

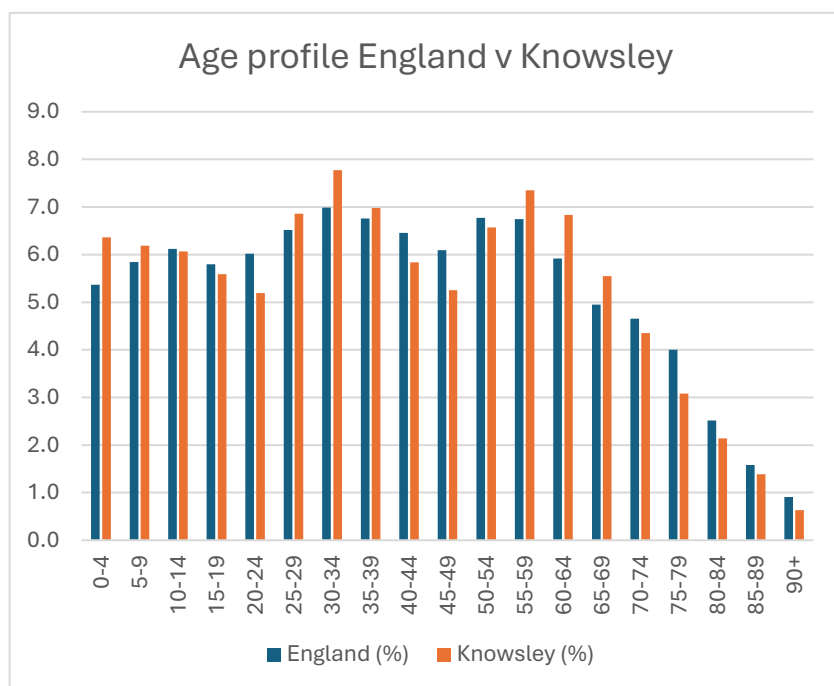
Knowsley Locality Appendix

1 Population and Mortality Data

The population of Knowsley in 2022 was 157,107 (ONS

<https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>)

The chart below shows a slightly different age profile than the national picture, with slightly more people aged under 10, 30-39, and 55-64 and lower proportions in early 20s and over 75 years.



The population is growing and aging: the overall population is predicted to increase by around 20,000 by 2035 and around 32,000 by 2047, up to 189,255 – overall this represents a 20% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 18,208 people aged 70 or over, this is predicted to increase to 26,144 by 2047, a 43% increase. <https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>

The number of people who die is increasing; this is due to a combination of a growing and aging population. Although there are some annual variations (in particular seen during the COVID-19 pandemic) we can see that annual deaths between 2012 and 2023 have risen by around 15%. In 2023 there were 1639 registered deaths in Knowsley.

We can also see that over this period that the number of deaths each year is approximately 1.1% of the local population – which is slightly above the national rate of 1%.

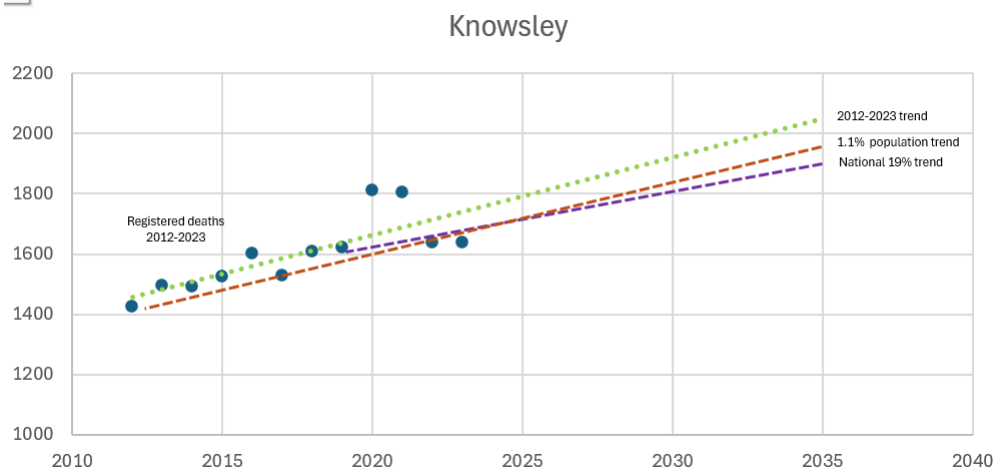
Local projections for future death trends are not available from any national sources such as ONS, therefore a number of assessments have been made, displayed in the graph below.

- If the reported deaths from 2012-23 are extrapolated to 2035, it suggests that there could be approximately 2050 local deaths each year.
- ONS have predicted a 19% national increase in registered deaths from 2018 to 2035, (2018 Deaths registered in England and Wales - Office for National Statistics, and 2024

National population projections - Office for National Statistics). If Knowsley were to follow the national rate it would mean that there could be approximately 1915 deaths each year.

- If recent local trends for 1.1% of the population to die each year, based on 2025 ONS estimates for the local population, there could be approximately 1940 deaths each year.

