

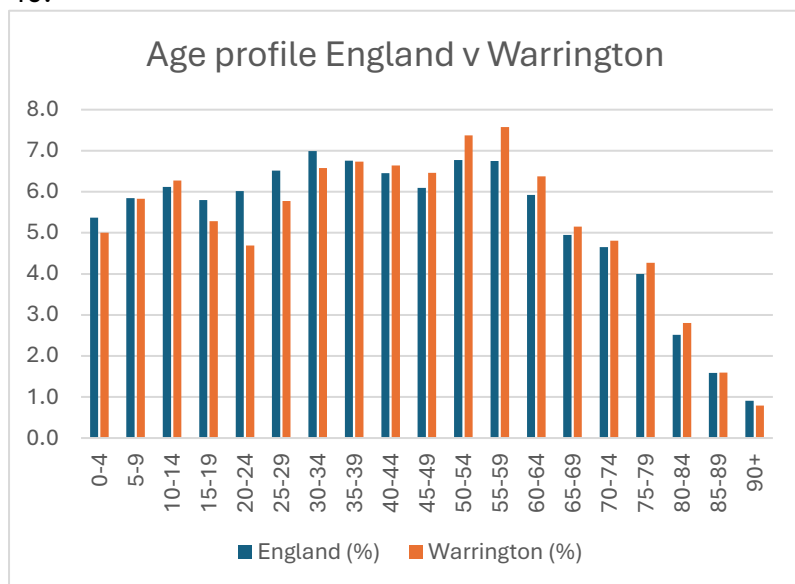
Warrington Locality Appendix

1 Population and Mortality Data

The population of Warrington in 2022 was 211,797 (ONS

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

The age profile shows the population of Warrington is generally older than the England average. The chart below shows proportionally fewer people aged under 40, and more people aged over 40.



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

The population is growing and aging: the overall population is predicted to increase by around 4,000 by 2035 and around 11,000 by 2047, up to 222,216 – overall this represents a 4.9% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 30,200 people aged 70 or over, this is predicted to increase to 42,990 by 2047, a 42% increase.

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

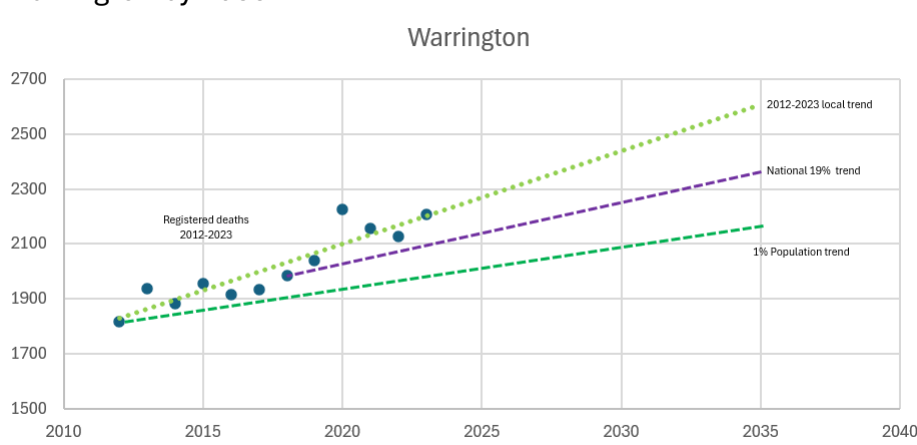
The number of people who die is increasing; this is due to a combination of a growing and aging population. Although there are some annual variations (in particular seen during the COVID-19 pandemic) we can see that annual deaths between 2012 and 2023 have risen by around 20%. In 2023 there were 2,207 registered deaths in Warrington.

We can also see that over this period that the number of deaths is year is approximately 1.0% of the local population – which is in line with the national rate.

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 2600 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 Warrington were to follow the national rate it would mean that there could be approximately 2360 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 2160 deaths each year. These estimates suggest that there could be between 2160 and 2600 deaths each year in Warrington by 2035.



Over the past decade, Warrington has experienced a sustained increase in the number of deaths, a trend that is projected to continue. While no formal local mortality forecasts are available, the analysis presented above suggests that the national projection of a 19% increase in deaths by 2035 is the most applicable scenario for the locality.

This anticipated rise in mortality will place additional pressure on an already stretched health and care system. If national estimates indicating that 42% of individuals at the end of life will require access to Specialist Palliative Care prove accurate, this will necessitate significant service planning and resource allocation.

