Office for Health
Improvement
& Disparities

ICS Data Pack: Palliative and end of life care

West Yorkshire and Harrogate (Health and Care Partnership)

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Introduction

[The Health and Care Act 2022](#) includes a legal responsibility for Integrated Care Boards (ICBs) to commission palliative and end of life care (PEoLC) services that meet their population needs.

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening or life-limiting illness. This includes the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. End of life care refers to the period when the person is likely to be in their last year of life.

The [Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026](#) provides a framework for each Integrated Care System (ICS) to evaluate commissioning and delivery of their palliative and end of life services. This builds upon the [NHS Long Term Plan](#) commitments for palliative and end of life care, including increasing identification and offer of personalised palliative and end of life care for people likely to be in their last 12 months of life.

Data at local, place and system level is crucial to enable planning and commissioning of generalist and specialist palliative care services to meet the needs of the local population. This data pack provides some basic data and signposting to more detailed information. The National End of Life Team plan to update this data pack. Until the next refresh you can access your most up-to-date data via our intelligence products on the [Palliative and End of Life Care (PEoLC) Profiles](#). These are regularly updated throughout the year and you can [subscribe](#) to receive our latest updates. We welcome your feedback and questions at [neolcin@dhsc.gov.uk](#)

England trend in number of deaths (2000 to 2021) and projections (2022 to 2030)
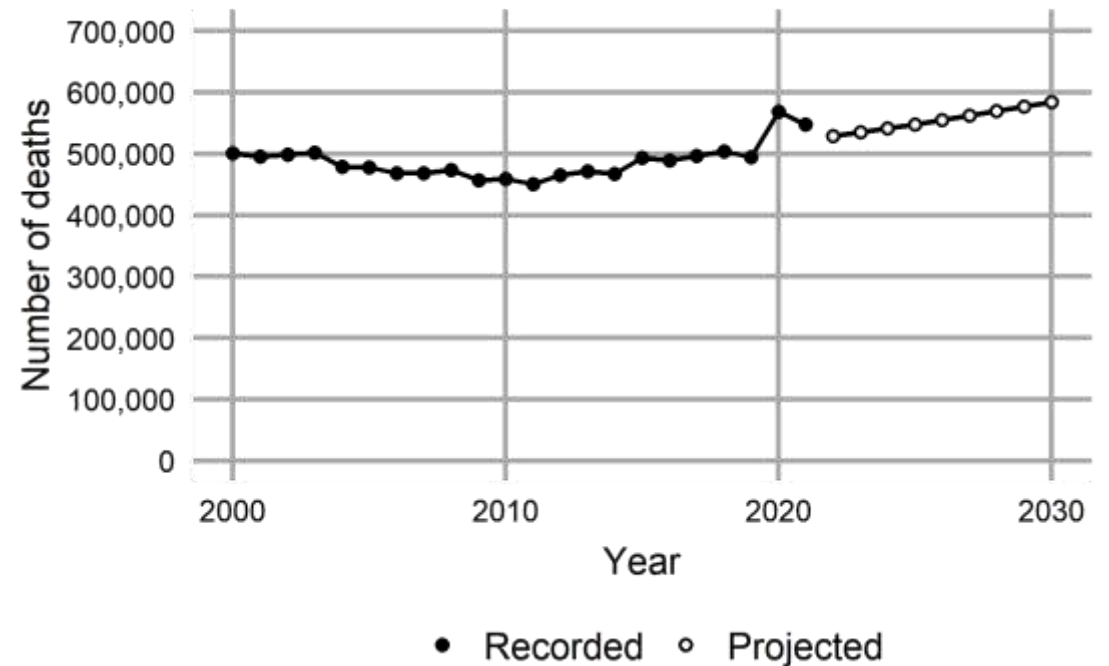
In England the number of deaths each year has been increasing over the decade prior to the COVID-19 pandemic, and are projected to rise over the coming years

Source for projections: [Office for National Statistics 2020 based projections](#)

Reporting 'place' by CCG 2021 and UTLA 2021 boundaries

(Clinical Commissioning Group)

