

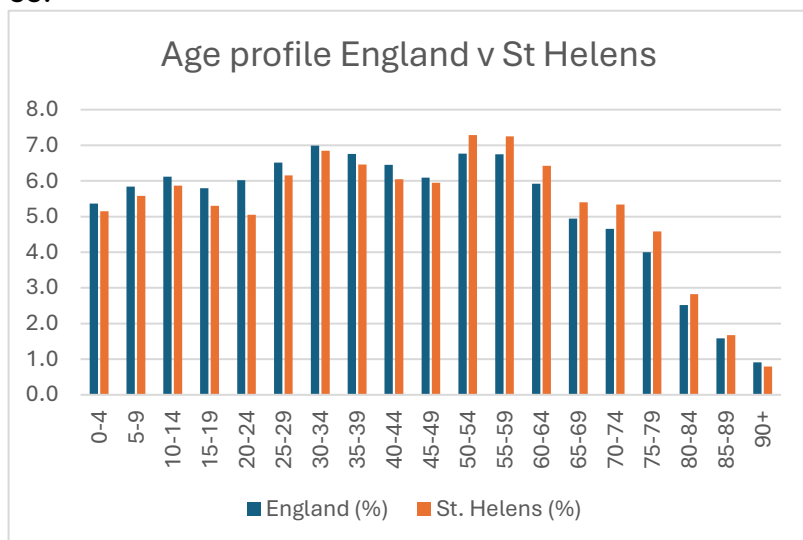
1 Population and Mortality Data

The population of St Helens in 2022 was 184,728 (ONS

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

The age profile shows the population of St Helens is generally older than the England average.

The chart below shows proportionally fewer people aged under 55, and more people aged over 55.



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

The population is growing and aging: the overall population is predicted to increase by around 11,000 by 2035 and around 22,000 by 2047, up to 206,155 – overall this represents a 11.6% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 28,104 people aged 70 or over, this is predicted to increase to 35,816 by 2047, a 27% 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 24%. In 2023 there were 2,186 registered deaths in St Helens.

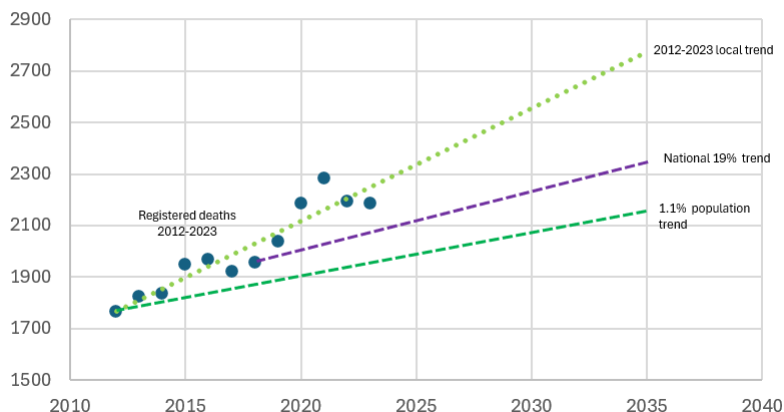
We can also see that over this period that the number of deaths is year is approximately 1.1% of the local population – which is slightly higher than the national rate of 1%.

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 2800 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 St Helens were to follow the national rate it would mean that there could be approximately 2330 deaths each year.
- If recent local trends for 1% of the population to die each year, based on 2025 ONS estimates for the local population, there could be approximately 2155 deaths each year.

These estimates suggest that there could be between 2155 and 2800 deaths each year in St Helens by 2035 – this represents a range that could mean a slight fall of 30 deaths per year, or an increase of 614 – a potential 28% increase compared to 2023.

