

Cheshire & Merseyside PEOLC Population Based Needs Assessment

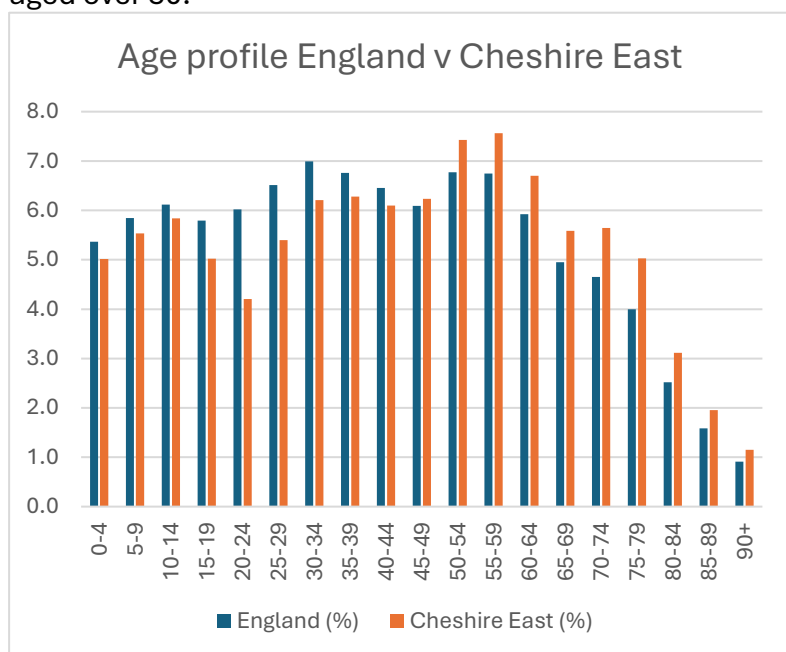
Cheshire East Locality Appendix

1 Population and Mortality Data

The population of Cheshire East in 2022 was 406,587 (ONS

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

The age profile shows the population of Cheshire East is generally older than the England average. The chart below shows proportionally fewer people aged under 50, and more people aged over 50.



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

The population is growing and aging: the overall population is predicted to increase by around 55,000 by 2035 and around 100,000 by 2047, up to 500,125 – overall this represents a 23% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 68,674 people aged 70 or over, this is predicted to increase to 104,867 by 2047, more than 50% 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 14%. In 2023 there were 4505 registered deaths in Cheshire East.

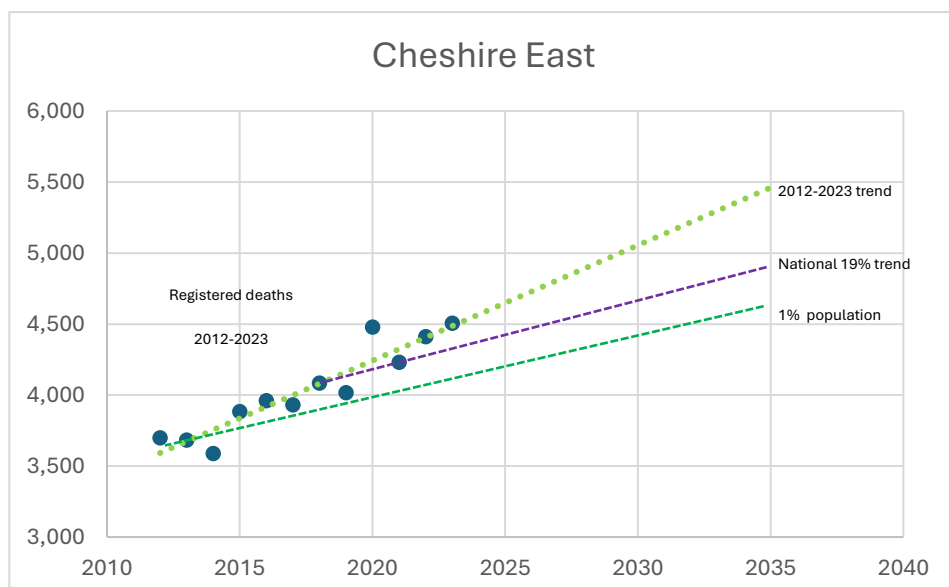
We can also see that over this period that the number of deaths is year is approximately 1.0% of the local population – which is in line with the national rate.

