

Palliative and End of Life Care

Population Based

Needs Assessment

For Cheshire & Merseyside

Executive Summary

November 2025

Prepared by



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Introduction

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning NHS services for the local population, which includes the care provided by NHS Trusts, GP practices, local pharmacies, NHS dentists, and NHS opticians.

ICBs have a legal responsibility to commission health services, including palliative care services, that meet their population needs, aligning to the commitments within the Ambitions for Palliative and End of Life Care: A national framework for local action.

This Population Based Needs Assessments (PBNA) aims to assess the palliative care needs of the population, map and assess the service components to meet these needs and make recommendations for filling any service gaps.

The PBNA will help local clinicians, managers, commissioners, service providers and policy makers to improve Palliative and End of Life Care (PEOLC) by supporting local strategic and commissioning discussions, promoting equitable access, and supporting the implementation of Fit for the Future: the 10 Year Plan for Health.



Key messages

- **The number of people who die each year is expected to rise** from around 27,000 to 34,000 by 2035
- **Most people die from long term health conditions such as cancer, dementia, heart failure, or liver disease**, and rates for these diseases are expected to rise.
- **There are significant differences in life expectancy, outcomes and experience** dependent on deprivation, ethnicity, disability and learning disability.
- **Rates for identifying people likely to be end of life and agreeing Advance Care Plans are below ambition.** Rates vary greatly from locality to locality and practice to practice.
- **The proportion of people dying in hospital is higher than the national average** – and the gap is getting wider. Cheshire and Merseyside is the 7th highest ICB (out of 42) for this key metric.
- **Unplanned hospital activity in the last 12, 6 and 3 months of life is higher than the national average**, put simply too many people attend A&E and are admitted unnecessarily. Each year Cheshire and Merseyside ICB spends at least £300m on unplanned hospital care for people in their last 12 months of life.

The full PBNA document, plus local place-based appendices, are available from <https://eolp.co.uk/pbna/>

Population & demographics

Annual Deaths:

- Approximately 27,000 people die each year in Cheshire & Merseyside (~1% of the population), projected to rise to 34,000 by 2035.
- Most deaths are due to long-term conditions such as cancer, dementia, heart failure, and liver disease, although this is affected by the age when someone dies.
- By 2040 there could be 200,000 more people living with such conditions in Cheshire and Merseyside than in 2019.

Life expectancy:

- Life expectancy for people living in Cheshire and Merseyside is generally lower than the national average.
- The rates differ between males and females, and relative deprivation of where people live.

Girls can expect to live to	82.7	(for England it is 83.1)	Girls born in the least deprived areas will live 9.5 years longer than those born in the most deprived area.
Boys can expect to live to	78	(for England it is 79.4)	Boys born in the least deprived areas will live 11 years longer than those born in the most deprived area.

Ethnic minorities:

- 8.15% of the population (~230,000 people) are from ethnic minority backgrounds.
- Life expectancy is generally higher among ethnic minorities, but rates of infant/maternal mortality, cardiovascular disease, and diabetes are elevated.
- These groups report poorer health and less satisfactory experiences with health services.

Disability:

- Around 1 in 5 of the Cheshire and Merseyside population are disabled (~).
- Mortality rates for disabled people are more than twice as high as for people without a disability.
- Among disabled people, the more their day-to-day activities are limited, the higher their mortality rates tend to be.

Learning disability & autism:

- There could be as many as 60,000 people with learning disabilities or autism in Cheshire & Merseyside.
- These individuals die on average 20 years younger than the general population, generally have worse physical and mental health and often receive lower standards of care.

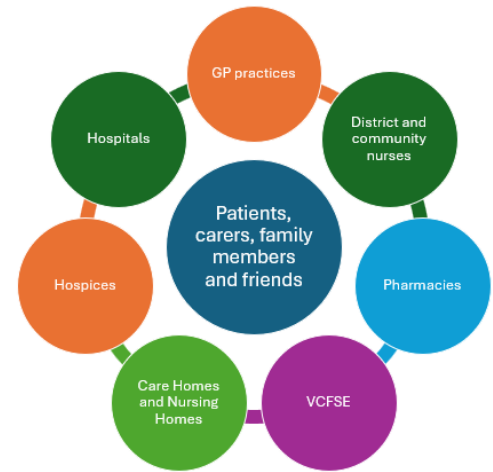
Children & Young People:

- There are nearly 4,000 children and young people in Cheshire and Merseyside who have life-limiting conditions.
- These children and their families will need access to a wide range of professionals and services across hospital and community which may include specialist palliative care and hospice services.
- Between 136–156 deaths occur annually, with 61% being infants under 1 year.
- Mortality rates are higher among ethnic minorities and those in deprived areas.