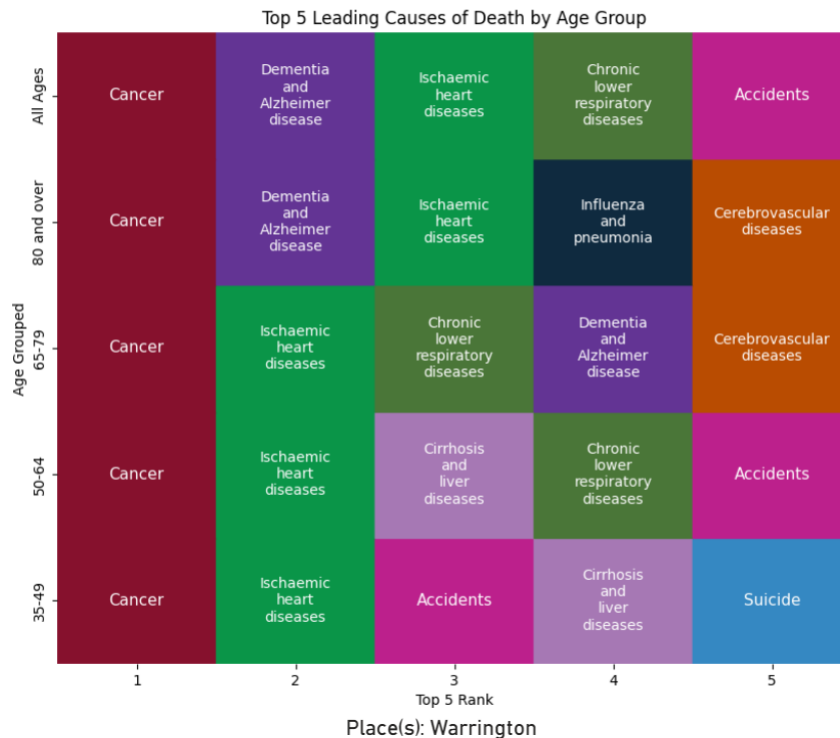
As a local system, it is imperative that we take a coordinated and proactive approach to prepare for this increase, ensuring that every individual receives high-quality, person-centred care and support at the end of life.

2 Major causes of death

The major causes of death in Warrington are Cancer, Dementia and Heart 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.

Leading cause of death by age Group, 2023



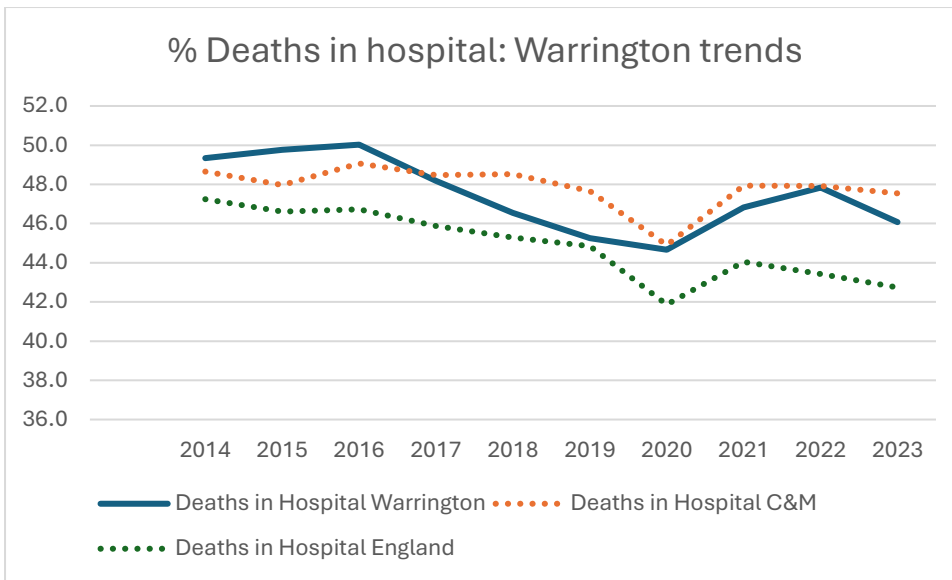
The chart for Warrington closely resembles the overall Cheshire and Merseyside data. However, it's important to highlight that cerebrovascular diseases—such as strokes—appear more frequently in Warrington. These conditions are often linked to certain types of dementia, especially vascular dementia. This suggests that people affected by these illnesses may need more tailored support and that services should be aware of their specific palliative and end of life care needs.

