to live alone	29,464	30,363	36,975	41,238	46,197
Females 65-74 predicted to live alone	44,022	44,428	45,646	50,547	51,881
Females 75+ predicted to live alone	67,700	68,700	79,200	86,550	96,150
<b>Total population 65-74 predicted to live alone</b>	<b>72,262</b>	<b>72,888</b>	<b>74,706</b>	<b>82,427</b>	<b>84,341</b>
<b>Total population 75+ predicted to live alone</b>	<b>97,164</b>	<b>99,063</b>	<b>116,175</b>	<b>127,788</b>	<b>142,347</b>

Rates for people living alone are as follows:

<b>Age range</b>	<b>% males</b>	<b>% females</b>
65-74	20	30
75+	34	61

Figures are taken from the **General Household Survey 2007, Table 3.4 Percentage of Men and Women Living Alone by Age, ONS**. The General Household Survey is a continuous survey which has been running since 1971, and is based each year on a sample of the general population resident in private households in Great Britain. Numbers have been calculated by applying percentages of men and women living alone to projected population figures.

## 2.9 Tenure

Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011

Hartlepool District	People 65-74	People 75-84	People aged 85+
Owned	68.02%	64.77%	59.70%
Rented from Council	9.71%	9.56%	9.23%
Other Social Rented	15.65%	19.53%	23.32%
Private Rented or Living Rent Free	6.61%	6.15%	7.75%

Middlesbrough District	People 65-74	People 75-84	People aged 85+
Owned	68.52%	69.96%	65.02%
Rented from Council	9.55%	8.75%	8.95%
Other Social Rented	15.68%	14.89%	17.24%
Private Rented or Living Rent Free	6.24%	6.40%	8.79%

Redcar District	People 65-74	People 75-84	People aged 85+
Owned	74.20%	72.44%	63.79%
Rented from Council	9.81%	10.35%	10.86%
Other Social Rented	10.86%	11.68%	18.77%
Private Rented or Living Rent Free	5.13%	5.53%	6.58%

Stockton District	People 65-74	People 75-84	People aged 85+
Owned	76.01%	73.08%	66.53%
Rented from Council	9.49%	9.90%	10.00%
Other Social Rented	9.67%	12.18%	17.70%
Private Rented or Living Rent Free	4.83%	4.84%	5.77%

North East	People 65-74	People 75-84	People aged 85+
Owned	69.47%	65.66%	56.86%
Rented from Council	15.65%	17.30%	20.01%
Other Social Rented	9.37%	11.37%	15.66%
Private Rented or Living Rent Free	5.51%	5.67%	7.48%

Figures are taken from **Office for National Statistics (ONS) 2011 Census: Communal Establishment Management and Type by Sex & Age, reference DC4201EW.**

The terms used to describe tenure are defined as: Owned - either owned outright, owned with a mortgage or loan, or paying part rent and part mortgage (shared ownership); Other social rented - includes rented from Registered Social Landlord, Housing association, Housing Co-operative and Charitable Trust; Private rented - renting from a private landlord or letting agency, employer of a household member, or relative or friend of a household member or other person; Living rent free - could include households living in accommodation other than private rented. Figures in this table are correct as at 27 March 2011. They have not been projected forward as the figures would not be reliable.



forward as the figures would not be reliable.

## 2.10 Mental Health

### People aged 18-64 predicted to have a mental health problem, by gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
People 18-64 predicted to have a common mental disorder	10,437	10,429	10,181	9,885	9,687
People 18-64 predicted to have a borderline personality disorder	1,325	1,324	1,292	1,255	1,230
People 18-64 predicted to have an antisocial personality disorder	1,827	1,830	1,777	1,731	1,701
People 18-64 predicted to have psychotic disorder	385	385	375	365	358
People 18-64 predicted to have two or more psychiatric disorders	3,963	3,962	3,863	3,754	3,681

Hartlepool District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	3,969	3,984	3,851	3,763	3,704
Males aged 18-64 predicted to have a borderline personality disorder	513	515	498	486	479
Males aged 18-64 predicted to have an antisocial personality disorder	1,323	1,328	1,284	1,254	1,235
Males aged 18-64 predicted to have psychotic disorder	189	190	183	179	176
Males aged 18-64 predicted to have two or more psychiatric disorders	1,863	1,870	1,808	1,766	1,739

