

Cheshire & Merseyside PEOLC Population Based Needs Assessment

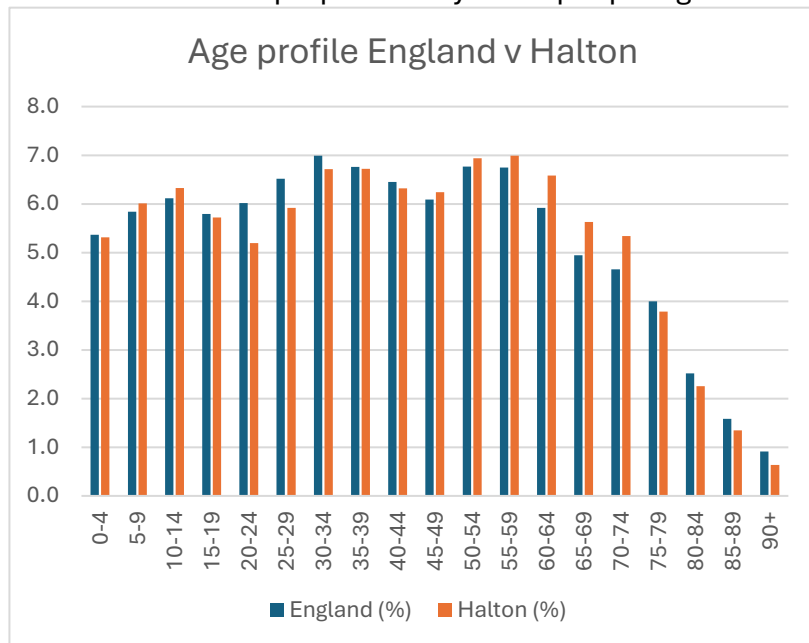
Halton Locality Appendix

1 Population and Mortality Data

The population of Halton in 2022 was 129,008 (ONS

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

The age profile shows the population of Halton is generally older than the England average. The chart below shows proportionally fewer people aged under 45, and more people aged over 45.



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

The population is growing and aging: the overall population is predicted to increase by around 6,000 by 2035 and around 11,000 by 2047, up to 140,302 – overall this represents a 17.4% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 17,242 people aged 70 or over, this is predicted to increase to 23,824 by 2047, a 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 7%. In 2023 there were 1356 registered deaths in Halton.

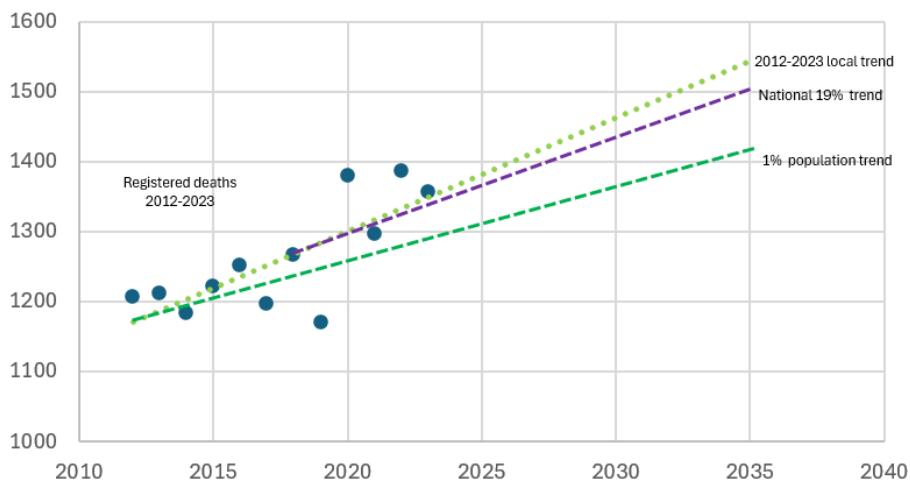
We can also see that over this period that the number of deaths is year is approximately 1.0% of the local population – which is in line with the national rate.