(County / unitary authority)
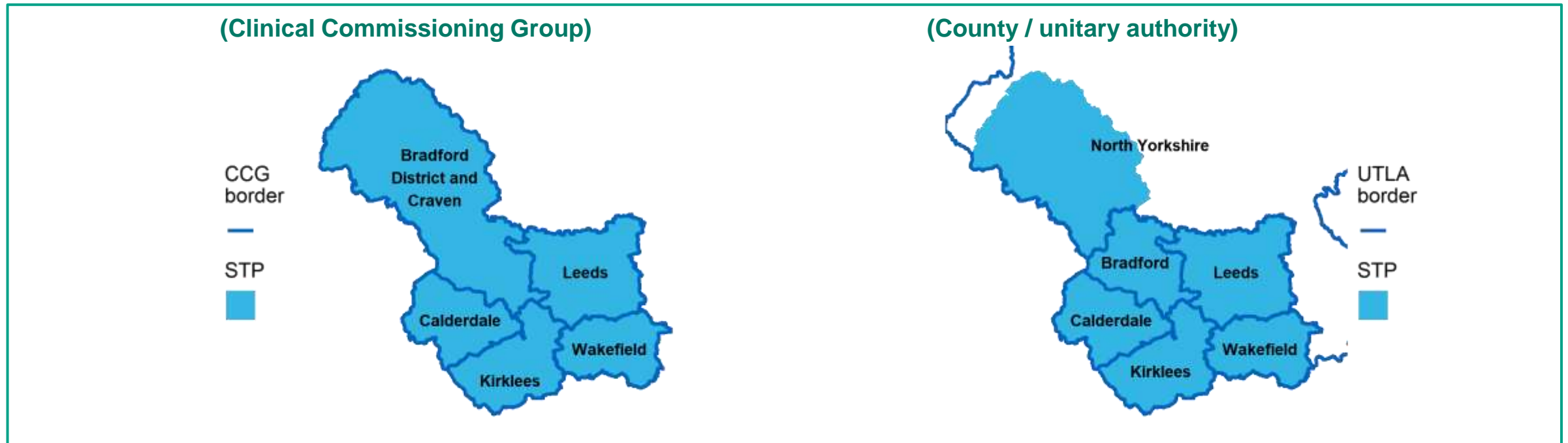
Introduction
ICSs cover large geographical areas and are less able to highlight variation in the need for PEoLC services across their geographical boundaries. It is therefore likely that integrated PEoLC services will need to be commissioned and provided across smaller geographies within ICSs. At present, 'place' is not a nationally defined geography. The use of 'place'-based data will be critical to future decisions and this pack will be updated when revised data are available.

Geographical definitions
In this resource we have used the following geographical boundaries to present our data:
- **ICS** – STP boundaries 2020
- **Place** – data is not currently available by 'place'; however, closest reporting is available for CCG 2021 and UTLA 2021 boundaries
- **Neighbourhoods** – data at this geographical level is not provided in this pack but ICS analysts might further explore presenting data at MSOA level where appropriate

Needs assessment

The number of deaths and the age standardised mortality rate

Count : Number of deaths

Value : Directly age standardised mortality rate

Better 99.8%	Better 95%	Similar	Worse 95%	Worse 99.8%	Not compared

Recent trends: — Could not be calculated   ➡ No significant change   ⬆ Increasing & getting worse   ⬆ Increasing & getting better   ⬇ Decreasing & getting worse   ⬇ Decreasing & getting better

Mortality Rate (All ages) 2020   Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	
England	➡	569,700	1,042	
West Yorkshire and Harrogate (Health and Care Partnership)	➡	24,492	1,176	
NHS Bradford District and Craven CCG	➡	6,133	1,224	
NHS Wakefield CCG	⬆	4,105	1,219	
NHS Leeds CCG	⬆	7,482	1,170	
NHS Kirklees CCG	➡	4,572	1,136	
NHS Calderdale CCG	➡	2,200	1,099	

Background

Understanding the population and its associated needs will enable local health economies to commission appropriate services, to improve the provision and quality of palliative and end of life care in their areas, thereby reducing unwarranted variation.

Data and Intelligence

The PEoLC Profiles indicators that support needs assessment can be found in following topic areas: underlying cause of death, place of death and mortality.

The Local Health Tool provides additional indicators on population and demographic factors and health outcomes.

Local consideration and actions

When interpreting this indicator ICSs should consider:

- how many people are living and dying with one or more progressive life-limiting illness in our area?

- what is the projected future need for palliative and end of life care services for our population – considering local demography such as age profiles and population projections?

- are our local services sufficiently tailored to reflect the patients' diverse needs given the range of conditions people die from?

- how adequate is our provision of palliative and end of life care services in our local area – including 24/7 access to generalist palliative care services, specialist level palliative care services, social care provision, hospice provision, nursing home beds, community support?