It's also worth noting that the term "cancer" includes many different types. The chart doesn't show which specific cancers are more common causes of death in Warrington, so further detail would be helpful to understand local patterns more clearly.

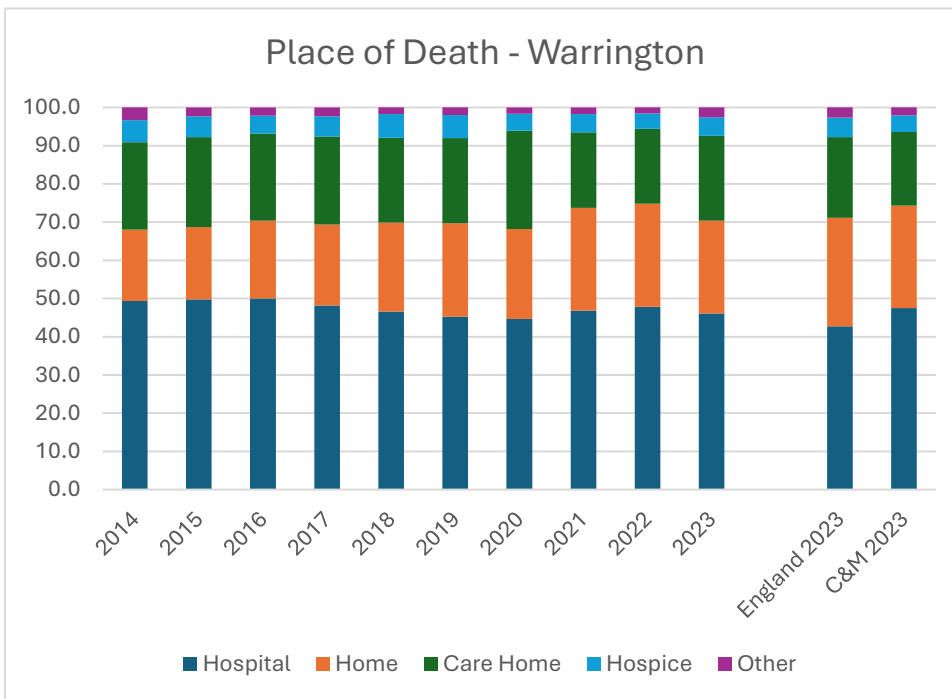
3 Place of death

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 Warrington, the proportion of people who die in hospital has fallen slightly over the last decade (from 49.3% in 2014 to 46.1% in 2023). This is broadly in line with the Cheshire and Merseyside average (which fell from 48.7% to 47.5%), but higher than the national average (which fell from 47.2% to 42.7% over the same time period).



In order to reach the national average, around 90 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/>)

These charts show that the proportion of people who die in hospital is around 4% higher than the national average, and that the proportion of people dying at home is around 4% lower, whilst figures for care homes and hospice are broadly in line with national figures.

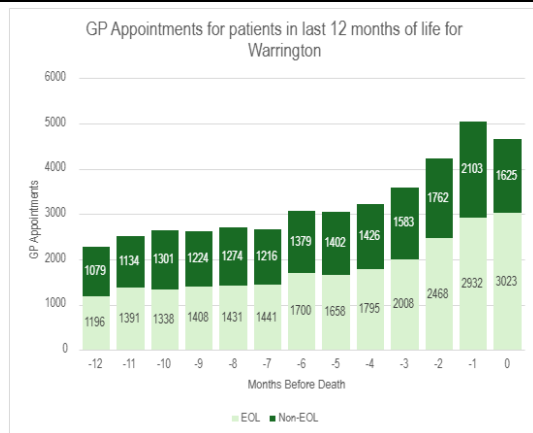
We are actively developing our data capabilities which alongside appropriate clinical audit will allow for a better understanding of the underlying drivers of hospital attendances and admissions. This insight will be critical in shaping a more responsive and sustainable system. It is essential to recognise that hospital, community, and hospice services all play integral roles in delivering balanced, person-centred care. A clearer understanding of our demand profile will support more effective planning and resource allocation across the system.