St Helens

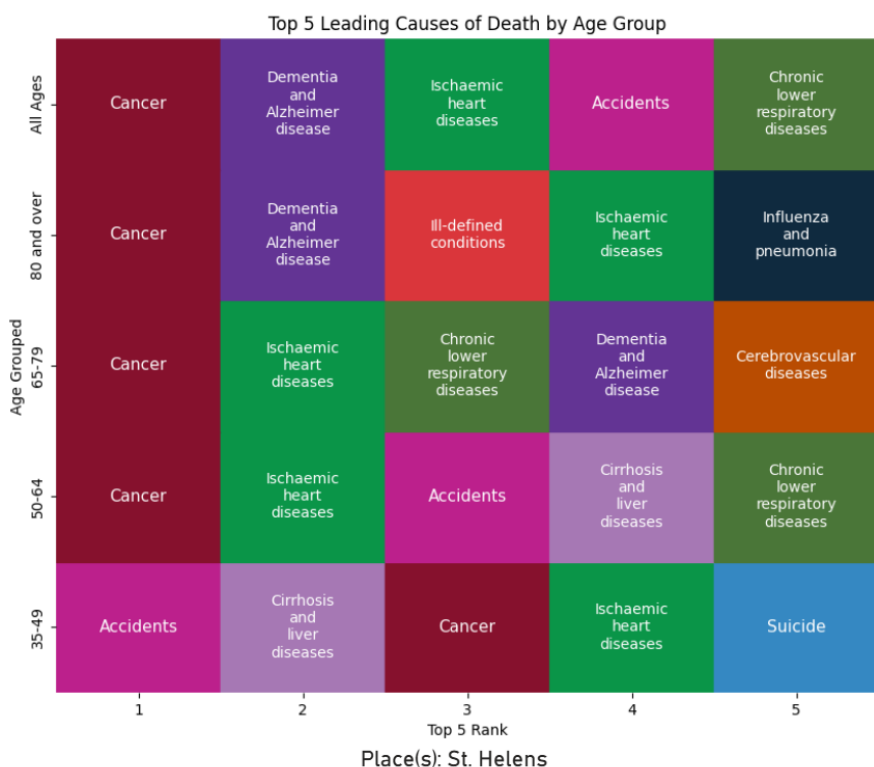


Over the past decade, the number of deaths in St Helens has steadily increased, and this upward trend is expected to continue. While formal local projections are not available, the area's older age profile—particularly the higher proportion of residents aged 50 and over—suggests that mortality rates may exceed national forecasts. Based on current data, it is reasonable to anticipate at least 2,330 deaths annually by 2035. As a local system, we must work collaboratively to prepare for this rise, ensuring that every individual receives timely, compassionate, and appropriate care and support.

2 Major causes of death

The major causes of death in St Helens are Cancer, Heart Disease and Dementia, although we can see from the chart below that this does change across different age groups. The major causes of death in St Helens broadly mirror those across Cheshire and Merseyside and England.

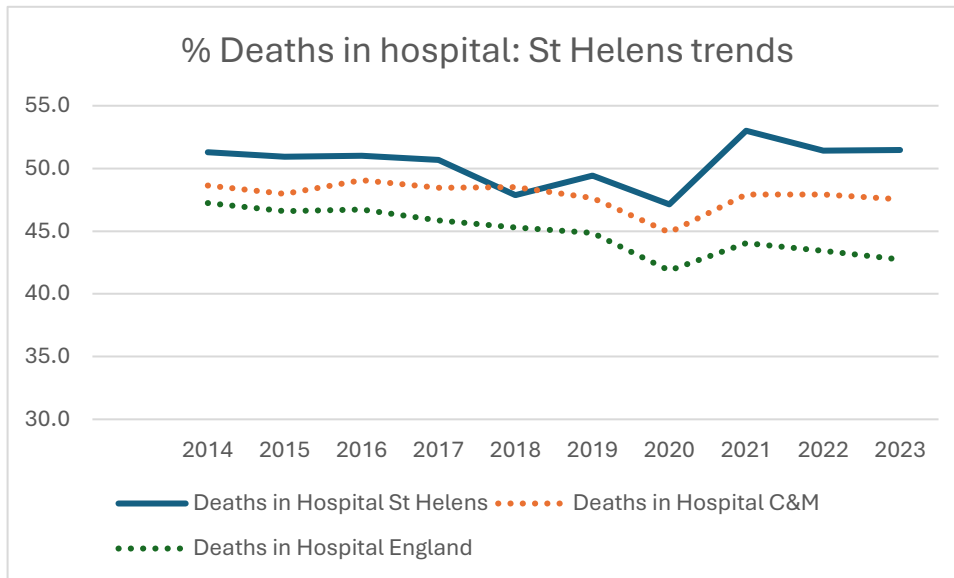
This chart shows the top 5 major causes of death split by different age groups. Children, Young People and young adults have been excluded because the relatively small numbers of deaths make statistical comparisons difficult.