Middlesbrough District	2019	2020	2025	2030	2035
People 18-64 predicted to have a common mental disorder	16,141	16,065	15,641	15,397	15,221
People 18-64 predicted to have a borderline personality disorder	2,050	2,040	1,986	1,955	1,933
People 18-64 predicted to have an antisocial personality disorder	2,861	2,848	2,777	2,743	2,725
People 18-64 predicted to have psychotic disorder	598	595	580	571	566
People 18-64 predicted to have two or more psychiatric disorders	6,149	6,120	5,961	5,873	5,814

Middlesbrough District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	6,277	6,248	6,101	6,042	6,027
Males aged 18-64 predicted to have a borderline personality disorder	811	808	789	781	779
Males aged 18-64 predicted to have an antisocial personality disorder	2,092	2,083	2,034	2,014	2,009
Males aged 18-64 predicted to have psychotic disorder	299	298	291	288	287
Males aged 18-64 predicted to have two or more psychiatric disorders	2,946	2,933	2,864	2,836	2,829

Redcar District	2019	2020	2025	2030	2035
People 18-64 predicted to have a common mental disorder	14,645	14,654	14,223	13,715	13,299
People 18-64 predicted to have a borderline personality disorder	1,859	1,860	1,805	1,741	1,688
People 18-64 predicted to have an antisocial personality disorder	2,545	2,542	2,464	2,383	2,309
People 18-64 predicted to have psychotic disorder	539	539	523	505	489
People 18-64 predicted to have two or more psychiatric disorders	5,551	5,551	5,386	5,198	5,039

Redcar District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	5,498	5,483	5,307	5,145	4,983
Males aged 18-64 predicted to have a borderline personality disorder	711	709	686	665	644
Males aged 18-64 predicted to have an antisocial personality disorder	1,833	1,828	1,769	1,715	1,661
Males aged 18-64 predicted to have psychotic disorder	262	261	253	245	237
Males aged 18-64 predicted to have two or more psychiatric disorders	2,581	2,574	2,491	2,415	2,339

Stockton District	2019	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	22,407	22,355	22,098	21,834	21,561
People aged 18-64 predicted to have a borderline personality disorder	2,845	2,838	2,806	2,772	2,737
People aged 18-64 predicted to have an antisocial personality disorder	3,935	3,923	3,873	3,826	3,783
People aged 18-64 predicted to have psychotic disorder	827	825	816	806	796
People aged 18-64 predicted to have two or more psychiatric disorders	8,515	8,494	8,394	8,293	8,192

Stockton District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	8,570	8,541	8,423	8,320	8,232
Males aged 18-64 predicted to have a borderline personality disorder	1,108	1,104	1,089	1,075	1,064
Males aged 18-64 predicted to have an antisocial personality disorder	2,857	2,847	2,808	2,773	2,744
Males aged 18-64 predicted to have psychotic disorder	408	407	401	396	392
Males aged 18-64 predicted to have two or more psychiatric disorders	4,023	4,009	3,954	3,905	3,864

North East	2017	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	302,152	301,132	295,292	290,247	285,818
People aged 18-64 predicted to have a borderline personality disorder	38,363	38,233	37,492	36,853	36,292
People aged 18-64 predicted to have an antisocial personality disorder	53,175	52,994	51,980	51,178	50,510
People aged 18-64 predicted to have psychotic disorder	11,165	11,127	10,912	10,732	10,576
People aged 18-64 predicted to have two or more psychiatric disorders	114,890	114,501	112,288	110,418	108,797

North East	2017	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	116,012	115,616	113,425	111,823	110,559
Males aged 18-64 predicted to have a borderline personality disorder	14,995	14,944	14,660	14,453	14,290
Males aged 18-64 predicted to have an antisocial personality disorder	38,671	38,539	37,808	37,274	36,853
Males aged 18-64 predicted to have psychotic disorder	5,524	5,506	5,401	5,325	5,265
Males aged 18-64 predicted to have two or more psychiatric disorders	54,455	54,269	53,240	52,488	51,895

	% males	% females
Common mental disorder	12.5	19.7
Borderline personality disorder	0.3	0.6
Antisocial personality disorder	0.6	0.1
Psychotic disorder	0.3	0.5
Two or more psychiatric disorders	6.9	7.5

This table is based on the report **Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey, published by the Health and Social Care Information Centre in 2009.**

**Common mental disorders** (CMDs) cause marked emotional distress & interfere with daily function, but don't usually affect insight or cognition. They comprise different types of depression/ anxiety & include obsessive compulsive disorder. Report found 19.7% of women & 12.5% of men surveyed met diagnostic criteria for at least one CMD.