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 Warrington 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 Warrington patients who died during 2024/25 attended 42,297 GP appointments in their last 12 months of life. [Which is an average of 21 appointments for each person who died (C&M average = 14.8)]

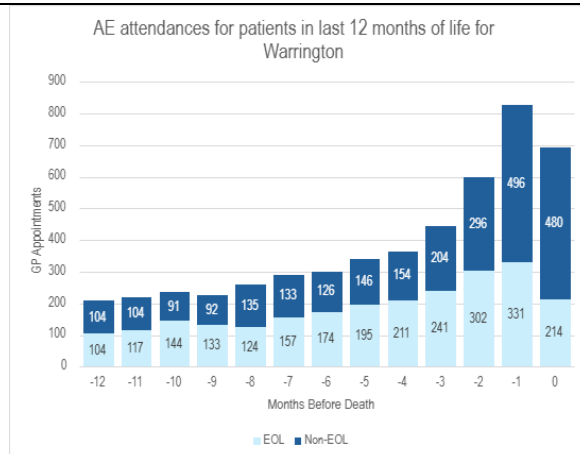
Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 32.9% of all appointments took place in these months (C&M average 32.6%).



The data shows that 60.5% 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 (48%) which suggests EOL patients are being well supported by their GPs.

The data also shows that Warrington patients attended A&E 5,008 times in their last 12 months of life. [Which is an average of 2.5 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%).

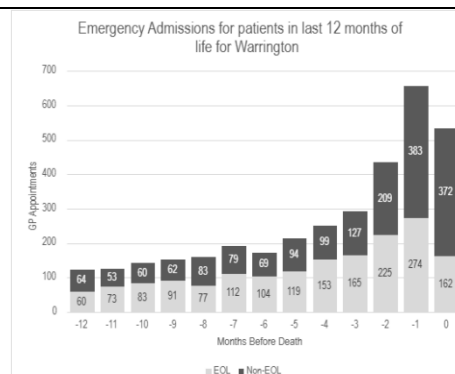
Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 42.3% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).



In this final 3 months, 40.5% of visits were by patients recognised as being EOL, which is less than the proportion of patients identified as likely to be EOL (48%). Which suggests that patients are being supported by other, non-emergency, services.

Our research shows that Warrington patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 3,452 times in their last 12 months of life staying in hospital for a total of 45,819 bed days.

6.8% of people who died were admitted NEL 3 or more times 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. 47.1% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).

41.3% 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 patients are being supported by other, non-emergency, services.

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: | | |
| Warrington 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: | | |
| Warrington 74% | C&M 72.4% | England 68.2% |
| At least one Non Elective admission in last 3 months of life: | | |
| Warrington 67.1% | C&M 65.3% | England 60.3% |
| 3 or more Non Elective Admissions in last 3 months of life: | | |
| Warrington 6.8% | 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): | | |
| Warrington 20.3 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: | | |
| Mersey & West Lancs 21.8% | C&M 22.6% (all hospitals, including specialist) | England 23.9% |
| 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 around 48% of all people who die in Warrington each year are on the GSF Palliative Care Register, it is reassuring to see that overall, these patients made greater use of community-based services such as GP appointments and district nursing and lesser use of unplanned hospital services.

The use of unplanned hospital services shows a concerning picture:

- More people attend A&E 3 or more times in the last 3 months of life than the Cheshire and Merseyside average
- More people are admitted to hospital at least once, and more people are admitted 3 or more times than the national average,
- Of those people who are admitted to hospital, they tend to spend more time in hospital in their final 90 days of life than regional or national averages.

To assist in addressing the above Place intends to make greater use of the HED report analysis together with the work of the Mortality Review Group so we have a better understanding of the patient complexity and why people are dying in hospital