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 registered deaths from 2012-23 are extrapolated to 2035, it suggests that there could be approximately 5490 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 Cheshire East were to follow the national rate it would mean that there could be approximately 4860 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 4610 deaths each year.

These estimates suggest that there could be between 4610 and 5490 deaths each year in Cheshire East by 2035 – this represents an increase of between 105 and 985 deaths each year, a rise of 2% to 21% compared to 2023.

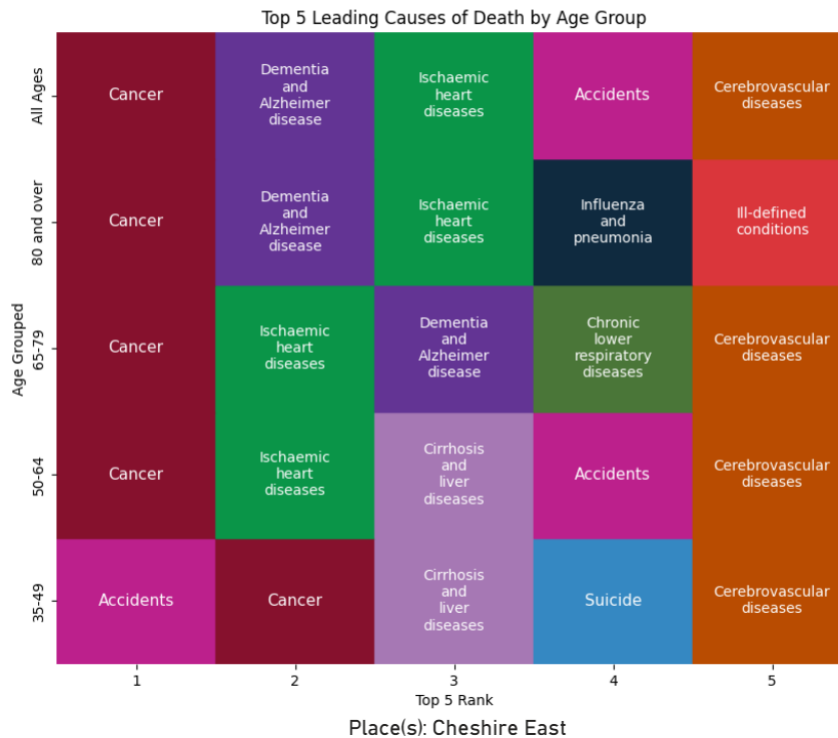


We recognise that Cheshire East has a larger than average over 50+ and 70+ population and that this population is expected to rise significantly in the next decade and beyond, higher than the national trend. We also acknowledge that most deaths take place when people are over 70. It follows that we should expect local death rates to increase higher than the national trend, and as a system we should prepare to see at least 5000 deaths per year by 2035.