PEOLC Service Provision

Different health and care agencies and professionals may be involved in providing palliative and end of life care; hospital doctors and nurses, GPs, community and district nurses, hospice staff, social care staff, chaplains (of all faiths or none), physiotherapists, occupational therapists or complementary therapists.

Some people will need additional specialist palliative care. This may be provided by consultants trained in palliative medicine, specialist palliative care nurses, or specialist occupational therapists or physiotherapists. As specialists, they also advise other professionals on palliative care.



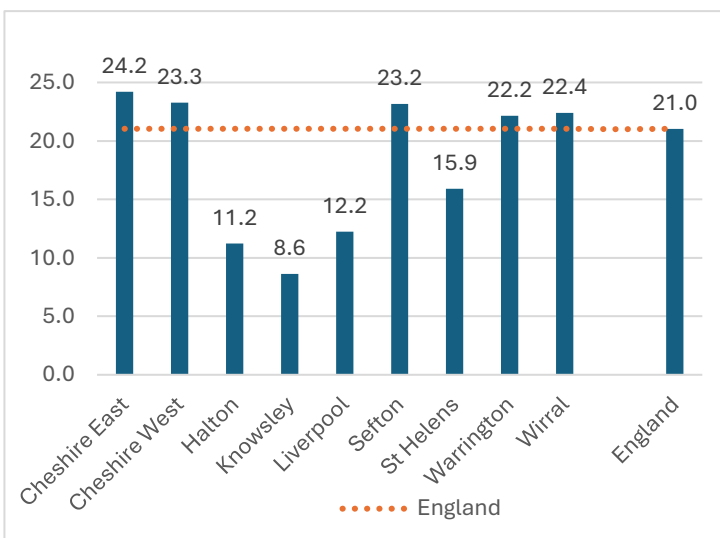
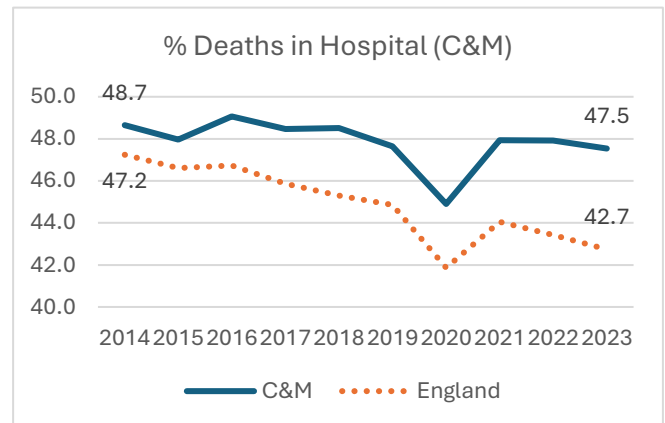
Place of death

Place of death is a key indicator of the effectiveness of palliative care systems.

	Place of death (2023)				
Cheshire & Merseyside	47.5% Hospital	26.7% Home	19.3% Care Home	4.3% Hospice	2.1% Other
England	42.7%	28.4%	21.0%	5.2%	2.6%

The rates for people who die in hospital are consistently higher than the national average. In fact, Cheshire & Merseyside ranks 7th worst among 42 ICBs for this metric.

Matching England's rate would require 1,300 more people to be supported to die outside of hospital each year.



Those dying in a care home in Cheshire and Merseyside has fallen slightly from 21.2% to 19.3% (2014-2023), which is lower than the national average (21.7% in 2014, 21% in 2023).

This average figure disguises some locality-by-locality variation, we can see that in 2023 the proportion of people dying in a care home varied from a few as 8.6% in Knowsley to 24.2% in Cheshire East.

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.

- Only around one third of people who died in Cheshire and Merseyside in 2024/25 had been identified as likely to be in the last 12 months of life against a local target of 60%

Cheshire and Merseyside ICB have agreed a target for 60% of people who die to have had an **Advance Care Plan** in place, such plans are important as they allow patients to have more choice and control over what happens to them as more health and care professionals know and are more able to follow their wishes.

- Only 33% of people who died had an ACP in place.

Hospitals

12 local hospitals take part in the National Audit of Care at the End of life (NACEL) that seeks to assess the quality and outcomes of care for dying patients and their families.

- The audit shows some good performance in fields such as prescribing anticipatory medication, recording patient ethnicity, sensitive communications and ratings for care.
- 71.7% of bereaved people rated the care received in hospital by their loved one as either Excellent or Good. Locally, five of 10 hospitals scored higher than the national average, three others scored around the national average.
- Areas for improvement include earlier identification of dying patients, fostering compassionate care cultures, and expanding 7-day services
 - all hospitals in Merseyside offer a full 7-day service, including face to face assessments,
 - no hospitals in Cheshire (including Warrington) offer a full 7-day service.