These estimates suggest that there could be between 1915 and 2050 deaths each year in Knowsley by 2035.



Recent figures from the Office for National Statistics show that the population of Knowsley in 2024 has risen since 2022 to 162,565, which is higher than previous projections. This rise is, in part, due to recent housing developments locally.

It is clear that the number of deaths seen locally has increased over the last decade and that this is expected to continue. There are no local formal projections so we need to accept the projections above and expect that there could be between 1900 and 2050 deaths each year by 2035 – this isn't such a broad range and it is reasonable for us to prepare for death rates anywhere in this range. As a local system we need to work together to prepare for this increase in deaths making sure each person receives the care and support they need.

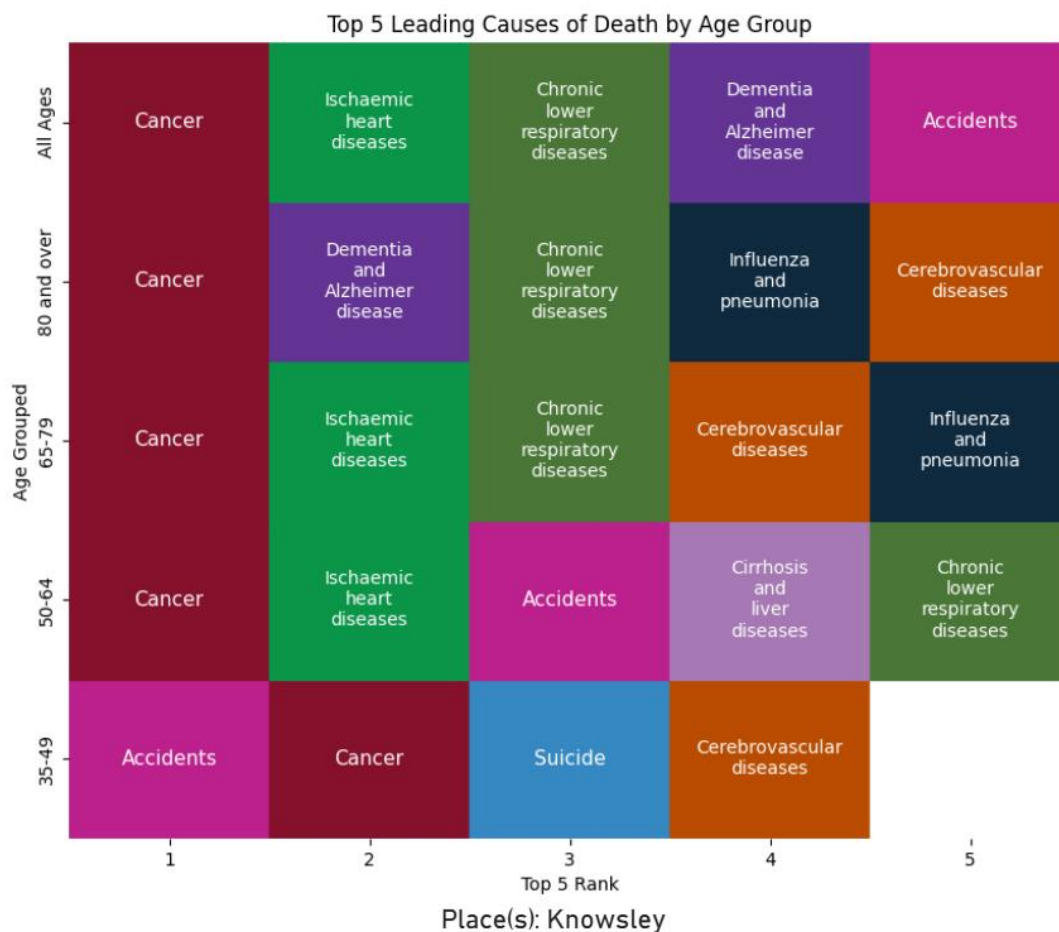
2 Major causes of death

The major causes of death in Knowsley are Cancer, Heart Disease and Respiratory Disease, although we can see from the chart below that this does change across different age groups.

The major causes of death in Warrington broadly mirror those across Cheshire and Merseyside and England.

This chart shows the top 5 major causes of death split by different age groups. Children, Young People and young adults have been excluded because the relatively small numbers of deaths make statistical comparisons difficult.