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 2012-21 are extrapolated to 2035, it suggests that there could be approximately 1550 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 Halton were to follow the national rate it would mean that there could be approximately 1500 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 1400 deaths each year. These estimates suggest that there could be between 1400 and 1550 deaths each year in Halton by 2035 - this represents an increase of between 50 and 200 deaths each year, a rise of 3% to 14% compared to 2023.

Halton



From 2009 to 2019 there was a significant decline in the death rate. The Halton population is skyrocketing (a trend only challenged by Covid). This will result in a significant increase in our elderly population. The number of deaths will catch up with us at some point. Is our End of Life System prepared? Not just for the extra deaths but for increased number of Halton residents who need Palliative Care and live longer with long term conditions. If we don't prepare there will be a significant negative impact on hospitals.

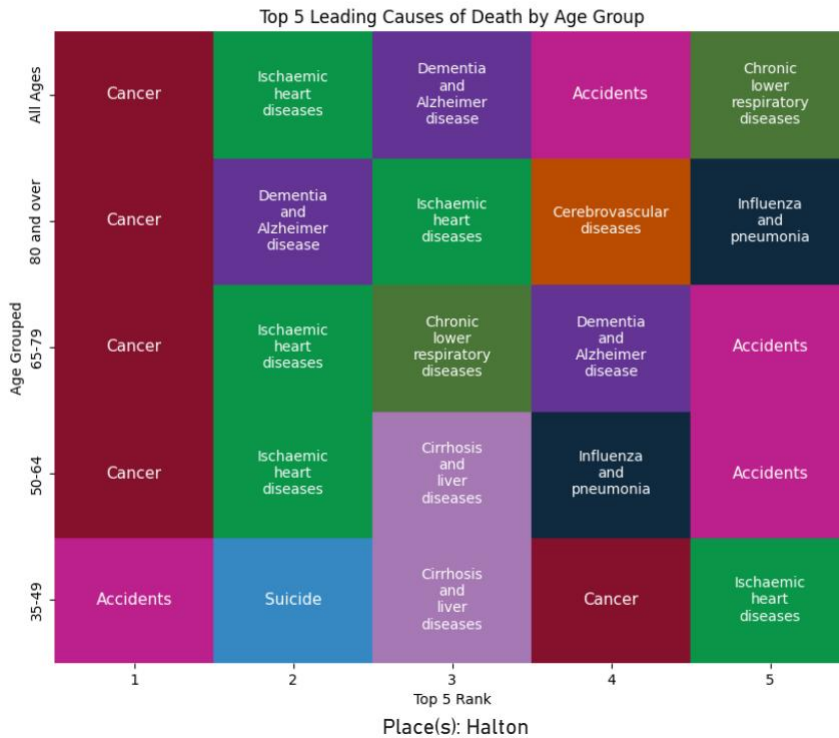
Dr Melanie Brooks MBChB FRCP PGDip (Ethics)
 Community Consultant in Palliative Medicine
 Bridgewater Community Healthcare NHS Foundation Trust