Community Specialist Palliative Care Services

We have identified 30 community specialist palliative care teams across Cheshire and Merseyside and have asked each to self-assess themselves against national Specialist Level Palliative Care guidance from NHS England.

- Palliative medicine consultants and specialist nurses form a core part of almost all teams, and where this isn't the case, most teams can reach out and access support when required.
- Physiotherapists, occupational therapists are a core part of approximately half of the teams, and a core or extended element of most.
- Social workers, psychologists and spiritual care services are available in half to two-thirds of all teams.
- Two-thirds of all teams have access to dietetics, pharmacy and specialist pain management when required.
- Bereavement support, financial advice, and complementary therapies are common, while lymphoedema care, night sitting, and rapid response are less widespread

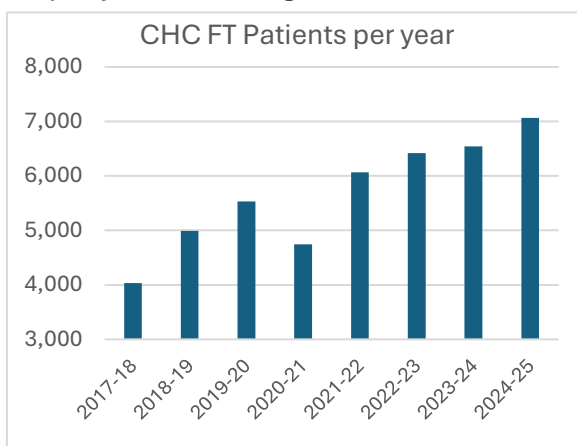
Continuing Health Care

CHC provides fully funded care for those with primary health needs, without means testing. Care can be delivered in various settings: home, care home, or hospice. The Fast Track Pathway is designed to be implemented quickly for individuals with rapidly deteriorating conditions, often approaching the end of life.

Eligibility and usage vary significantly. Cheshire and Merseyside ICB ranked 11th nationally for Fast Track eligibility in 2024/25, with usage up 75% since 2017.

Cheshire (East and West) and Sefton are the highest users of Fast Track in Cheshire and Merseyside, Sefton has the highest cases per 50,000 population.

Such variation may reflect the need to discharge patients from hospital, and the general organisation of care services locally. Any assessment of this data will need to consider these factors.



Hospices

Last year, around 3000 people were referred to hospice inpatient units across Cheshire and Merseyside, and 2680 people were admitted. Most patients are admitted to hospice to support complex symptom management, or to provide end of life care.

- Average length of stay: 13.6 days totalling 22,125 bed days
- Estimated cost avoidance: £24 million compared to NHS hospital care

Palliative bed sufficiency audit

There are a total of 153 inpatient palliative care beds across Cheshire and Merseyside

To meet recommended standards, the population of Cheshire and Merseyside should be served by between 216 and 270 beds – this represents a potential deficit of between 69 and 125 beds.

- Across the Cheshire devolution footprint, the deficit is between 33 and 54 beds.
- Across the Liverpool City Region, the deficit is between 36 and 72 beds.

However, our analysis also shows that Cheshire and Merseyside are generally better served than most places in England.

Hospice Funding

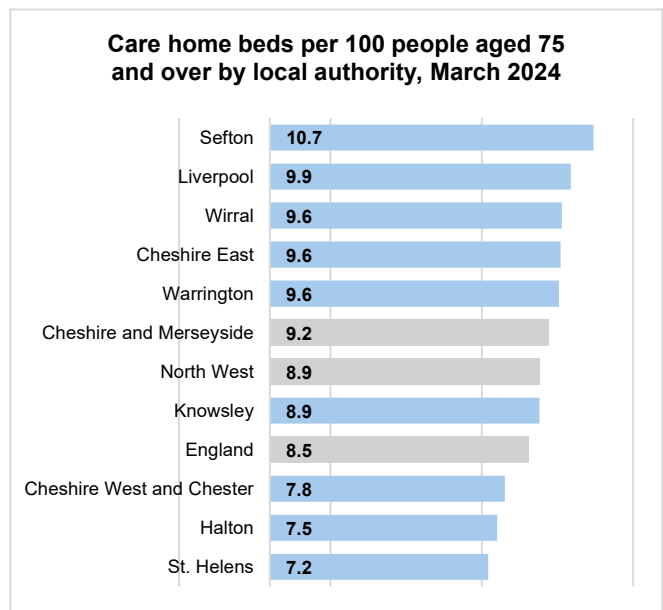
- The vast majority of Hospices in the UK are charities and rely on donations from the public for most of their income, with government funding only accounting for less than a third of hospice income (29%).
- Our analysis shows this to be lower in Cheshire and Merseyside – with government funding (£15,127,000) only accounting for 24% of the total (£62,720,000) spent by hospices in 2023/24. This difference is worth £3,100,000

Care Homes

For many people, especially older people with long term conditions such as dementia, a care home may be their permanent home, their normal place of residence, others may stay in a care home temporarily whilst recovering from illness or following a stay in hospital.