Leading cause of death by age Group, 2023



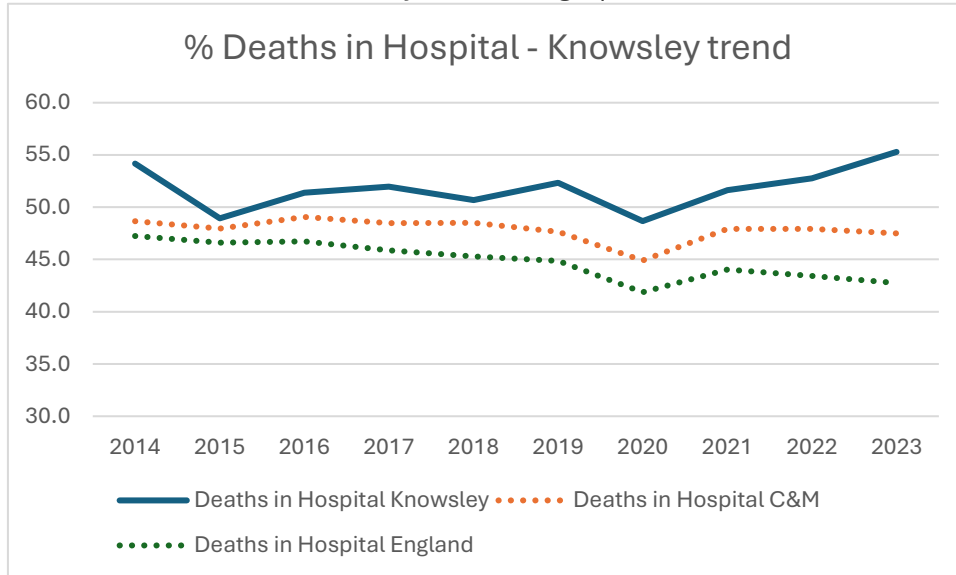
The local chart for Knowsley is very similar to the Cheshire and Merseyside chart, but it is worth noting that Cerebrovascular diseases feature more frequently in the Knowsley chart. There is a strong connection between cerebrovascular disease and dementia, particularly those that have components of vascular dementia. This may indicate a greater need for support for patients with these conditions and a greater awareness of the PEOLC needs of these patients.

The term cancer encompasses multiple distinct conditions. For international comparability, the 'Leading Causes of Disease' breakdown presents cancer as a single category, unlike other diseases that are subdivided. However, detailed breakdowns type, such as lung, breast or colorectal cancer, can be provided when planning services.

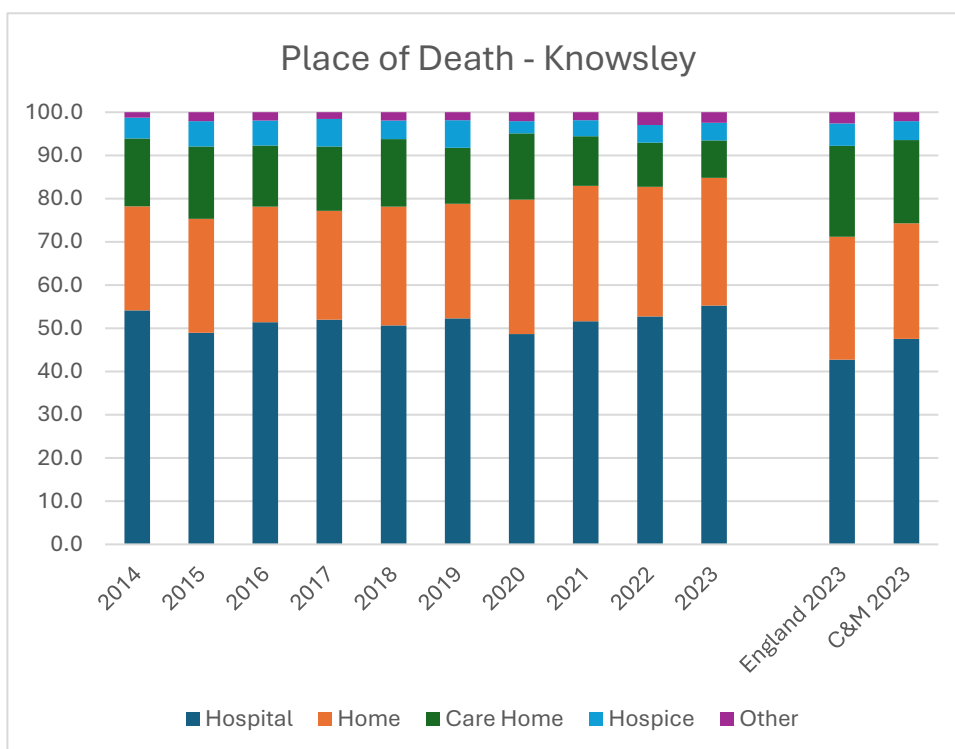
3 Place of death

We know that most people would prefer to die at home or in a hospice, yet many people die in hospital – the factors behind this are multifaceted and complex, but monitoring the place where people die, and in particular the proportion of people who die in hospital is widely seen as an important indicator of the strength of a palliative care system.

This chart shows that, across Knowsley, the proportion of people who die in hospital has risen slightly over the last decade (from 54.2% in 2014 to 55.3% in 2023) whereas the national average has fallen from 47.2% to 42.7% during the same period. Rates in Knowsley are higher than the Cheshire and Merseyside average (which fell from 48.7% to 47.5%).



In order to reach the national average, around 170 people who currently die in hospital each year will need to be supported to die elsewhere.