2 Major causes of death

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

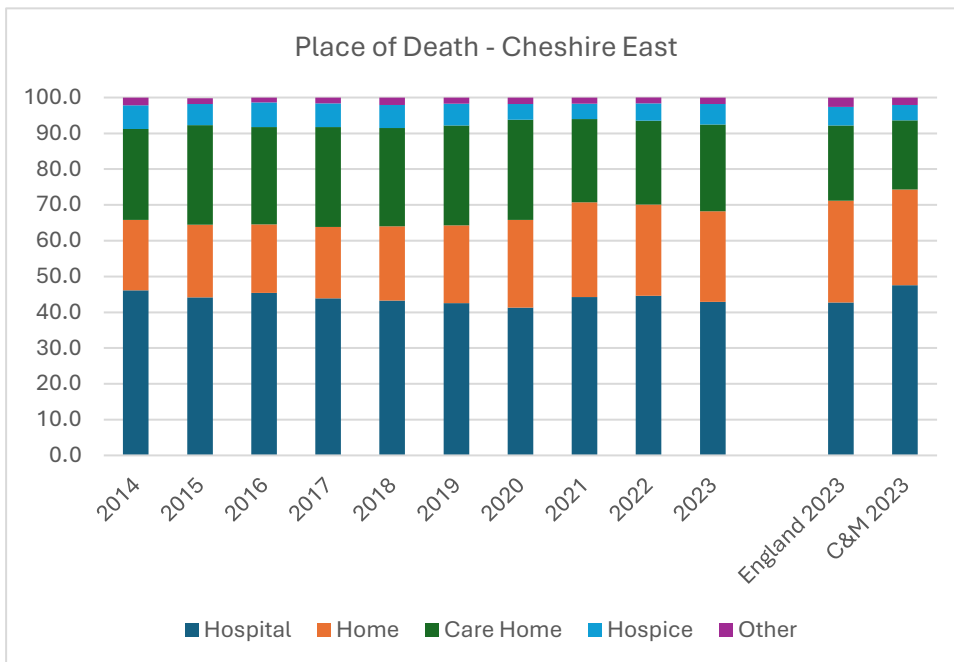
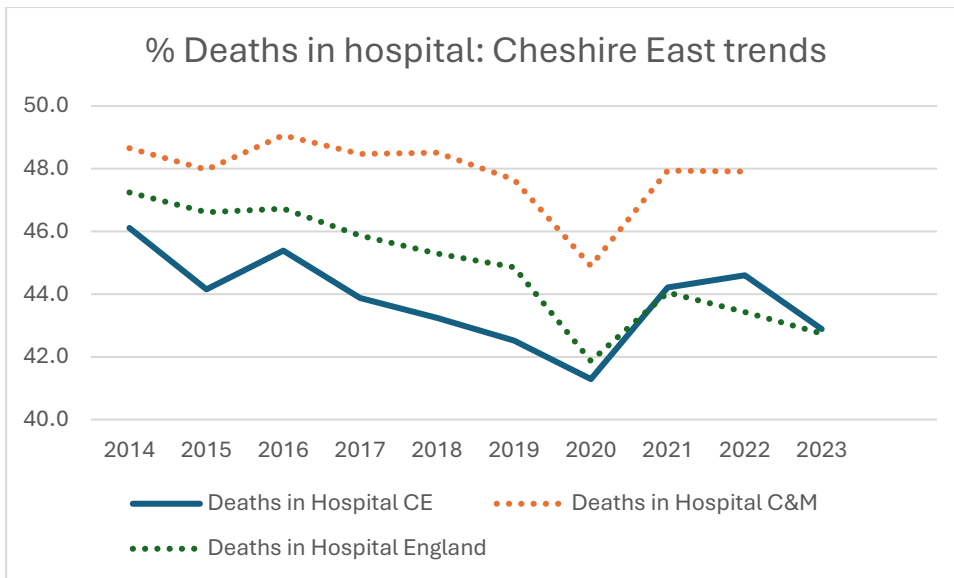


It is worth noting that Cerebrovascular diseases feature in the Cheshire East chart as a cause of death more regularly than Cheshire and Merseyside or even England Charts. There is a strong connection between cerebrovascular disease and dementia, particularly those that have components of vascular dementia. These more typically experience sudden onset cognitive impairment and changes in mobility which contribute to frailty. This may indicate a greater need for support for patients with these conditions and a greater awareness of the PEOLC needs of these patients.

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 Cheshire East, the proportion of people who die in hospital has fallen slightly over the last decade (from 46.1% in 2014 to 42.9% in 2023). This is broadly in line with the national average (which fell from 47.2% to 42.7% over the same period) but better than the Cheshire and Merseyside average (which fell from 48.7% to 47.5%).



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

To some extent, Cheshire East is in line with England for hospital deaths. However, if local deaths do increase as predicted, out of hospital capacity needs to be considered. At present Cheshire East is below the national average of deaths at home and plans are in progress to address this.

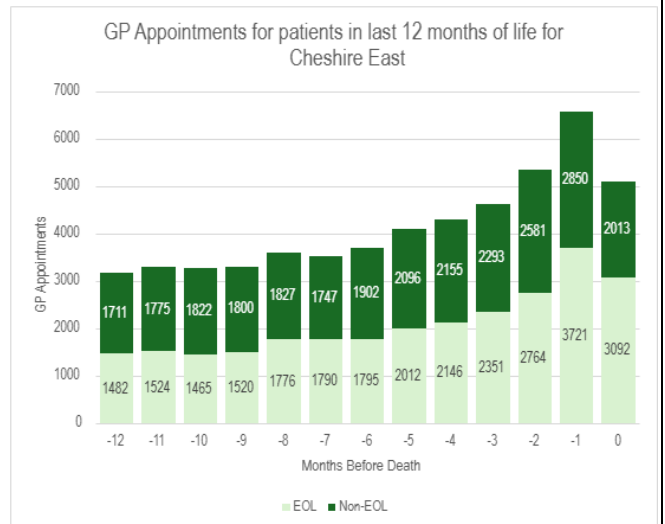
Cheshire East Place has identified Palliative and End of Life Care (PEoLC) as a strategic priority. A new strategic group made up of representatives from local partner organisations has been established. The Group has responsibility for the development and delivery of a PEoLC Implementation Plan. The focus of the Plan is to improve and enhance PEoLC across Cheshire East, reduce preventable admissions to hospital, especially for people who may be in their last 90 days of life, and to care for more people in their own home (in line with recommendations in the Darzi report). The data included in this PBNA will help support the improvement plans we need to make real changes to the care of our patients as they approach the final stages of their lives.