Community: General Practice

The percentage of patients in need of palliative care / support, as recorded on PEoLC Registers, irrespective of age (QOF data)*
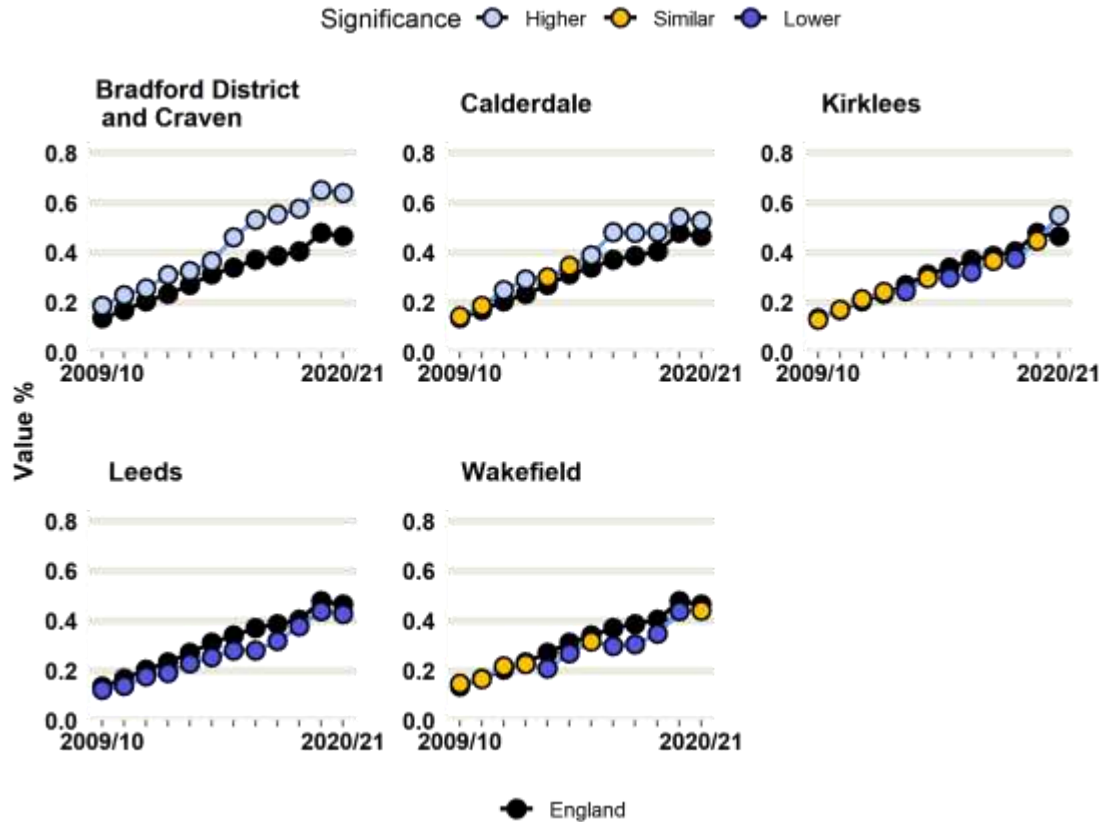
Background

The PEoLC Register is an indicator of the extent to which patients are being recognised by their general practitioner (GP) as approaching the end of their life. Approximately 75% of deaths can be anticipated. Early identification and initiation of conversations about what matters most to the person enables personalised care and support planning, including advance care planning.

Data and intelligence

Commissioners and providers should review this indicator in combination with other indicators, in particular deaths at home and in a care home. These can be found in the PEoLC Profiles and The Place of Death Factsheet. The data for this Quality Outcome Framework (QOF) measure is provided at CCG and general practice level on the National General Practice Profiles.

Local consideration and actions

When interpreting this indicator ICSs should consider:

• how do these levels of identification compare with the demographic and disease profiles in each place?

• does the data reveal inequity of identification based on age, diagnosis, ethnicity, deprivation or other factors?

• can the levels of identification and offer of personalised care and support planning be improved?

• what lessons can be shared by those places with high levels of identification and conversations offered?

• is there adequate support for unpaid carers involved in looking after the person at home?

Community: Care homes

Number of people who died either in a care home or who were a care home resident and died elsewhere: England, January 2019 to April 2022