(Source: <https://fingertips.phe.org.uk/profile/end-of-life/>)

It is clear that the proportion of people dying in hospital is much higher in Knowsley than the Cheshire and Merseyside average and around 12% higher than the England average (55.3% to 42.7%). Conversely, fewer deaths occurred in care homes (just 8.6% in Knowsley compared to 21% nationally). Knowsley has undertaken significant investment into end-of-life care, in 2025, expanding specialist palliative care service to be available 7 days, 8am to 8pm. End of life care is a key focus within general practice local quality scheme to support early identification and encourage a consistent approach to personalised care planning and recording of plans.

It will be important for us to monitor the impact of this new investment as we work together to try to reduce the proportion of people who die in hospital and increase the proportion of people who die in community settings such as their own home, care home or hospice.

4 Use of Services:

National and regional analysis shows how people use services such as their GP, hospital or district nursing in their last 12 months of life changes and how this rapidly increases in the last 3 to 4 months of life. Our analysis of activity in Knowsley shows the patten of use of services is visually very similar to the rest of Cheshire and Merseyside, with only slight statistical differences.

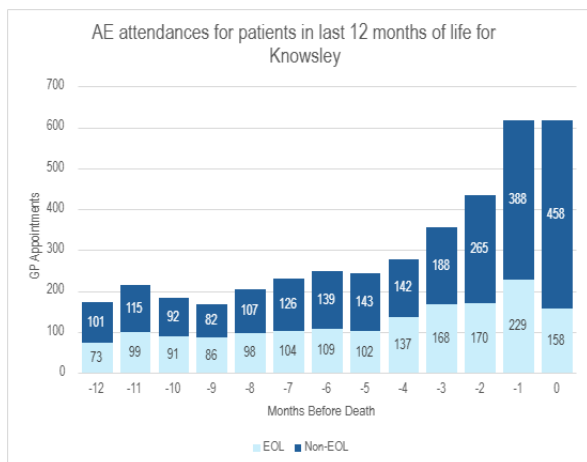
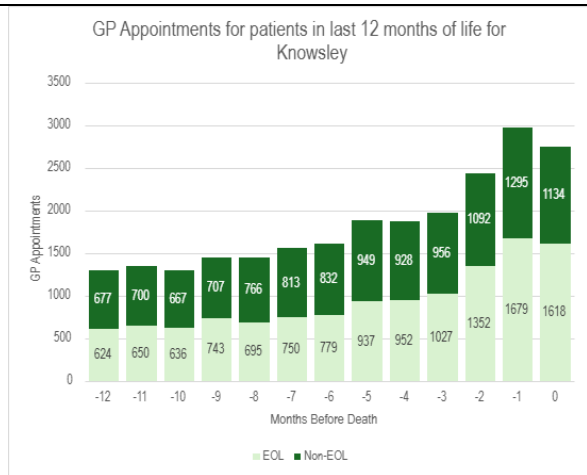
Our analysis shows that Knowsley patients who died during 2024/25 attended 23,958 GP appointments in their last 12 months of life. [Which is an average of 16.1 appointments for each person who died (C&M average = 14.8)]

Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 34.1% of all appointments took place in these months (C&M average 32.6%).

The data shows that 57% of GP appointments in the final 3 months were used by people recognised as being end of life (EOL) this is higher than the proportion of people identified as being likely to be EOL (30%) which suggests EOL patients are being well supported by their GPs.

The data also shows that Knowsley patients attended A&E 3,970 times in their last 12 months of life. [Which is an average of 2.7 visits for each person who died (C&M average = 2.2). 14% of local patients attended at least 3 times in their last 3 months of life (C&M average 11%).

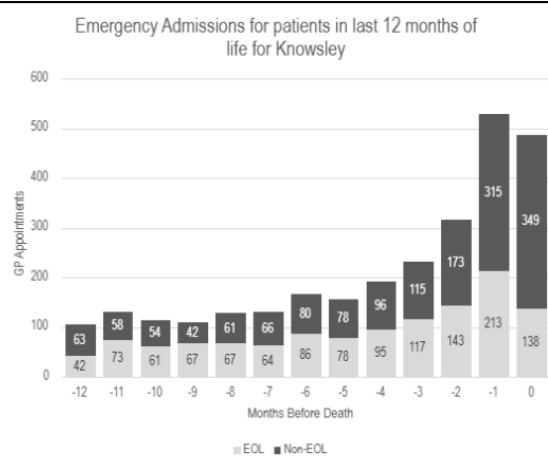
Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 42.0% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).



In this final 3 months, 34% of visits were by patients recognised as being EOL, which is slightly higher than the proportion of patients identified as likely to be EOL (30%). Which suggests that EOL recognised patients are using non elective, urgent, services at a higher rate than those non identified as being EOL.

Our research shows that Knowsley patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 2,794 times in their last 12 months of life staying in hospital for a total of 30,151 bed days.

An average 7.3% of people who died had 3+ non elective admissions in their last 3 months of life (C&M average, 7.0%. England 7.0%)



Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 47.6% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).