2 Major causes of death

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

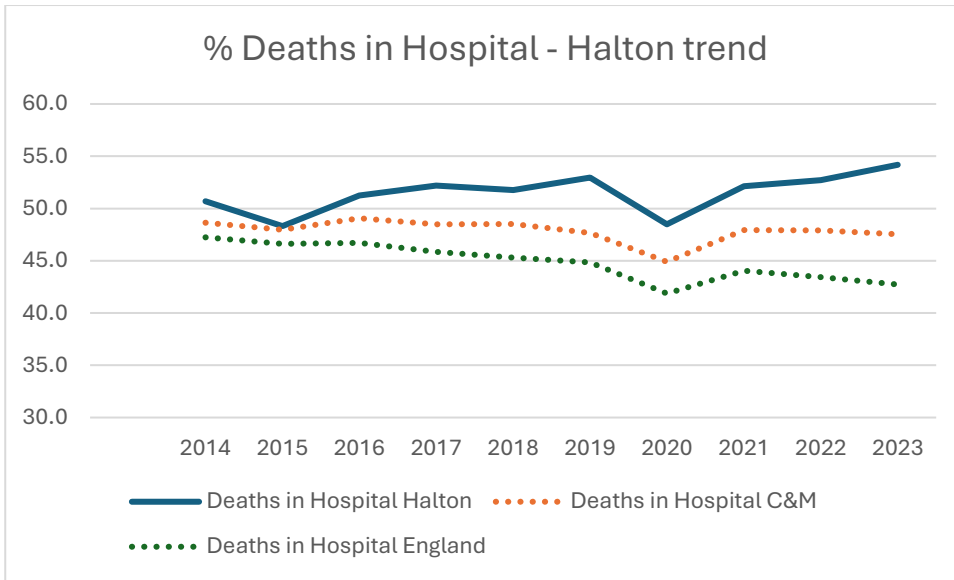
Leading cause of death by age Group, 2023



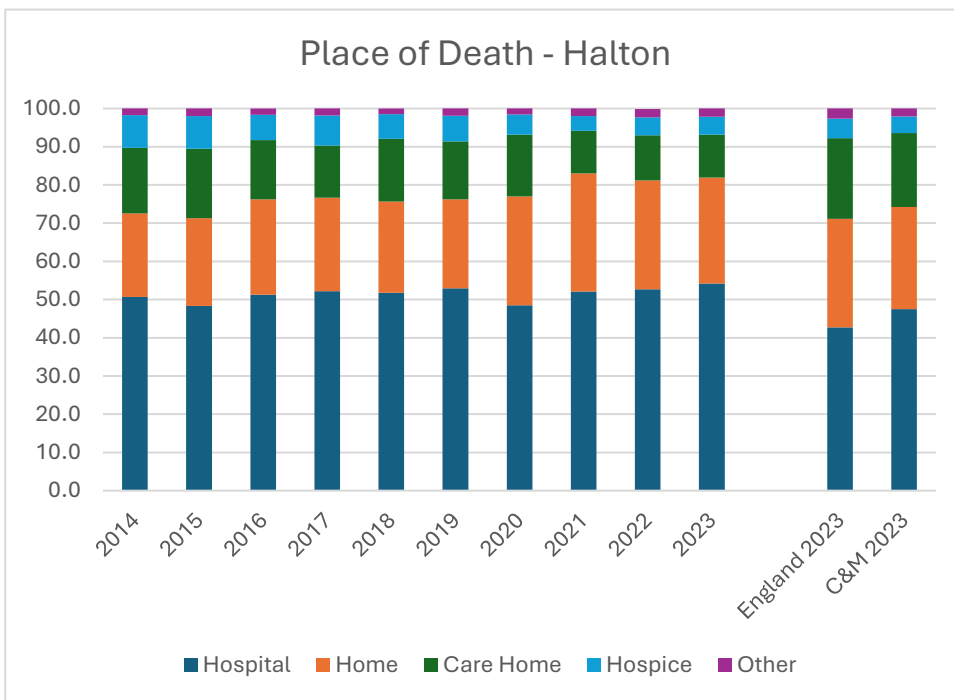
3 Place of death:

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 Halton, the proportion of people who die in hospital has risen over the last decade (from 50.7% in 2014 to 54.2% in 2023). This is at odds with the overall picture in Cheshire and Merseyside which fell from 48.7% to 47.5%), and the national average which also fell further, from 47.2% to 42.7% over the same time period.



In order to reach the national average, around 50 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/>)

Over last decade the percentage of residents who die in Hospital is higher in Halton than the national average. We've discussed this as an End of Life System and we acknowledge that this a problem we want to tackle. We have seen improvements in our Community Services and General Practice performing more domiciliary visits meaning more people are supported to die at home.