Average life expectancy for someone living in a residential care home is 24 months, and for nursing homes it is 12 months. All care home residents should be considered for end of life care even if they do not need it straightaway.

There are 646 care homes registered with the Care Quality Commission across Cheshire and Merseyside, there has been a 12.8% fall over the last decade (compared to a 13.5% nationally).



Workforce

Specialist

Specialist level palliative care is required by people with progressive life-limiting illness where the focus of care is on quality of life and who have unresolved complex needs that cannot be met by the capability of their current care team.

SPC medical workforce provision in Cheshire & Merseyside does not meet the minimum recommendations as set out in the SPC Commissioning Guidance of 2016. Local SPC delivery is heavily reliant on clinical nurse specialists.

- There is a shortfall of 12.1 hospital-based and 9.4 community-based SPC doctors
- 6 of 11 hospitals lack specialty-grade palliative care doctors
- Merseyside offers full 7-day face-to-face SPC in all community services and all but one hospital (Liverpool Women's Hospital)
- Cheshire has no 7-day SPC provision in hospitals or community settings
- 9 out of 10 hospices have an MDT which substantially or fully meets the recommendations for core professionals

General

Primary Care	Hospitals and Community services	Hospices
<p>There are 349 GP practices in Cheshire & Merseyside.</p> <p>Over 5,000 people work in patient facing roles such as GPs, nurses, Advanced Nurse Practitioners, Healthcare Assistants, Pharmacists and Link Workers</p>	<p>There are over 40,000 patient facing staff working across 16 NHS hospitals across Cheshire & Merseyside</p>	<p>There are around 1,300 staff and 4,600 volunteers who work in the 12 hospices across C&M</p>
	<p>Adult Social Care</p> <p>82,000 people work in the adult social care sector across Cheshire and Merseyside. Most work in the independent sector.</p>	
<p>Ongoing provision of training and support is essential to ensure that staff are kept up to date and have the skills to provide safe and effective generalist PEOLC to their patients.</p>		

Use of Services

People in their last 12 months of life may receive support from a wide range of agencies and teams. Understanding and assessing this use of resources is a complex process that involves collecting and analysing data from numerous national and local sources.

In 2024/5, 27,000 people who died across Cheshire & Merseyside:

- Attended 400,000 GP appointments
- Received 18,000 community visits
- Attended A&E 60,000 times
- Were admitted to hospital 45,000 times utilising 550,000 hospital bed days

Rates of unplanned hospital activity are higher in Cheshire and Merseyside than elsewhere:

- 72.4% of patients spent time as inpatients in the last 6 months (vs. 68.2% England average)
- 65.3% had at least one non-elective admission in the last 3 months (vs. 60.3% England average)
- 7% had 3+ non-elective admissions in the last 3 months (vs. 6.2% England average)

Our analysis shows over £300 million worth of activity in the last 12 months of life; the vast majority of which is unplanned hospital activity such as visits to A&E and unplanned admissions.

Recommendations

Data Collection & Reporting:

The Cheshire and Merseyside End of Life Dashboard should be expanded to incorporate regularly updated data from this PBNA:

- Length of time people spent on GSF registers, had ACP or a DNACPR preferences prior to death.
- Reporting use of services in the last 12 months of life
- Data held by hospices, hospitals and community teams should also be incorporated into the dashboard.

National Ambitions Framework

- Regular self-assessments against the Ambitions framework will inform and support continuing improvement in PEOLC.

PEOLC Strategy

Our PBNA analysis highlights some area for a future PEOLC strategy to focus on including:

- **Quality** – focussing of hospice sustainability, equitable access to services, 7-day working and improving rates for GSF and ACP.
- **Place of death** – reducing the proportion of people who die in hospital and increasing the proportion who die in their place of preference.
- **Building, training and sustaining the workforce** - Strengthen training and build a skilled specialist team to lead improvements.
- **Mitigating impact on the wider health and care system** – reducing unnecessary attendances at A&E and reducing the unnecessary time people spend in hospital
- **Responding to the 10 Year Plan for Health** – supporting the governments three ‘left shifts’ and supporting the integration of PEOLC into neighbourhood working.