38% of NEL admissions in the last 3 months were by patients recognised as being EOL, which is higher than the proportion of patients identified as likely to be EOL. Which suggests that EOL recognised patients are using non elective, urgent, services at a higher rate than those non identified as being EOL.

Use of Services analysis is based on data from Cheshire and Merseyside NHS Business Intelligence, it does not represent all activity because around 10% of patients, or their GP practices, opt out of sharing their data. Many of the figures could be increased by 10% to gain a fuller picture of use of services.

Unplanned hospital activity such as attending A&E or being admitted non-electively accounts for much of the service use in the last year of life.

3 or more A&E attendances in last 3 months of life:		
Knowsley 14%	C&M 11%	
% of all people who died who spent time in hospital		
At least one hospital admission in last 6 months of life:		
Knowsley 77.5%	C&M 72.4%	England 68.2%
At least one Non Elective admission in last 3 months of life:		
Knowsley 70.1%	C&M 65.3%	England 60.3%
3 or more Non Elective Admissions in last 3 months of life:		
Knowsley 7.3%	C&M 7%	England 6.2%
Average Length of Stay in hospital in last 3 months of life (people who had at least one admission):		
Knowsley 17.2 days (mean)	C&M 18.4 days (mean)	18.5 days (mean)
% bed occupancy (of all general and acute hospital beds) by patients in the last 3 months of life:		
LUFT 21.2% Mersey & West Lancs 21.8% Warrington & Halton 23.8%	C&M 22.6% (all hospitals, including specialist)	England 23.9%

All Trusts: LHCH 8.8% Walton 10.9% Liv Women 11.0% LUFT 21.2% MWL 21.8% MC 23% COCH 23.5% W&H 23.8% ECT 24.1% Wir 25.1% Clatterbridge 37.5% (Model Health System, accessed 02/10/25)

Data sources: C&M BI, Fingertips.phe.org & Model Health System

It is reassuring to note that patients identified as likely to be near the end of life and on the Palliative Care Register make better use of out of hospital services such as GP appointments and district nursing and proportionately use hospital services less – this shows the benefits of early identification and of advance care planning.

The data on unplanned hospital care highlights areas of concern, particularly the higher-than-average rates of A&E attendances and hospital admissions in the final months of life. These figures place Knowsley among the highest in the Cheshire and Merseyside region.

It is acknowledged elsewhere in the report the high level of disease in Knowsley and the high levels of deprivation and health inequalities i.e. Knowsley ranked in the bottom 10 percent of local authority areas in England for health in 2021.

Knowsley will continue to improve early identification and personalised care planning and improve co-ordination of care and reduce avoidable hospital use and improve end-of-life experiences.

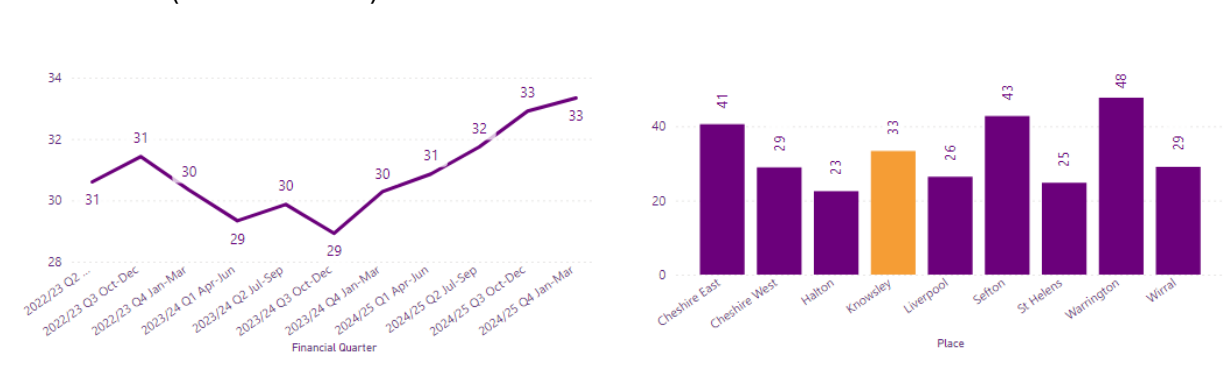
5 General Practice PEOLC Care Registers

Identifying people who are likely to be in the last 12 months of life

Early identification of patients who may be in the last 12 months of their life is important because it gives people the opportunity to be involved in planning for their future care. This could include thinking about the type of care they would like or would not like, where they would like to be cared for, who should be involved in their care and can help with planning for loved ones.