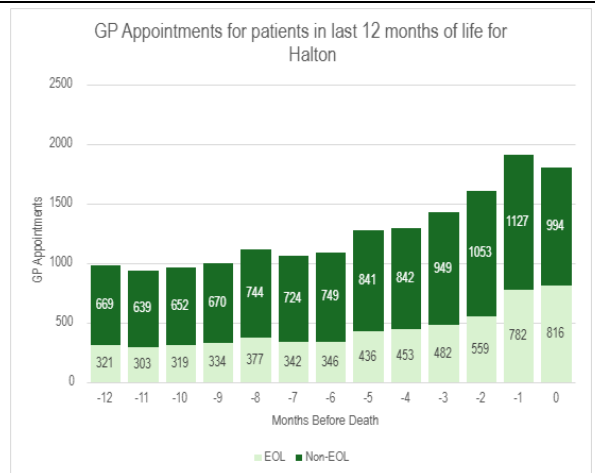
Dr Rhian Thomas
 GP Grove House, Runcorn.
 Clinical Lead for End of Life – Halton Place.

4 Use of resources:

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

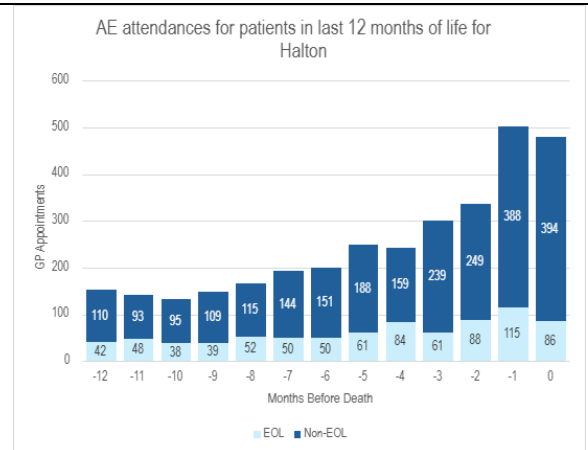
Our analysis shows that Halton patients who died during 2024/25 attended 16,523 GP appointments in their last 12 months of life. [Which is an average of 14.2 appointments for each person who died (C&M average = 14.8)]

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 32.3% of all appointments took place in these months (C&M average 32.6%).



The data shows that 40.2% 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 (20%) which suggests EOL patients are being well supported by their GPs.

The data also shows that Halton patients attended A&E 3,248 times in their last 12 months of life. [Which is an average of 2.8 visits for each person who died (C&M average = 2.2). 15% of local patients attended at least 3 times in their last 3 months of life (C&M average 11%).

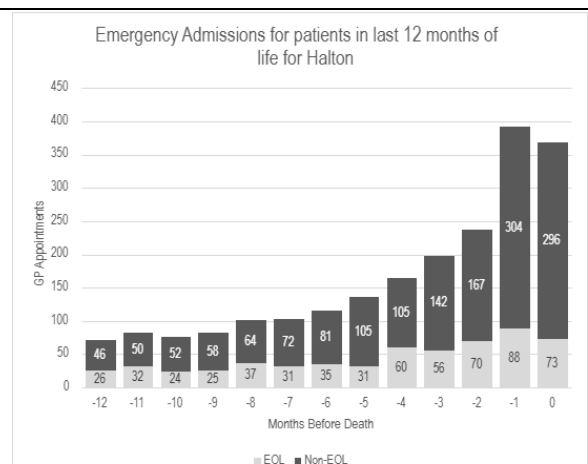


Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 40.6% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).

In this final 3 months, 22.3% of visits were by patients recognised as being EOL, which is slightly higher than the proportion of patients identified as likely to be EOL (20%). Which suggests that EC recognised patients are using non elective, urgent, services at a higher rate than those non identified as being EOL.

Our research shows that Halton patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 2,130 times in their last 12 months of life staying in hospital for a total of 28,162 bed days

8.3% 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. 46.9% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).