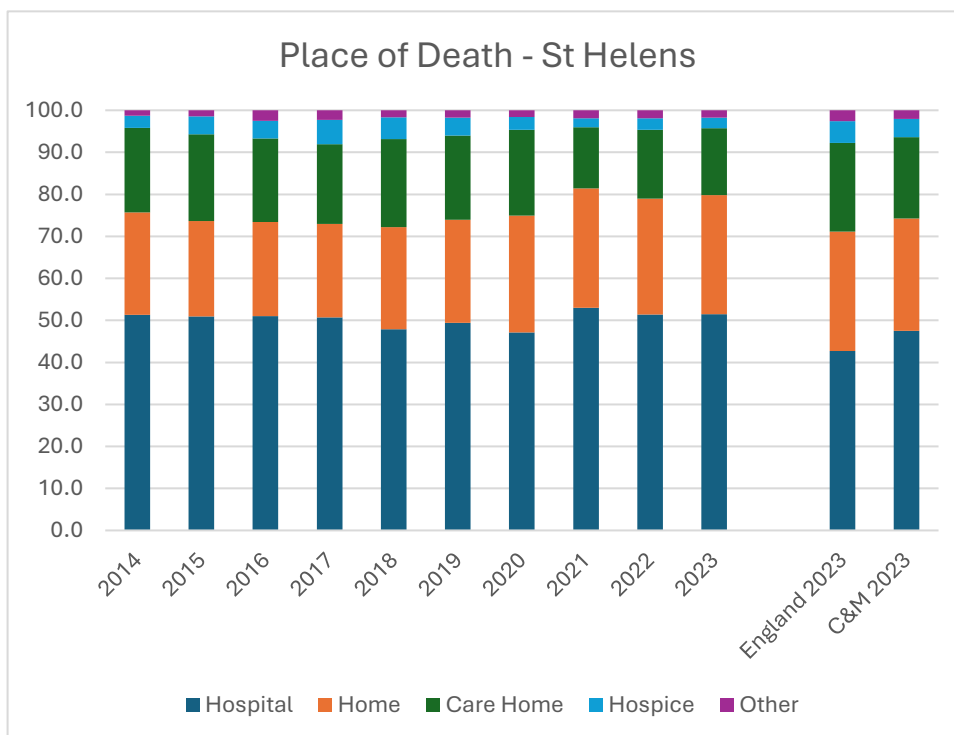
3 Place of death

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 St Helens, the proportion of people who die in hospital has remained static over the last decade (from 51.3% in 2014 to 51.5% in 2023). This is at odds with the Cheshire and Merseyside average (which fell from 48.7% to 47.5%), and the national average (which fell from 47.2% to 42.7% over the same time period).



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/>)

The proportion of people dying in hospital is much higher in St Helens than the Cheshire and Merseyside average and around 9% higher than the England average (51.5% in St Helens compared to 42.7% nationally). Conversely, fewer deaths occurred in care homes (just 15.9% in

St Helens compared to 21% nationally). Such rates could be linked to the availability of community based PEOLC services, including the availability of nursing home beds.

It is noticeable that fewer deaths occurred in hospice (2.5% locally compared to 5.2% in England) this is most likely linked to the relatively low availability of hospice beds serving the St Helens population.

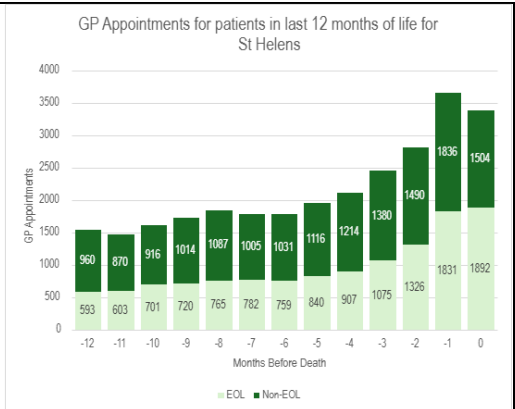
It will be important for us to explore this further as we work together to try to reduce the proportion of people who die in hospital and increase the proportion of people who die in community settings such as their own home, care home or hospice.