<https://www.cheshire-epaige.nhs.uk/wp-content/uploads/2023/03/EARLY-Toolkit-V2.0-March-2023.pdf>

% of all deaths in the last 12 months who were identified as being on the Gold Standards Framework (ambition 60%)



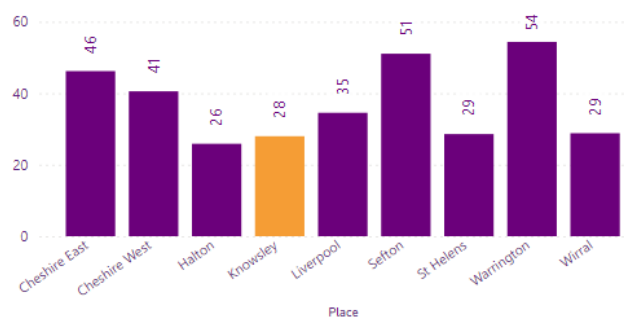
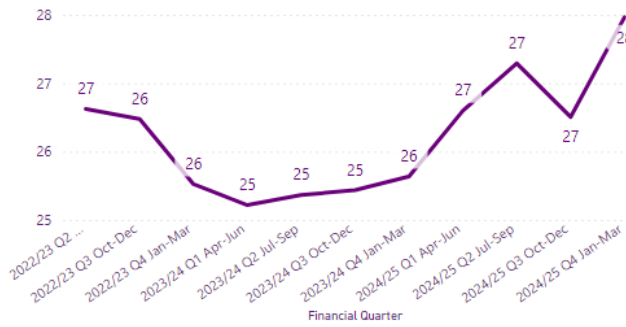
Knowsley Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

Advance Care Plans

Advance Care Planning is a personalised process that emphasises reflection, choice and communication and gives people the chance to think about and write down what is important to them. As part of the process a person might choose to describe the type of care they would like at the end of their life. [What is advance care planning? | For professionals | Marie Curie](#)

% of all deaths in the last 12 months who were identified as has having an Advance Care Plan (Ambition 60%)



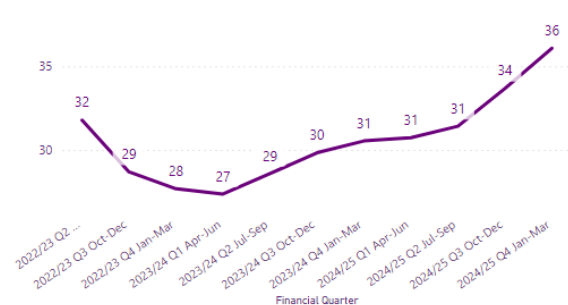
Knowsley Trend
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Place by place Comparison (Jan-March 2025)

DNACPR

A DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision is important because it allows individuals, along with their healthcare team, to make informed decisions about an important part of their end-of-life care and ensures their wishes are respected. It provides guidance to healthcare professionals on what actions should or should not be taken if a person experiences a cardiac arrest or dies suddenly. DNACPR decisions are crucial for ensuring a patient's dignity and comfort at the end of life and preventing unnecessary, potentially painful or unsuccessful interventions. [CPR Recommendations, DNACPR and ReSPECT | Resuscitation Council UK](#)

% of all deaths in the last 12 months who were identified as having had a CPR discussion / decision



Knowsley Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
Kirkby PCN	31.18	26.79	30.95	12.93
Knowsley Central & South PCN	35.06	27.29	40.70	15.70
West Knowsley PCN	32.94	29.82	34.50	18.91

(C&M EOL Dashboard Jan-March 2025)

It is reassuring to see continued improvement in all these metrics over the last year or so. Measures have been put in place to enable continued improvement.

Our early identification is in line with the Cheshire and Merseyside average at 33%, although numbers of people dying with advance care plans are slightly behind at 25%.

We recognise that, if we are to achieve our ambition to reduce the proportion of people who die in hospital one of the key things we can do is increase the proportion of people identified on the palliative care register. We will promote the use of Early to help identify people who may be in the last 12 months of life and will promote the use of I CARE & Share to record advance care plans.

6 Specialist Palliative Care (SPC) Beds

An assessment of SPC beds across Cheshire and Merseyside is given in the main report set against internationally recognised standards. It is difficult to provide a locality-by-locality assessment for the need for or supply of specialist beds as the populations served by each individual hospice rarely align to NHS locality boundaries, therefore an assessment of needs for the wider Cheshire Devolution area and Mersey City Region area have been made.

Liverpool City Region Assessment	
Total population of Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral.	1,746,772
PC beds	
Halton Haven Hospice	10
Queenscourt Hospice	6
Willowbrook Hospice	10
Wirral Hospice St John's	14
St Josephs Hospice	31
Woodlands Hospice	15
Claire House (Children & Young People)	5
Royal Liverpool Hospital (NHS Hospital)	8
Arrowe Park (NHS Hospital)	4
Total	103
Recommended number of beds for total population	139-175
Deficit of SPC beds for the Liverpool City Region area	36-72
Removing St Joseph's beds as non specialist would increase this deficit to 67 – 103 for the Liverpool City Region	