5 General Practice PEOLC Care Registers

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

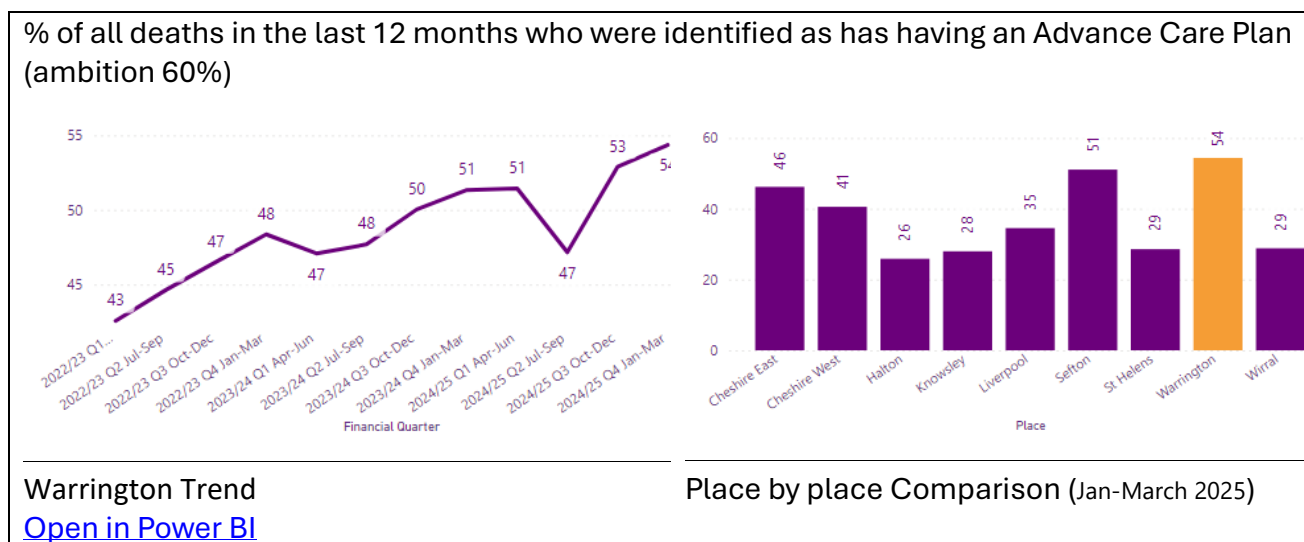
Early identification of patients who may be in the last 12 months of their life is important because it gives people the opportunity to be involved in planning for their future care. This could include thinking about the type of care they would like or would not like, where they would like to be cared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



Advance Care Plans

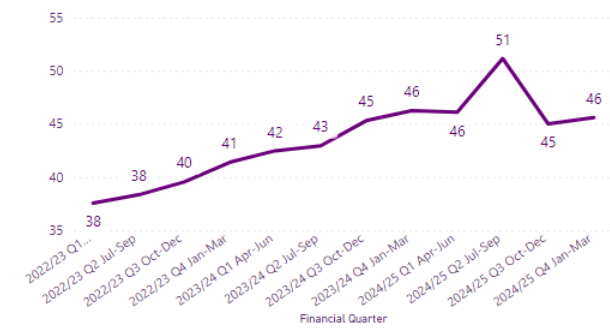
Advance Care Planning is a personalised process that emphasises reflection, choice and communication and gives people the chance to think about and write down what is important to them. As part of the process a person might choose to describe the type of care they would like at the end of their life.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



DNACPR

A DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision is important because it allows individuals to make informed choices about 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



Warrington Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

| PCN | GSF % | ACP % | CPR % | GSF & ACP & CPR % |
|-----------------------------------|-------|-------|-------|-------------------|
| Central & West Warrington PCN | 49.17 | 56.29 | 52.65 | 40.89 |
| Central East Warrington PCN | 49.24 | 56.06 | 46.97 | 40.91 |
| East Warrington PCN | 38.96 | 35.93 | 22.51 | 17.32 |
| South Warrington PCN | 42.51 | 49.49 | 43.53 | 29.16 |
| Warrington Innovation Network PCN | 57.55 | 69.23 | 51.00 | 46.44 |

(C&M EOL Dashboard Jan-March 2025)

Warrington has worked closely with Primary Care over recent years regarding seeking to ensure that as many patients with a life-limiting condition and in their last 12-months of life are identified at an early stage. We are very committed to promoting the use of the Personalised Care Plan in such patients and having those CPR discussions only if it is clinically appropriate and at the right time. These are expected to be offered to all Blue, Green and Amber status GSF patients and are added to with decisions relating to Preferred Place of Care and Preferred Place of Death and Anticipatory Medication Review for all patients by a Red Status stage. We monitor against these on a quarterly basis and then can review retrospective data for those patients who have died in the past 12-months.