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 St Helens shows the pattern of use of services is visually very similar to the rest of Cheshire and Merseyside, with only slight statistical differences.

Our analysis shows that St Helens patients who died during 2024/25 attended 28,217 GP appointments in their last 12 months of life. [Which is an average of 13.2 appointments for each person who died (C&M average = 14.8)]

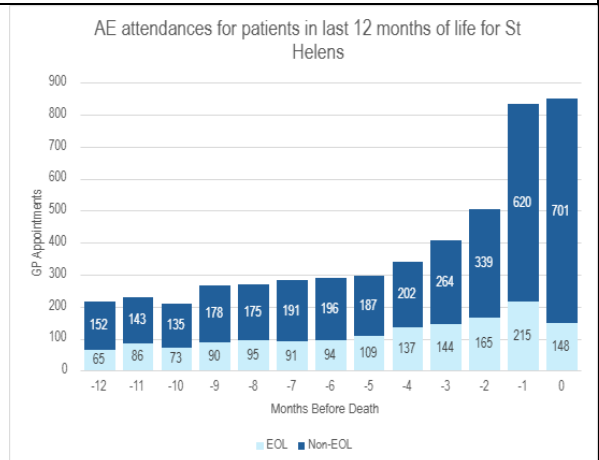
Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 35.0% of all appointments took place in these months (C&M average 32.6%).



The data shows that 50.9% of GP appointments in the final 3 months were used by people recognised as being end of life (EOL) this is much higher than the proportion of people identified as being likely to be EOL (20%) which suggests EOL patients are being well supported by their GPs.

The data also shows that St Helens patients attended A&E 4,995 times in their last 12 months of life. [Which is an average of 2.3 visits for each person who died (C&M average = 2.2). 12% of local patients attended at least 3 times in their last 3 months of life (C&M average 11%).

- 7.6% of people who died were admitted NEL 3 or more time 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. 43.8% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).

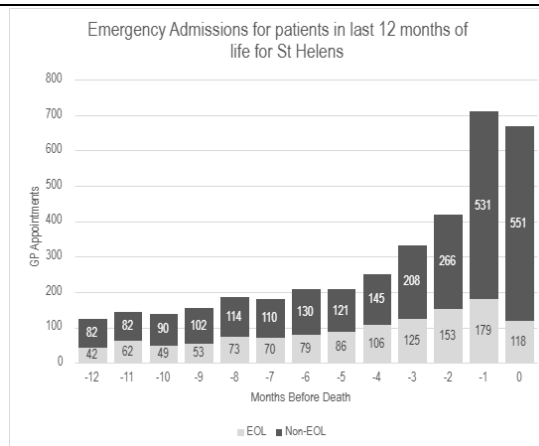
In this final 3 months, 25.3% of visits were by patients recognised as being EOL, which is slightly more than the proportion of patients identified as likely to be EOL (20%). Which

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 St Helens patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 3,727 times in their last 12 months of life staying in hospital for a total of 42,505 bed days.

7.6% of people who died were admitted NEL 3 or more time 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. 48.2% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).



26.5% of NEL admissions in the last 3 months were by patients recognised as being EOL, which is less 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:		
St Helens 12%	C&M 11%	
% of all people who died who spent time in hospital		
At least one hospital admission in last 6 months of life:		
St Helens 75%	C&M 72.4%	England 68.2%
At least one Non Elective admission in last 3 months of life:		
St Helens 68.5%	C&M 65.3%	England 60.3%
3 or more Non Elective Admissions in last 3 months of life:		
St Helens 7.6%	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):		
St Helens 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%	C&M 22.6% (all hospitals, including specialist)	England 23.9%
Mersey & West Lancs 21.8%		
Warrington & Halton 23.8%		
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		

At present, only around 25% of people who die in St Helens had been identified as likely to die and added to the GSF or palliative care register. However, it is reassuring to note that patients identified as likely to be near the end of life 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 figures linked to unplanned hospital care reveal some significant concerns, with rates of A&E attendances and hospital admissions and in the last few months of life all higher than national averages and some of the highest rates in the Cheshire and Merseyside system. This is clearly something we need to improve on and work as partners to understand how best to achieve this.