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 Cheshire East 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 Cheshire East patients who died during 2024/25 attended 54,010 GP appointments in their last 12 months of life. Which is an average of 13.1 appointments for each person who died (C&M average = 14.8).

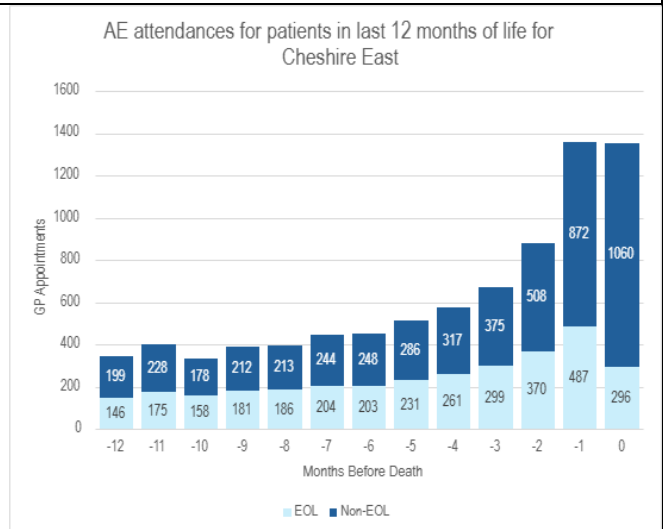
Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 31.5% of all appointments took place in these months (C&M average 32.6%).



The data shows that 56% of GP appointments in the final 3 months were used by people recognised as being end of life (i.e. on GSF) this is higher than the proportion of people identified and on GSF (42%) which suggests EOL patients are being well supported by their GPs.

The data also shows that Cheshire East patients attended A&E 8,137 times in their last 12 months of life. Which is an average of 2 visits for each person who died (C&M average = 2.2). 9% 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. 44.2% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).

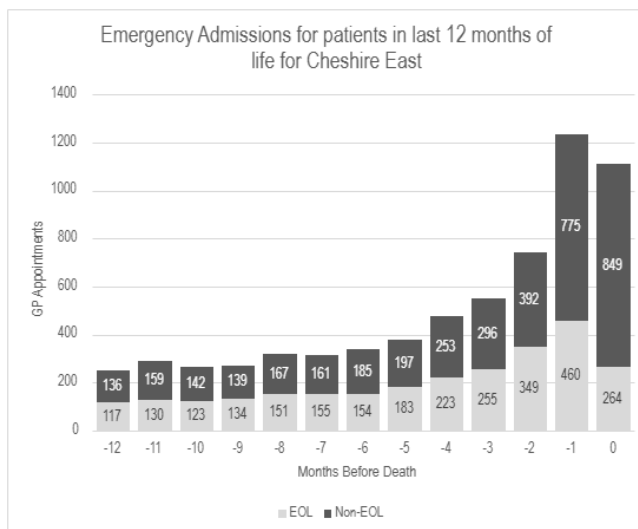


In this final 3 months, 31.4% of visits were by patients recognised as being EOL, which is less than the proportion of patients identified as likely to be EOL (42%). Which suggests that patients are being supported by other, non-emergency, services.

Our research shows that Cheshire East patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 6,549 times in their last 12 months of life staying in hospital for a total of 71,804 bed days.

6.4% 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. 47.2% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).



33% 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.