24% 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:		
Halton 15%	C&M 11%	
% of all people who died who spent time in hospital		
At least one hospital admission in last 6 months of life:		
Halton 77.4%	C&M 72.4%	England 68.2%
At least one Non Elective admission in last 3 months of life:		
Halton 71.5%	C&M 65.3%	England 60.3%
3 or more Non Elective Admissions in last 3 months of life:		
Halton 8.3%	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):		
Halton 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		
Mersey & West Lancs 21.8%	C&M 22.6% (all hospitals, including specialist)	England 23.9%
Warrington & Halton 23.8%		
<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 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>		

At present, only around 23% of people who die in Halton had been identified as likely to die and added to the GSF 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, including people being admitted non-electively 3 or more times in the last 3 months of life higher than national averages and some of the worst 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.

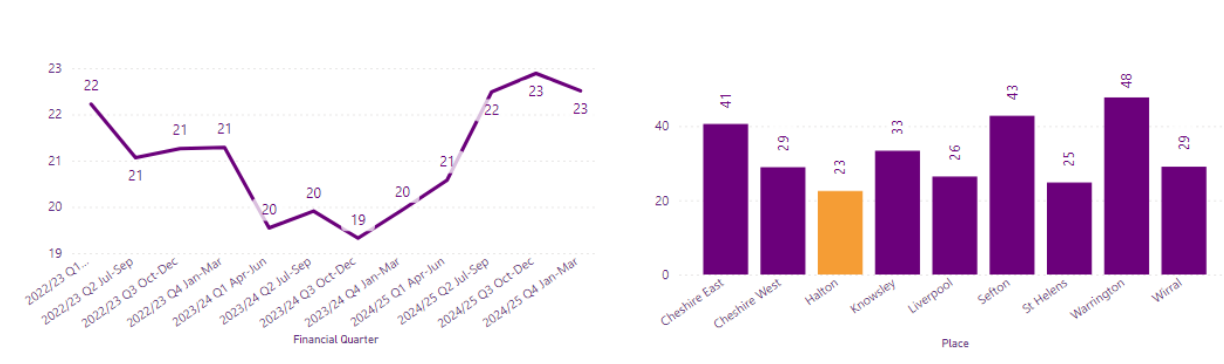
5 General Practice PEOLC Care Registers

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%)



Halton Trend

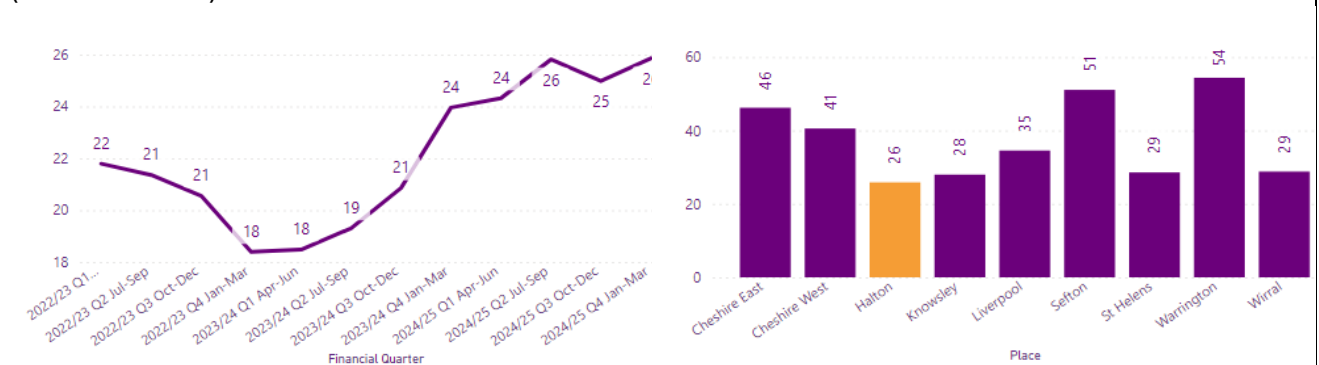
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Place by place Comparison (Jan-March 2025)