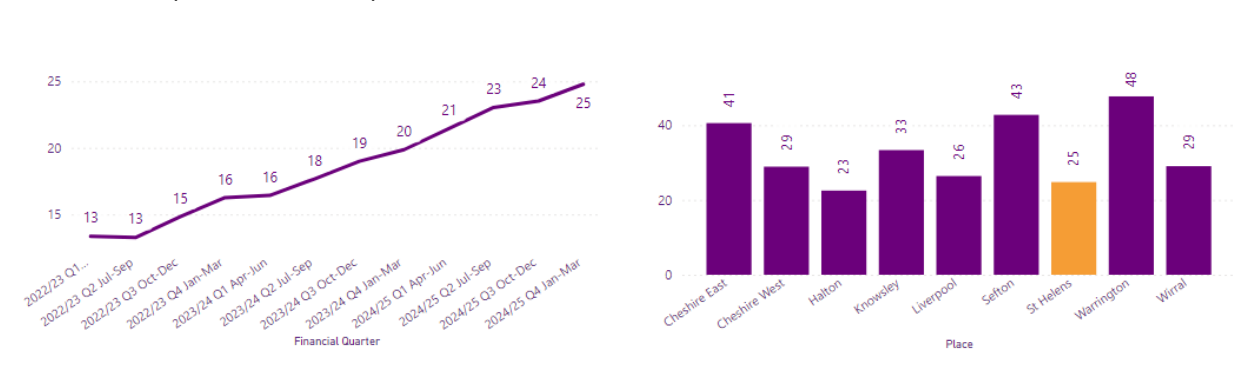
5 General Practice PEOLC Care Registers

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%)



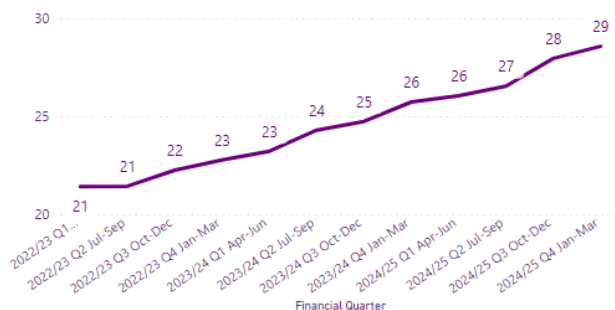
St Helens Trend
[Open in Power BI](#)

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%)



St Helens Trend

[Open in Power BI](#)

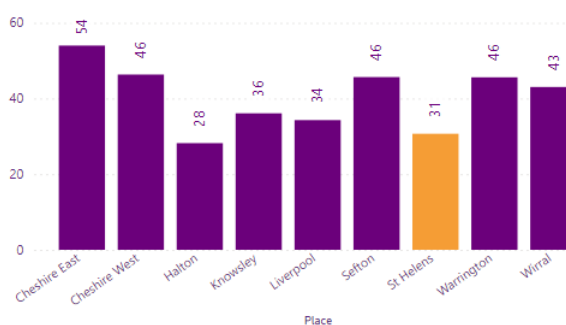
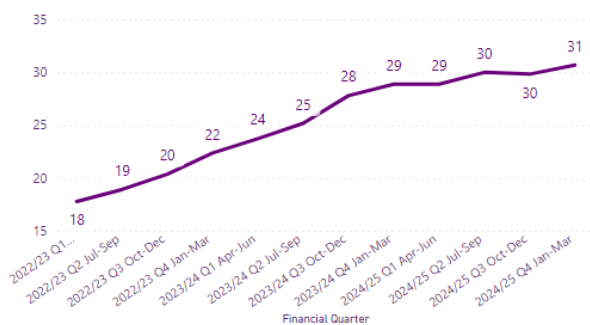
Place by place Comparison (Jan-March 2025)

[Open in Power BI \(link\)](#)

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



St Helens Trend

[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
Central PCN	24.94	28.54	31.91	14.61
Newton & Haydock PCN	27.00	27.80	26.00	11.80
North PCN	18.40	26.04	26.04	7.64
South PCN	25.41	29.64	33.69	12.13

(C&M EOL Dashboard Jan-March 2025)

We acknowledge that St Helens currently has some of the lowest rates of early identification and advance care planning across the Cheshire and Merseyside system. If we are to realise our ambition of supporting more people to die in their preferred place rather than in hospital, it is essential that we improve performance in these areas.