3 or more A&E attendances in last 3 months of life:		
Cheshire East 9%	C&M 11%	
% of all people who died who spent time in hospital		
At least one hospital admission in last 6 months of life:		
Cheshire East 69.7%	C&M 72.4%	England 68.2%
At least one Non Elective admission in last 3 months of life:		
Cheshire East 62.8%	C&M 65.3%	England 60.3%
3 or more Non Elective Admissions in last 3 months of life:		
Locality 6.4%	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):		
Cheshire East 16.6 days (mean)	C&M 18.4 days (mean)	England 15 days (mean)
% bed occupancy (of all general and acute hospital beds) by patients in the last 3 months of life:		
Cheshire East Trust 24.1%	C&M 22.6% (all hospitals, including specialist)	England 23.9%
Mid Cheshire Trust 23%		
<i>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)</i>		
<i>Data sources: C&M BI , Fingertips.phe.org & Model Health System</i>		

It is reassuring to see 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 pattern of the usage of hospital services generally looks to be better than the overall Cheshire and Merseyside average, with fewer people attending A&E repeatedly, fewer people being admitted non-electively and once admitted people spend less time in hospital, although local rates are not as good as the national average rates which is something we would aspire to achieve, or better.

Local partners are currently exploring approaches to reducing hospital admissions and reducing length of stay, these include:

- A domiciliary care service provided across Cheshire for patients at end of life. The service is funded via CHC Fast Track and delivered by local organisations working together as Palliative Care in Partnership.
- Knutsford Home First is a 4-year pilot project to support people in the last year of life to remain at home if that is their choosing. The team will support rapid discharges from hospital or prevent crisis admissions by providing short term care.
- Cheshire East have recently undertaken a system-wide quality improvement project aimed at reducing unnecessary attendance at A&E and emergency admissions, particularly in the last 90-days of life. The project is helping further our understanding of this complex issue and highlighting variation across the system.

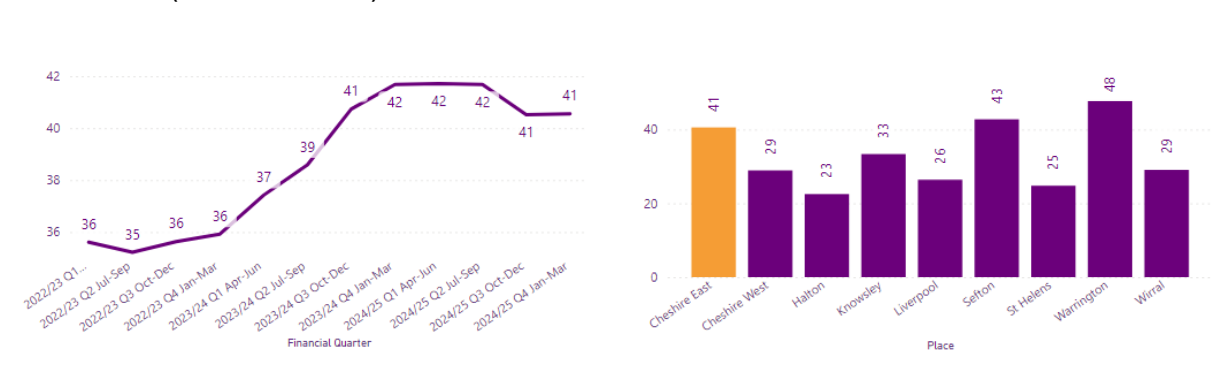
5 General Practice PEOLC Care Registers

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%)



Cheshire East Trend

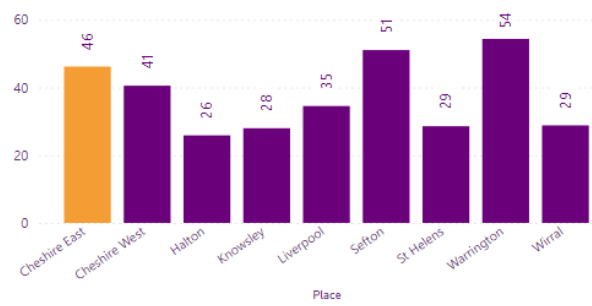
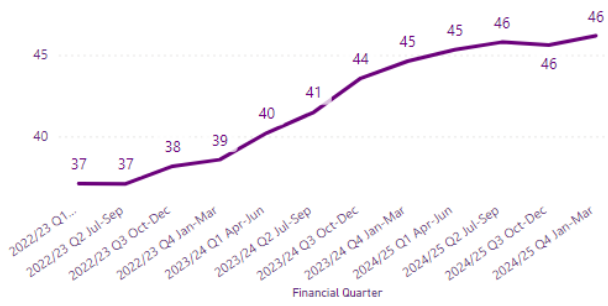
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Place by Place Comparison (Jan-March 2025)