Personality disorders are longstanding, ingrained distortions of personality that interfere with ability to make & sustain relationships. Antisocial personality disorder (ASPD) & borderline personality disorder (BPD) have public & mental health policy relevance. **ASPD** characterised by disregard for & violation of the rights of others. People with ASPD have a pattern of aggressive & irresponsible behaviour which emerges in childhood/ early adolescence. They account for disproportionately large proportion of crime & violence committed. ASPD present in 0.3% of adults aged 18+ (0.6% men; 0.1% women). **BPD** characterised by high levels of personal & emotional instability associated with significant impairment. People with BPD have severe difficulties with sustaining relationships, self-harm & suicidal behaviour common. Overall prevalence of BPD similar to ASPD: 0.4% of adults aged 16+ (0.3% men; 0.6% women).

**Psychoses** are disorders that produce disturbances in thinking & perception severe enough to distort perception of reality. Main types are schizophrenia & affective psychosis, e.g. bi-polar disorder. Overall prevalence found to be 0.4% (0.3% men; 0.5% women). In both men & women highest prevalence observed in those aged 35-44 (0.7% & 1.1% respectively). Age standardised prevalence of psychotic disorder significantly higher among black men (3.1%) than men from other ethnic groups (0.2% white men, no cases observed among men in the South Asian or 'other' ethnic group). No significant variation by ethnicity among women.

**Psychiatric comorbidity** (meeting diagnostic criteria for 2+ psychiatric disorders) known to be associated with increased severity of symptoms, longer duration, greater functional disability & increased use of health services. Disorders include most common mental disorders (anxiety & depressive disorders) as well as: psychotic disorder; antisocial & borderline personality disorders; eating disorder; posttraumatic stress disorder (PTSD); attention deficit hyperactivity disorder (ADHD); alcohol & drug dependency; & problem behaviours such as problem gambling & suicide attempts. Less than one quarter of adults (23%) met criteria or screened positive for at least one of the psychiatric conditions under study. Of those with at least one condition: 68.7% met criteria for only one condition, 19.1% met criteria for 2 conditions and 12.2% met criteria for 3+ conditions. Numbers of identified conditions were not significantly different for men & women.

## 2.11 Drugs/ alcohol

### People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2035

Hartlepool District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	2,349	2,358	2,279	2,227	2,192
Females aged 18-64 predicted to have alcohol dependence	924	921	904	874	855
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	<b>3,273</b>	<b>3,278</b>	<b>3,184</b>	<b>3,102</b>	<b>3,047</b>
Males aged 18-64 predicted to be dependent on drugs	1,215	1,220	1,179	1,152	1,134
Females aged 18-64 predicted to be dependent on drugs	644	642	630	609	596
<b>Total population aged 18-64 predicted to be dependent on drugs</b>	<b>1,859</b>	<b>1,861</b>	<b>1,809</b>	<b>1,761</b>	<b>1,730</b>

Middlesbrough District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	3,715	3,697	3,610	3,576	3,567
Females aged 18-64 predicted to have alcohol dependence	1,409	1,402	1,363	1,336	1,313
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	<b>5,124</b>	<b>5,100</b>	<b>4,973</b>	<b>4,912</b>	<b>4,880</b>
Males aged 18-64 predicted to be dependent on drugs	1,922	1,913	1,868	1,850	1,845
Females aged 18-64 predicted to be dependent on drugs	982	977	950	931	915
<b>Total population aged 18-64 predicted to be dependent on drugs</b>	<b>2,904</b>	<b>2,890</b>	<b>2,817</b>	<b>2,781</b>	<b>2,760</b>