It is particularly concerning that many individuals are only identified as being at the end of life within the final three months—leaving limited time for meaningful advance care planning. We aim to increase the proportion of people added to the palliative care register between 6 and 18 months before death, allowing for more proactive and personalised care.

To support this, we will promote the use of the EARLY toolkit to help identify those approaching the last year of life and encourage the use of I CARE & Share to document advance care plans effectively.

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	

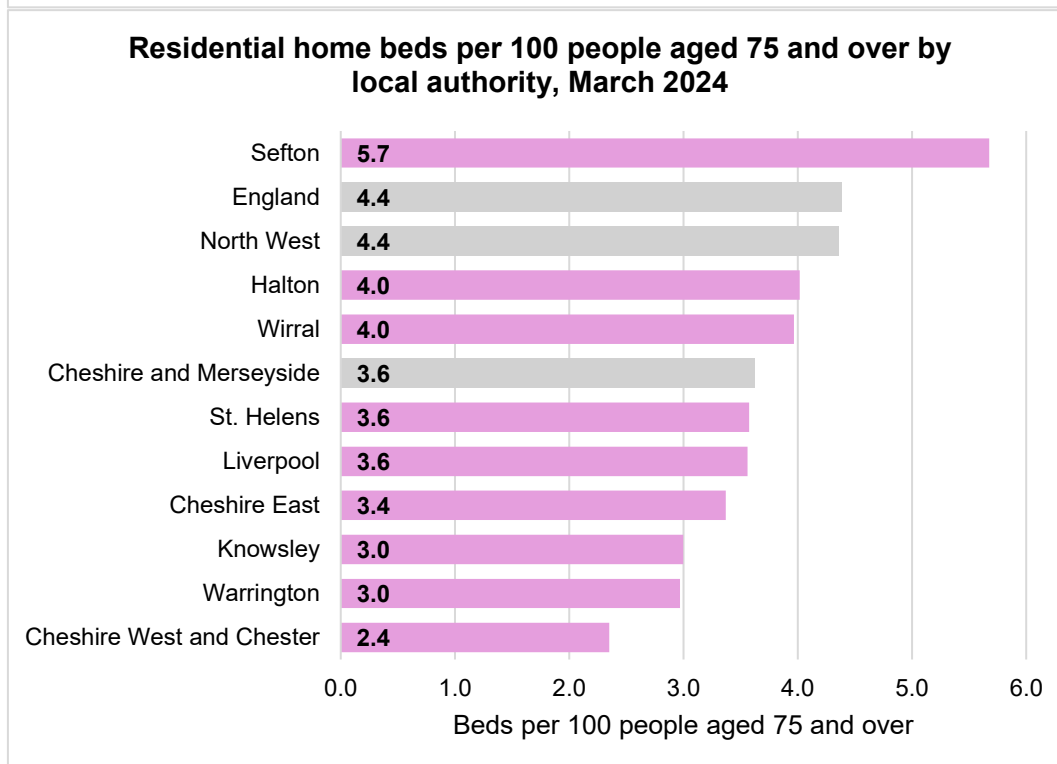
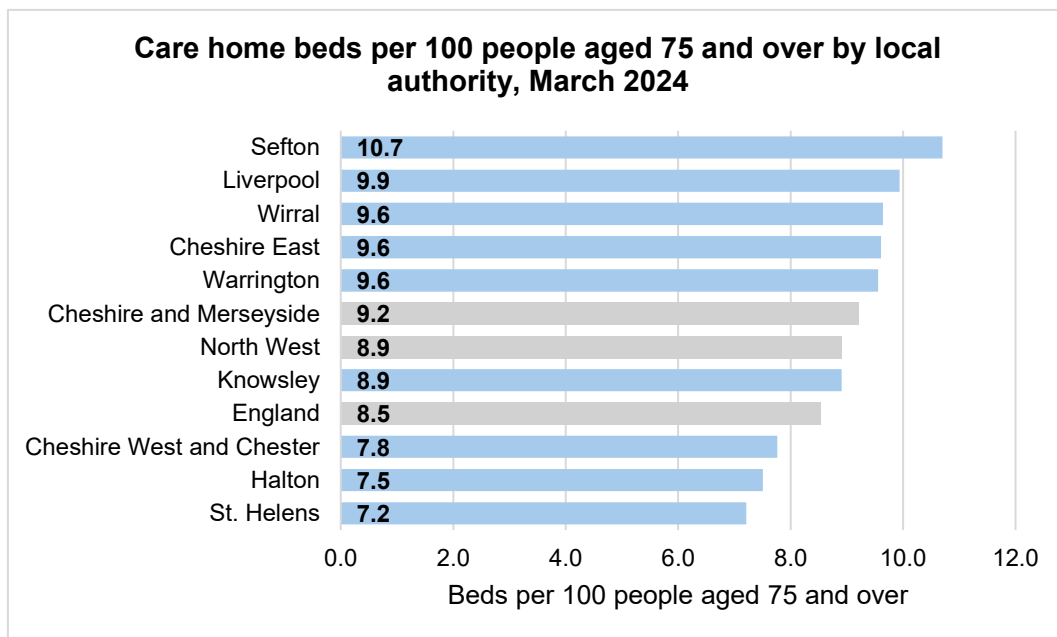
There is a clear and pressing need to expand access to specialist palliative care beds. The data reinforces what we see in practice: demand is growing, and current provision is not sufficient to meet the needs of patients nearing the end of life. As a system, we must improve both the number of available 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