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%)



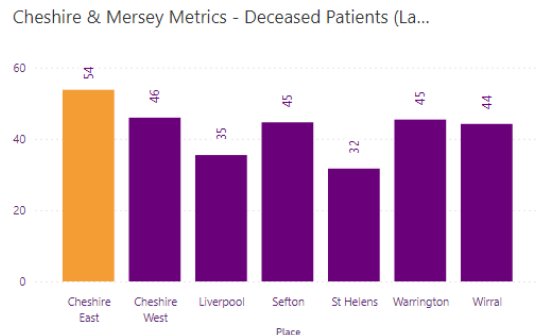
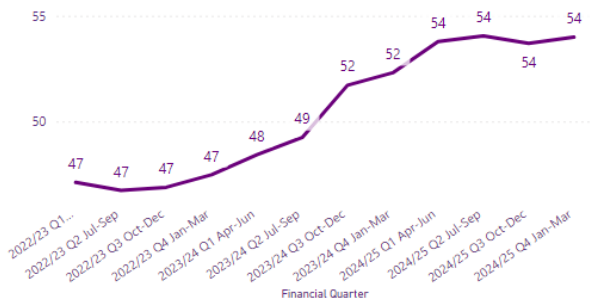
Place Trend
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Place by place Comparison (Jan-March 2025)

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



Place Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
CHAW PCN	51.67	55.42	55.63	43.54
CHOC PCN	39.66	50.38	54.79	33.52
Crewe Eagle Bridge PCN	37.53	48.46	60.33	27.32
Crewe GHR PCN	35.81	27.77	50.10	18.71
Knutsford PCN	53.90	65.76	65.08	44.07
Macclesfield PCN	38.84	42.90	44.93	32.34
Middlewood PCN	41.43	50.82	55.31	31.22

Nantwich & Rural PCN	39.75	47.78	58.14	32.77
SMASH PCN	34.75	39.15	52.35	27.13

(C&M EOL Dashboard Jan-March 2025)

Increasing the early identification of people who may be in their last year of life and improving advance care planning are key components of Cheshire East ambitions to provide more end-of-life care in local neighbourhoods and reduce deaths in hospital.

It has been agreed that early identification tools like CIPHA and/or EARLY will be used to proactively identify patients with a high mortality risk to enable timely care planning using the Cheshire and Merseyside recommended I-Care&Share personalised care and support plan. A series of engagement and information events promoting I-Care&Share to colleagues in Primary Care have already taken place, and the care plan is currently being trialled with other partners such as East Cheshire Hospice and East Cheshire Trust with a view to growing this over the next few months.

It is anticipated that local standards linked to early identification and improved care planning will be approved and incorporated in local agreements to further promote local end of life priorities and incentivise improved performance.

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.

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

These figures clearly demonstrate the need for additional palliative care beds. As a system, we must improve access by increasing capacity and ensuring beds are available beyond standard hours, including evenings and weekends, to better support patients at the end of life.