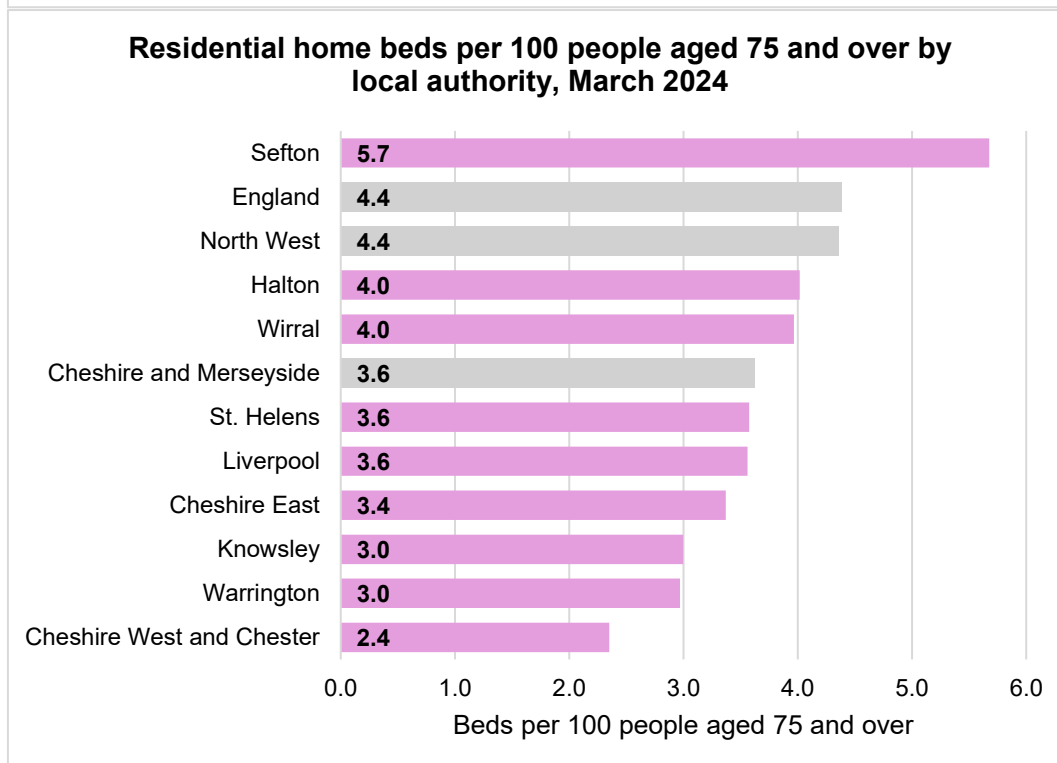
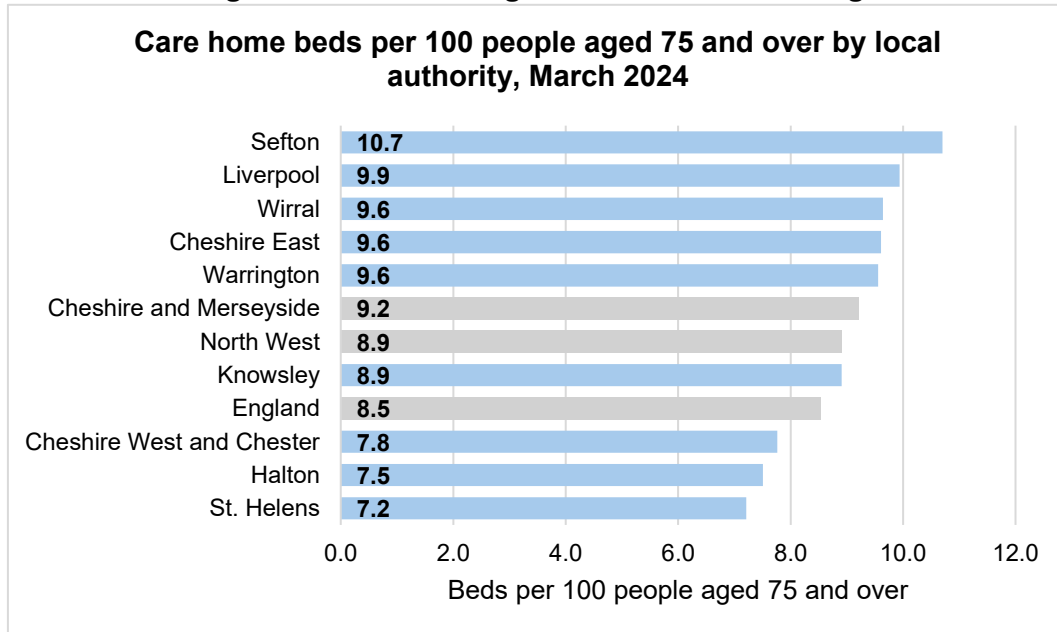
There is a clear and pressing need to expand access to specialist palliative care beds. The data reinforces what we see in practice: demand is growing, and current provision is not sufficient to meet the needs of patients nearing the end of life. As a system, we must improve both the number of available beds and the flexibility of access — particularly outside of standard working hours, such as evenings and weekends — to ensure timely, compassionate support for patients and their families.