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%)



Halton Trend

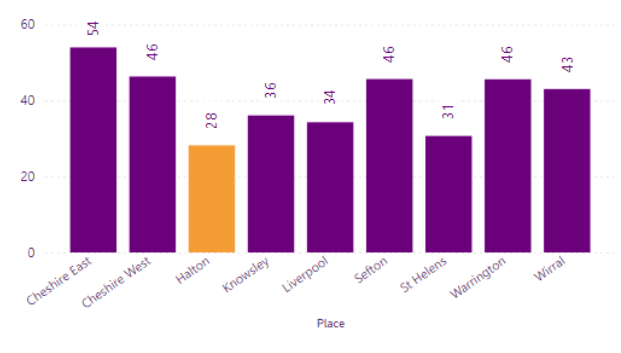
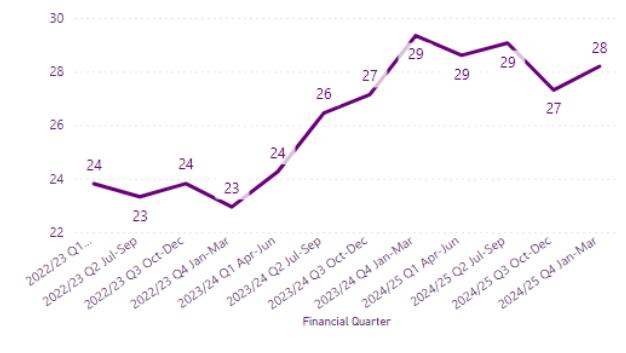
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Place by place Comparison (Jan-March 2025)

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



Halton Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
Runcorn PCN	23.66	20.50	29.97	7.10
Widnes PCN	21.38	31.08	26.46	10.00

(C&M EOL Dashboard Jan-March 2025)

Halton currently ranks lowest among the 9 Cheshire & Merseyside Places for:

- *% of deaths with an Advance Care Plan*
- *% of deaths on the Gold Standards Framework*
- *% of deaths with a CPR discussion/decision*

The One Halton PEOLC Locality Group recognises the need for improvement and has launched several initiatives. These include the Halton PCP – an EMIS-based tool enabling shared ACP records across General Practice, Bridgewater, Halton Haven, PC24 and NWS.

Training (e.g. Mayfly sessions) and resources like DNACPR form books are being offered to support staff. A best practice guide for GSF meetings has also been developed. Practices receive regular performance data to help drive improvement.

Matthew Roberts
 Transformation Manager – End of Life – Halton Place

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 as 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	

Halton Haven Hospice welcomes this research. It supports our pre-existing conviction that there is a need for additional specialist palliative care beds. We welcome the suggestion that we need to develop a whole system approach across Cheshire & Merseyside with shared referral procedures and increased access and improved availability. If we fail to extend the access, our patients are at increased risk of unnecessary hospital admissions.