Redcar District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	3,254	3,245	3,141	3,045	2,949
Females aged 18-64 predicted to have alcohol dependence	1,307	1,310	1,274	1,224	1,188
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	<b>4,561</b>	<b>4,555</b>	<b>4,414</b>	<b>4,269</b>	<b>4,137</b>
Males aged 18-64 predicted to be dependent on drugs	1,683	1,679	1,625	1,575	1,526
Females aged 18-64 predicted to be dependent on drugs	911	913	888	853	828
<b>Total population aged 18-64 predicted to be dependent on drugs</b>	<b>2,594</b>	<b>2,592</b>	<b>2,512</b>	<b>2,428</b>	<b>2,353</b>

Stockton District	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	5,072	5,055	4,985	4,924	4,872
Females aged 18-64 predicted to have alcohol dependence	1,977	1,973	1,954	1,930	1,904
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	<b>7,049</b>	<b>7,028</b>	<b>6,939</b>	<b>6,855</b>	<b>6,776</b>
Males aged 18-64 predicted to be dependent on drugs	2,624	2,615	2,579	2,547	2,520
Females aged 18-64 predicted to be dependent on drugs	1,378	1,375	1,362	1,345	1,327
<b>Total population aged 18-64 predicted to be dependent on drugs</b>	<b>4,001</b>	<b>3,990</b>	<b>3,940</b>	<b>3,892</b>	<b>3,847</b>

North East	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	68,660	68,425	67,129	66,181	65,433
Females aged 18-64 predicted to have alcohol dependence	26,591	26,502	25,981	25,489	25,037
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	<b>95,252</b>	<b>94,928</b>	<b>93,110</b>	<b>91,670</b>	<b>90,470</b>
Males aged 18-64 predicted to be dependent on drugs	35,514	35,393	34,722	34,232	33,845
Females aged 18-64 predicted to be dependent on drugs	18,533	18,471	18,108	17,765	17,450
<b>Total population aged 18-64 predicted to be dependent on drugs</b>	<b>54,047</b>	<b>53,864</b>	<b>52,830</b>	<b>51,997</b>	<b>51,295</b>

	% males	% females
Dependent on alcohol	8.7	3.3
Dependent on illicit drugs	4.5	2.3

The report **Adult psychiatric morbidity in England, 2007: Results of a household survey**, published by the Health and Social Care Information Centre in 2009, provides prevalence rates for both alcohol & drug dependence. Harmful drinking denotes most hazardous use of alcohol, at which damage to health is likely. One possible outcome of harmful drinking is alcohol dependence, a cluster of behavioural, cognitive & physiological phenomena: includes strong desire to consume alcohol & difficulties controlling drinking. A survey of household population is likely to under-represent dependent adults, who are more likely to be homeless or in an institutional setting. Problem drinkers who live in private households may, like problem drug users, be less available, able or willing to participate in surveys.

**Prevalence of alcohol dependence** = 5.9% (8.7% men, 3.3% women). For men, the highest levels of dependence were identified in those between 25-34 (16.8%); women between 16-24 (9.8%). Most recorded dependence categorised as mild (5.4%), with relatively few adults reporting symptoms of moderate or severe dependence (0.4% & 0.1% respectively). Alcohol dependence more common in white men & women than minority ethnic groups. No significant variations in prevalence of dependence by region/ income.

Drug misuse has been defined as use of substance for purposes not consistent with legal/ medical guidelines. In a small proportion of users this may lead to dependence, a cluster of behavioural, cognitive & physiological phenomena, such as a sense of need or dependence, impaired capacity to control substance-taking behaviour & persistent use despite evidence of harm. UK has one of highest rates of illicit drug use in developed world.

**Prevalence of drug dependence** = 3.4% (4.5% men, 2.3% women). Most dependence was on cannabis (2.5%), rather than other drugs (0.9%). Symptoms of dependence most commonly reported by adults between 16-24 (13.3% men, 7% women). Prevalence of drug dependence varied with ethnicity & income. Black men most likely & South Asian men least likely to report symptoms of dependence; same pattern for women. Prevalence of drug dependence was greater in men & women from lower income groups. No significant differences between regions.