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 Liverpool City Region area have been made.

| Cheshire Assessment (Cheshire Devolution footprint) | |
|-------------------------------------------------------------------------------|-----------|
| Total population of Cheshire East, Cheshire West and Chester, and Warrington. | 1,041,658 |
| PC beds | |
| East Cheshire Hospice | 15 |
| Hospice of The Good Shepherd | 10 |
| St Luke's Hospice | 10 |
| St Rocco's Hospice | 10 |
| Claire House | 5 |
| Total | 50 |
| Recommended number of beds for total population | 83-104 |
| Deficit of SPC beds for the Cheshire Devolution area | 33-54 |

ST Rocco's utilisation of IPU beds in 24/25 was just under 75% and is on track with what we would expect to see considering staffing resilience at times, Infection Control, System pressures impacting upon referrals being made, building works and the level of complexity in patients. The usage levels of these beds demonstrate one of two things:

- 1. Supply of IPU beds is at the required level currently but further changes in demand levels may require a rethink.*
- 2. More beds could be utilised but the system would need to work in a more proactive manner and this would be dependent upon the ICB defining what envisages Hospices core specialist functions are.*

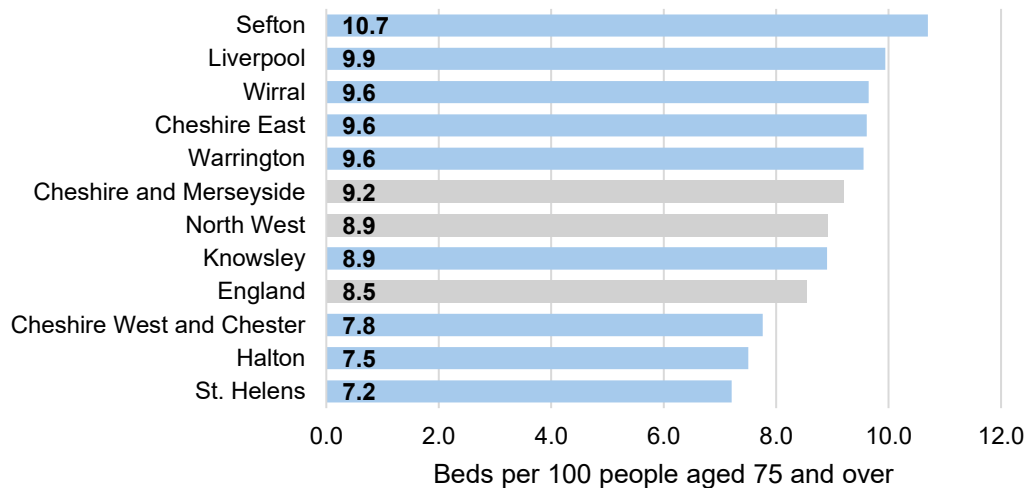
7 Care Homes

There are 55 residential care homes in Warrington with 1976 beds, this includes 34 residential care homes with 614 beds plus 21 nursing homes with 1362 beds.

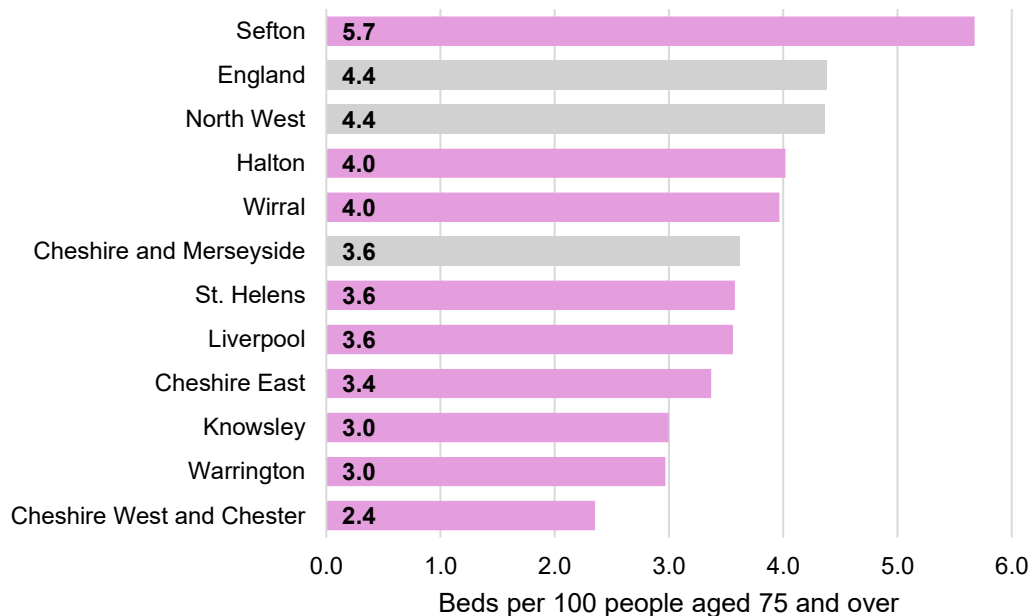
Comparing the availability of care home and nursing home beds for the local over 75 population is seen as a good indicator of the capacity of the local system to care for the needs of an aging population by supporting people in the community.