7 Care Homes

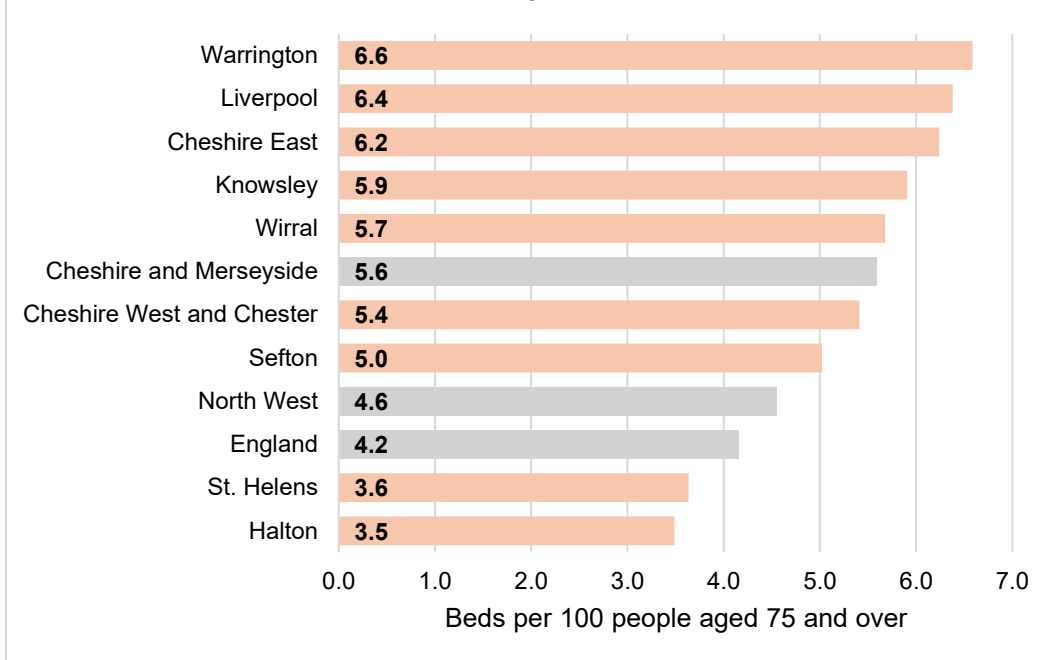
There are 25 residential care homes in Knowsley with 1034 beds, this includes 14 residential care homes with 348 beds plus 11 nursing homes with 686 beds.

Comparing the availability of care home and nursing home beds for the local over 75 population is seen as a good indicator of the capacity of the local system to care for the needs of an ageing population by supporting people in the community.

We can see from the charts below that Knowsley has slightly fewer residential care home beds, but more nursing home beds than regional and national averages.



Nursing home beds per 100 people aged 75 and over by local authority, March 2024



Knowsley has fewer residential care home beds than the national or Cheshire and Merseyside average, with only 3.0 beds per 100 people aged 75 or above. It has a better proportion of nursing homes beds, better than the national and system level, with 5.9 beds per 100 people over 75 years old. It was seen earlier, that far fewer people die in Care Home settings compared to the England and C&M averages. We will continue to work with our colleagues to support patients and families in achieving their preferred place of care; home or care home.

8 Specialist Palliative Care Services

National bodies have repeatedly called for Specialist Palliative Care Services to be available to patients 7-days per week and for non-specialist providers of palliative care to be able to access advice at all times of the day or night.

- 24/7: Willow Brook Hospice and Woodlands Hospice both provide a 24/7 advice line for health and care professionals and patients and carers.
- 7/7: Willow Brook Hospice and Woodlands Hospice and community Specialist Palliative Care teams provide 7-day face to face assessments.
- Hospice admissions: Willow Brook Hospice and Woodlands Hospice allow for admissions out of normal hours for urgent cases

Additional invest has been made in 2025 to support 7-day working in community palliative care teams.

9 Community Pharmacy

Timely access to end of life medications is extremely important for adequate management of patient symptoms and convenience of access for professionals and carer/families.

Currently there is unwarranted variation across Cheshire and Merseyside in terms of the number of pharmacies that stock vital end of life medications, the range of medications stocked and in the accessibility of them outside of normal hours.

Following an ICB review in 2025, the following arrangements will be in place for the provision of end of life medications across Cheshire & Merseyside:

	Current no. of pharmacies	Proposed no. of pharmacies	Out of Hours arrangements
Cheshire	33	24	Only 1 pharmacy open from 8am Coverage until 21:00 at 4 pharmacies
Halton	5	5	Only 1 pharmacy open from 8am 2 pharmacies open later than 18:00
Knowsley	5	4	None
Liverpool	22	18	Only one pharmacy open from 8am Majority of pharmacies open past 18:30
Sefton	6	6	Yes
St Helens	9	8	None
Warrington	9	8	No coverage 8-8.45am Coverage in the evenings
Wirral	11	11	None
Total	100	84	

It is disappointing to see a slight reduction in local pharmacies that stock vital end of life medication, and that no information is provided about availability outside normal opening times. It is important to recognise that any pharmacy can obtain stock with sufficient notice, therefore the more people identified as GSF with Advance Care Plans will help to ensure this medication is available when needed.