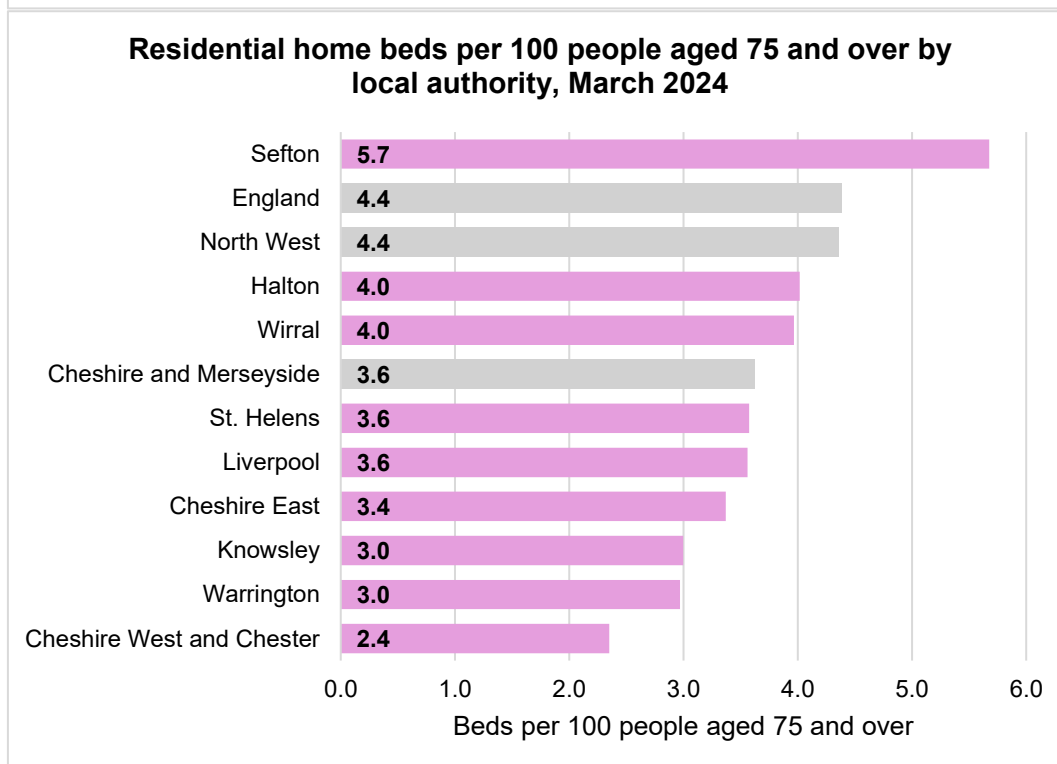
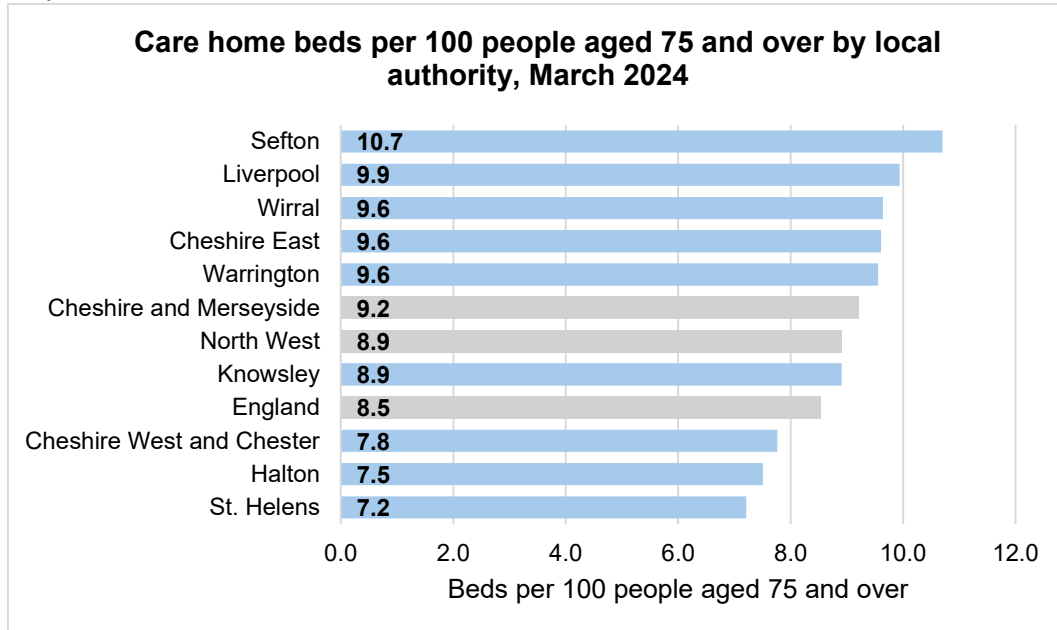
Karen Allen
Interim CEO/Registered Manager, Halton Haven Hospice