## 2.12 Early onset dementia

People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
Males aged 30-39 predicted to have early onset dementia	0	0	0	0	0
Males aged 40-49 predicted to have early onset dementia	1	1	1	1	1
Males aged 50-59 predicted to have early onset dementia	8	8	7	6	6
Males aged 60-64 predicted to have early onset dementia	6	6	7	6	5
Total males aged 30-64 predicted to have early onset dementia	15	16	15	14	13
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	0
Females aged 40-49 predicted to have early onset dementia	1	1	1	1	1
Females aged 50-59 predicted to have early onset dementia	5	5	5	4	4
Females aged 60-64 predicted to have early onset dementia	4	4	4	4	3
Total females aged 30-64 predicted to have early onset dementia	11	11	11	10	9

Middlesbrough	2019	2020	2025	2030	2035
Males aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Males aged 40-49 predicted to have early onset dementia	2	2	1	2	2
Males aged 50-59 predicted to have early onset dementia	11	10	9	9	8
Males aged 60-64 predicted to have early onset dementia	8	8	8	8	7
Total males aged 30-64 predicted to have early onset dementia	21	21	20	18	17
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Females aged 40-49 predicted to have early onset dementia	2	2	2	2	2
Females aged 50-59 predicted to have early onset dementia	7	7	6	6	6
Females aged 60-64 predicted to have early onset dementia	5	5	5	5	4
Total females aged 30-64 predicted to have early onset dementia	15	15	14	13	13

Redcar	2019	2020	2025	2030	2035
Males aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Males aged 40-49 predicted to have early onset dementia	2	1	1	1	2
Males aged 50-59 predicted to have early onset dementia	12	12	11	9	8
Males aged 60-64 predicted to have early onset dementia	9	9	10	9	8
<b>Total males aged 30-64 predicted to have early onset dementia</b>	<b>22</b>	<b>23</b>	<b>22</b>	<b>20</b>	<b>18</b>
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Females aged 40-49 predicted to have early onset dementia	2	2	2	2	2
Females aged 50-59 predicted to have early onset dementia	8	8	7	6	6
Females aged 60-64 predicted to have early onset dementia	5	6	6	6	5
<b>Total females aged 30-64 predicted to have early onset dementia</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>15</b>	<b>14</b>

Stockton	2019	2020	2025	2030	2035
Males aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Males aged 40-49 predicted to have early onset dementia	2	2	2	2	3
Males aged 50-59 predicted to have early onset dementia	16	16	15	14	13
Males aged 60-64 predicted to have early onset dementia	12	12	13	12	11
<b>Total males aged 30-64 predicted to have early onset dementia</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>29</b>	<b>27</b>
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Females aged 40-49 predicted to have early onset dementia	3	3	3	3	3
Females aged 50-59 predicted to have early onset dementia	11	11	10	9	9
Females aged 60-64 predicted to have early onset dementia	7	7	8	8	7
<b>Total females aged 30-64 predicted to have early onset dementia</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>21</b>	<b>20</b>



North East	2019	2020	2025	2030	2035
Males aged 30-39 predicted to have early onset dementia	12	12	13	12	12
Males aged 40-49 predicted to have early onset dementia	32	31	29	31	32
Males aged 50-59 predicted to have early onset dementia	221	222	206	183	173
Males aged 60-64 predicted to have early onset dementia	163	166	179	170	150
<b>Total males aged 30-64 predicted to have early onset dementia</b>	<b>427</b>	<b>431</b>	<b>427</b>	<b>395</b>	<b>367</b>
Females aged 30-39 predicted to have early onset dementia	16	16	16	15	14
Females aged 40-49 predicted to have early onset dementia	38	37	36	39	39
Females aged 50-59 predicted to have early onset dementia	146	147	136	121	118
Females aged 60-64 predicted to have early onset dementia	101	104	114	109	96
<b>Total females aged 30-64 predicted to have early onset dementia</b>	<b>301</b>	<b>303</b>	<b>302</b>	<b>284</b>	<b>267</b>

Age range	Per 100,000 males	Per 100,000 females
30-34	8.9	9.5
35-39	6.3	9.3
40-44	8.1	19.6
45-49	31.8	27.3
50-54	62.7	55.1
55-59	179.5	97.1
60-64	198.9	118

This table is based on the **Alzheimer's Society report, *Dementia UK - the full report*** . This 2007 report into the prevalence and cost of dementia was prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society. The report gives rates for early onset dementia, in ten year age bands, from the age of 30, including numbers for males and females.