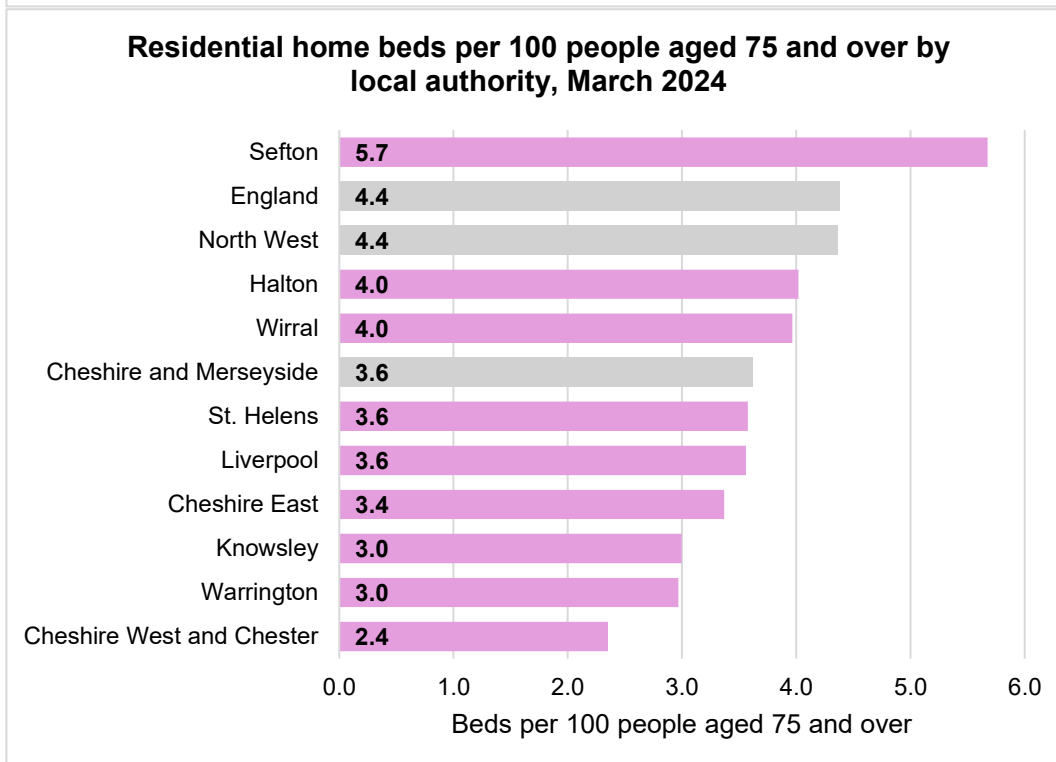
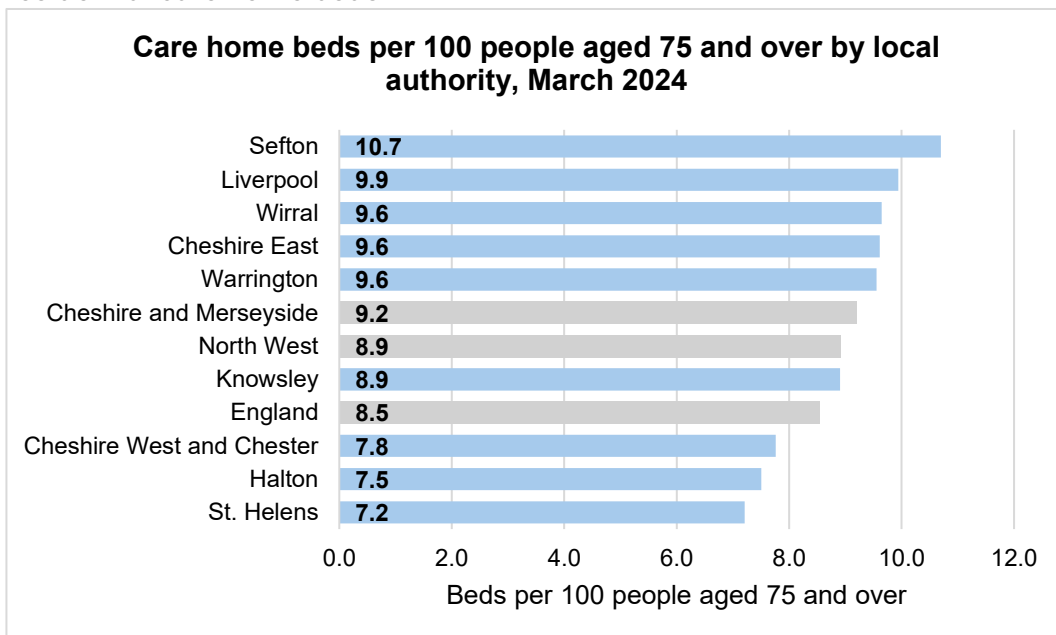
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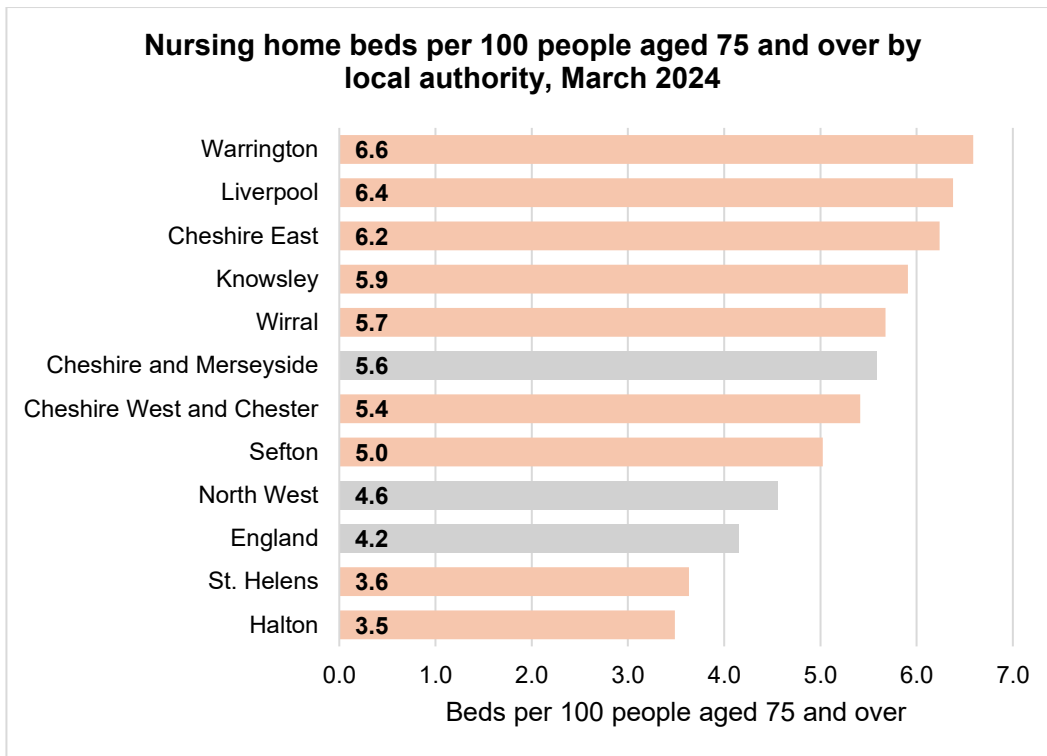
7 Care Homes