We can see from the charts below that Warrington is above national averages and Cheshire and Merseyside averages for overall care home beds and for nursing home beds, however it is below both for residential care home beds.

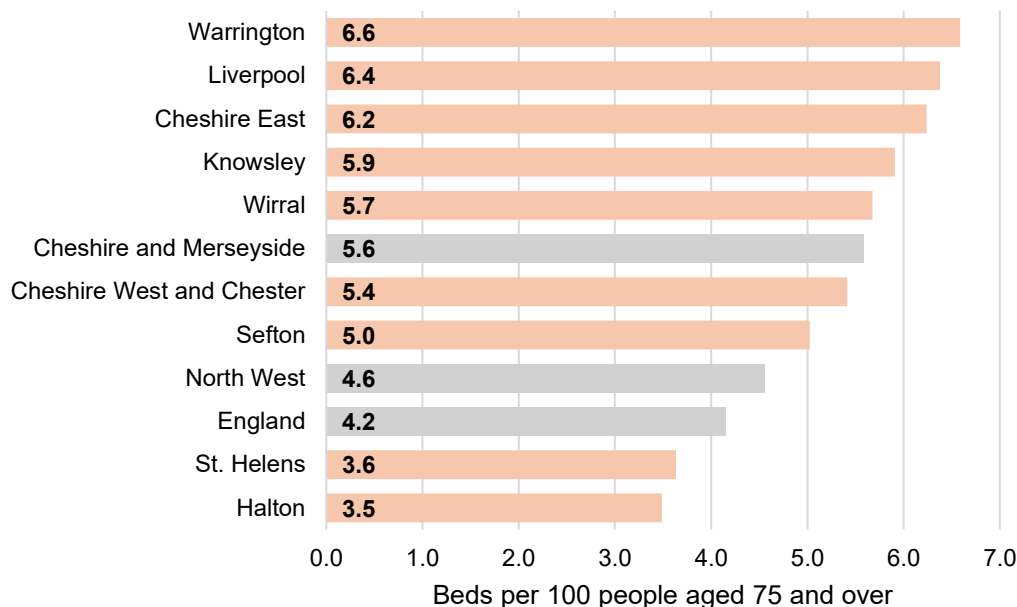
Care home beds per 100 people aged 75 and over by local authority, March 2024



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



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



We are fortunate in Warrington that within our Nursing Homes the generalist palliative care is at a good standard and fortunate that many of our Homes embody the hospice ethos and care to support people who are dying to stay in their usual place of care. In addition, we have a dedicated Enhanced Care Home team based in the community who support most of the homes and a very proactive Clinical Educator role who delivers training to Care/Residential staff.

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: St Rocco's/Bridgewater Community Healthcare Hospice (BCHFT) Integrated Hub operates Mon-Fri 09:00 to 17:00 for access by professionals, patients and carers.
- Consultants provide Out of Hours rota between BCHFT, Warrington and Halton NHS FT and St Rocco's Hospice. Available for Professionals only between 17:00 to 09:00 weeknights and 24/7 at weekends and Bank Holidays.
- 7/7: St Rocco's and Bridgewater provide 7-day face to face assessments.
- Hospice admissions: St Rocco's hospice allow for admissions out of normal hours for urgent cases.

We recognise that we have good overall provision of 24-hour services and 7-day working in the Community, but we don't have this in the Hospital despite local and national recommendations.

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 slightly disappointing to see a reduction in local pharmacies that stock vital end of life medication, but we recognise that this is the outcome of a robust review of provision across the whole of Cheshire and Merseyside.

In addition to access to commissioned pharmacies who hold appropriate stock, Community Services can as a last resort also access such medications via PC24 our out of hours provider.

It is important to also 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.