## 2.13 Visual Impairment

People aged 18-64 predicted to have a serious visual impairment, by age, projected to 2035

Hartlepool	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a serious visual impairment	5	5	4	5	5
People aged 25-34 predicted to have a serious visual impairment	8	8	7	7	7
People aged 35-44 predicted to have a serious visual impairment	7	7	7	8	7
People aged 45-54 predicted to have a serious visual impairment	8	8	7	7	7
People aged 55-64 predicted to have a serious visual impairment	8	8	9	8	7
People aged 65-74 predicted to have a moderate or severe visual impairment	560	566	582	661	672
People aged 75 and over predicted to have a moderate or severe visual impairment	1,017	1,029	1,203	1,314	1,463
People aged 75 and over predicted to have registrable eye conditions	525	531	621	678	755

Middlesbrough	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a serious visual impairment	10	10	10	11	11
People aged 25-34 predicted to have a serious visual impairment	13	13	13	12	12
People aged 35-44 predicted to have a serious visual impairment	10	10	11	11	11
People aged 45-54 predicted to have a serious visual impairment	11	11	9	9	10
People aged 55-64 predicted to have a serious visual impairment	11	11	11	10	9
People aged 65-74 predicted to have a moderate or severe visual impairment	711	722	773	846	840
People aged 75 and over predicted to have a moderate or severe visual impairment	1,302	1,290	1,463	1,624	1,823
People aged 75 and over predicted to have registrable eye conditions	672	666	755	838	941

Redcar	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a serious visual impairment	6	6	6	6	6
People aged 25-34 predicted to have a serious visual impairment	10	10	10	9	9
People aged 35-44 predicted to have a serious visual impairment	9	9	10	10	10
People aged 45-54 predicted to have a serious visual impairment	12	12	10	10	10
People aged 55-64 predicted to have a serious visual impairment	12	13	13	12	10
People aged 65-74 predicted to have a moderate or severe visual impairment	935	930	930	1,030	1,058
People aged 75 and over predicted to have a moderate or severe visual impairment	1,748	1,786	2,108	2,257	2,455
People aged 75 and over predicted to have registrable eye conditions	902	922	1,088	1,165	1,267

Stockton	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a serious visual impairment	10	10	10	11	11
People aged 25-34 predicted to have a serious visual impairment	17	17	16	15	15

People aged 35-44 predicted to have a serious visual impairment	15	16	17	17	16
People aged 45-54 predicted to have a serious visual impairment	17	17	15	15	16
People aged 55-64 predicted to have a serious visual impairment	17	17	17	16	14
Total population aged 18-64 predicted to have a serious visual impairment	77	77	76	75	74
People aged 65-74 predicted to have a moderate or severe visual impairment	1,126	1,142	1,193	1,322	1,366
People aged 75 and over predicted to have a moderate or severe visual impairment	2,021	2,058	2,455	2,716	3,100
People aged 75 and over predicted to have registrable eye conditions	1,043	1,062	1,267	1,402	1,600

North East	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a serious visual impairment	156	153	150	165	165
People aged 25-34 predicted to have a serious visual impairment	224	223	216	200	204
People aged 35-44 predicted to have a serious visual impairment	197	199	210	216	209
People aged 45-54 predicted to have a serious visual impairment	230	223	199	197	208
People aged 55-64 predicted to have a serious visual impairment	231	235	239	219	196
Total population aged 18-64 predicted to have a serious visual impairment	1,037	1,033	1,013	996	982
People aged 65-74 predicted to have a moderate or severe visual impairment	16,414	16,548	16,951	18,687	19,107
People aged 75 and over predicted to have a moderate or severe visual impairment	29,376	30,033	35,464	39,085	43,598
People aged 75 and over predicted to have registrable eye conditions	15,162	15,501	18,304	20,173	22,502

The information is taken from two sources.

18-64 population - information based on 'The prevalence of visual impairment in the UK, A review of the literature', by Tate, Smeeth, Evans, Fletcher, Owen and Rudnicka, RNIB, 2005.

65+ population figures taken from 'The number of people in the UK with a visual impairment: the use of research evidence and official statistics to estimate and describe the size of the visually impaired population', by Nigel Charles, RNIB, July 2006.