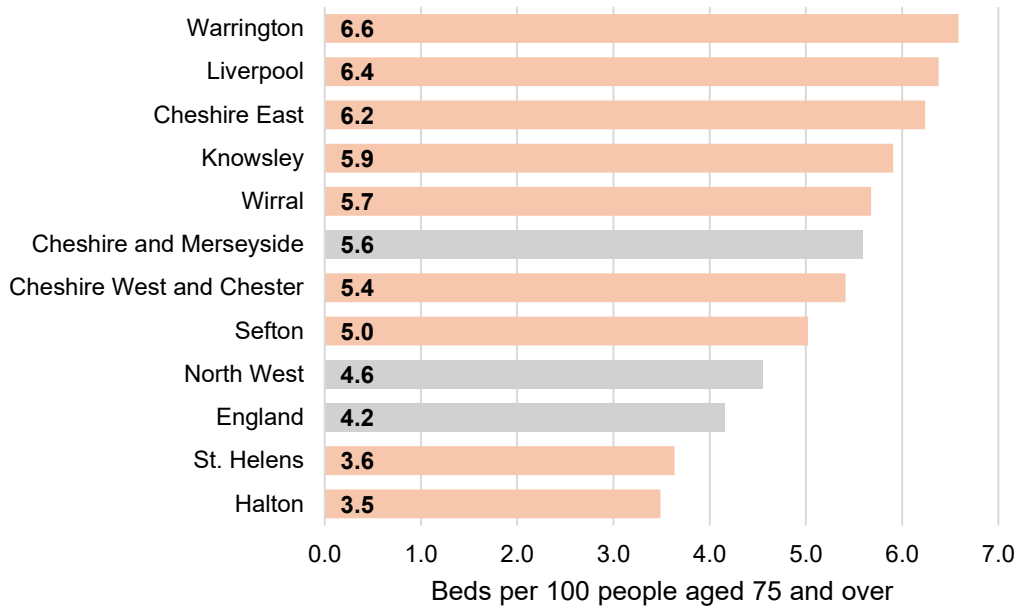
There are 40 care homes in St Helens with 1,359 beds, this includes 27 residential care homes with 674 beds plus 13 nursing homes with 685 beds.

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 aging population by supporting people in the community.

We can see from the charts below that St Helens is below national and Cheshire and Merseyside averages, in fact, to reach the national average, St Helens would require an additional 150 residential care home beds and 115 nursing home beds.



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



These charts shows that St Helens has 3.6 residential care home beds per 100 people aged 75 or above, which is lower than the national average, but in line with the Cheshire and Merseyside average. However, it has significantly fewer nursing home beds per 100 people aged 75 or over, just 3.6, compared to a system average of 5.6 and a national average of 4.2.

As a proportion of all people who died in 2023/24, far fewer people died in care home settings compared to the England and C&M averages. We will need to work closely with our partners in social care and across Neighbourhood Teams to try to increase the ability of the care home sector to support people who are end of life to be able to experience a dignified and compassionate death.

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

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 also 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.