There are 102 care homes in Cheshire East with 4576 beds, this includes 53 residential care homes with 1,605 beds plus 49 nursing homes with 2971 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 Cheshire East is above national and Cheshire and Merseyside averages for overall care home and nursing home beds but is below the average for residential care home beds.





Cheshire East has area of relative affluence and therefore more older people able to fund their own care. This makes Cheshire East an attractive area for private care home and extra care housing developers. There are currently approximately 4,500 care home bedspaces in Cheshire East, 1,600 are residential care home beds and 2,900 nursing home beds and we are aware of a number of private developments that will increase this number.

It is important that NHS agencies, the local authority and primary care work together to support care homes to be able to support people who live in care homes who may need additional end of life care.

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.

In Cheshire East these recommendations are being met through urgent out of hours hospice admissions and via the hospice 24hr advice line. Both hospices are also supporting the current gap in 7-day working in the Community. East Cheshire NHS FT and Mid Cheshire NHS FT are the only Hospitals in Cheshire & Merseyside not to have a 7-day Specialist Palliative Care Service.

- 24/7: East Cheshire Hospice and St Lukes Hospice both provide a 24/7 advice line for health and care professionals and patients and carers.
- 7/7: Neither the hospital nor community Specialist Palliative Care teams provide 7-day face to face assessments.
- Hospice admissions: Both hospices allow for admissions out of normal hours for occasional urgent cases

The lack of 7-day face to face assessments and the lack of a senior medical on call rota is an issue for both Cheshire East and West.

The need to increase local SPC provision and funding has been recognised in Cheshire East and funding was provided in 2023 which enabled some additional SPC capacity. Whilst there is an acknowledgement that this hasn't fully addressed local need, the current financial climate makes further investment difficult so Cheshire East may continue to be an outlier.

Work is underway to develop a local model of palliative and end of life care which will aim to improve care to people in their own homes. This, along with the forecasts provided in this PBNA and the local report on "Admissions in the Last 90 Days of Life" may provide evidence to support a case for further investment.

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 these 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	

The data presented reflects Cheshire as a whole rather than Cheshire East specifically, so the local impact of any changes remains uncertain. It is also important to note that any pharmacy can obtain required stock if given adequate notice. Therefore, improving early identification of patients through the Gold Standards Framework and ensuring Advance Care Plans are in place will help guarantee timely access to essential medication when it is needed.