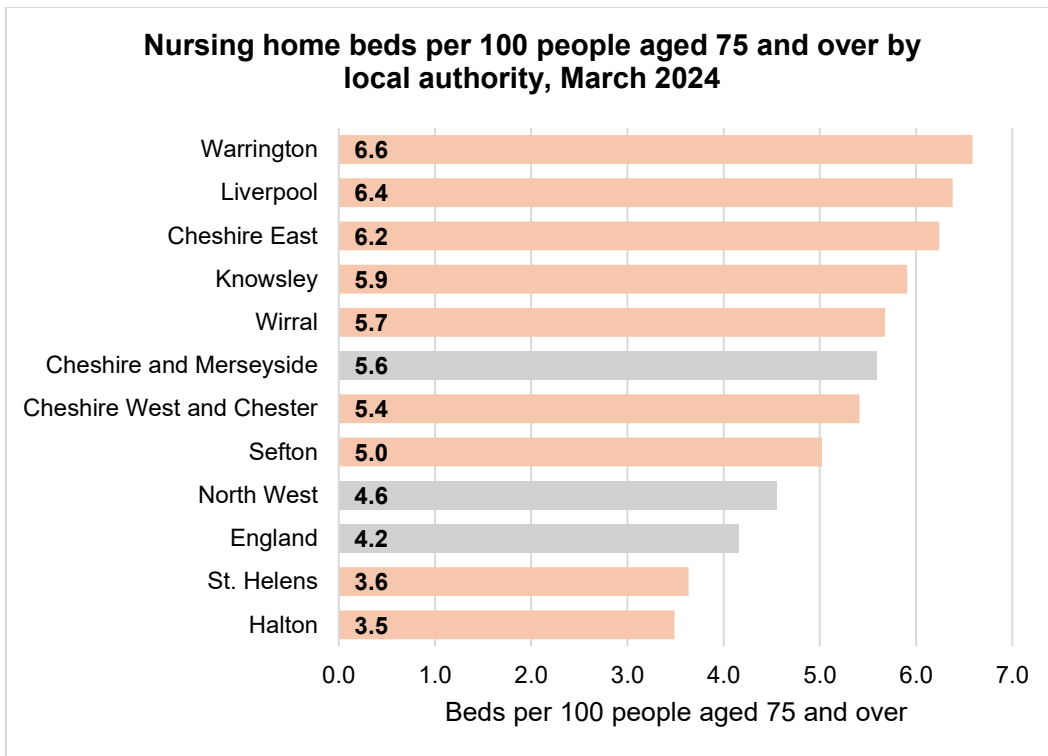
7 Care Homes

There are 26 residential care homes in Halton with 807 beds, this includes 18 residential care homes with 432 beds plus 8 nursing homes with 375 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 Halton is below the national and regional averages for overall care home beds and nursing home beds, but is higher than the regional average for residential home beds. To rise to the national average, an additional 75 nursing beds would be required for Halton.





One of the biggest issues we face in Halton is that we don't have capacity in Care Homes and we have a smaller proportion of residents in Care Homes than the other places in Cheshire & Merseyside.

Dr Rhian Thomas
 GP Grove House, Runcorn.
 Clinical Lead for End of Life – Halton Place.

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: Willowbrook Hospice (on behalf of Halton Haven Hospice) and Bridgewater Community Services provides a 24/7 advice line for health and care professionals.
- 7/7: Halton hospital and community Specialist Palliative Care teams provide face to face assessments Monday to Friday only. Whiston hospital offer 7-day assessments.
- Hospice admissions: Halton Haven Hospice does not routinely accept admissions over the weekends or bank holidays but will in exceptional circumstances. Because Halton Haven do not accept specialist referrals, some patients need to be referred to St Rocco's or Willowbrook.

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	