England

* Deaths of care home residents who 'died elsewhere' most often occurred in hospital
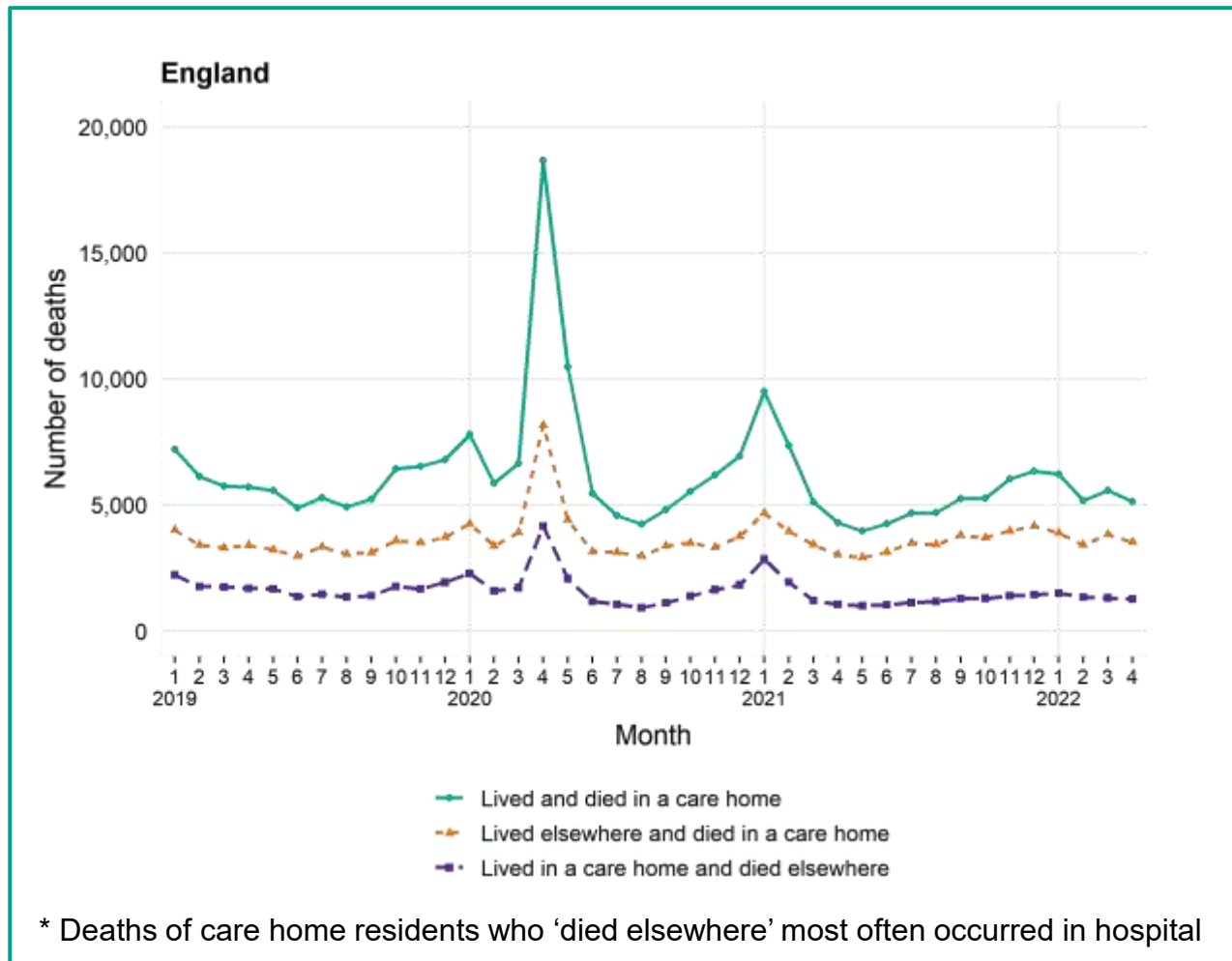
Background

Care homes (residential and nursing homes combined) look after some of the most vulnerable in society. Older people are more likely to live and die in this setting. The provision of PEoLC within care homes for all residents who are approaching their last year(s) of life is important.

Data and Intelligence

You can find the most recent data for your UTLAs in the Care home factsheets. Data on trends in people who died in a care home during the COVID-19 pandemic are compared with 2019 as a baseline. The most recently published care home bed rates by care home type and resident group are also presented.

Local indicators on care homes can also be found in the 'Care homes and community' and 'Place of death' topics in the PEoLC Profiles. These include: care home and nursing home beds per 100 people aged 75 years and older, temporary care home residents who die in a care home, percentage of people who died in a care home by different age groups.

In addition, the Place of death factsheet provides the most recent data available on trends in place of death at CCG level and compares this with 2019 as a baseline. Additional data resources on social care and care homes include: Skills for Care – Adult social care workforce data, GOV.UK – Monthly statistics for adult social care (England), NHS Digital – Social Care Data Collections

Local consideration and actions

When interpreting these indicators ICSs should consider:

- is generalist and specialist palliative care provision for care homes adequate, in and out of hours? Does this meet the needs set out in the Enhanced Health in Care Homes framework?

- is there adequate provision for education, training and support for care home staff?

Hospital use at the end of life

Percentage of people who died with three or more emergency admissions in the last three months of life
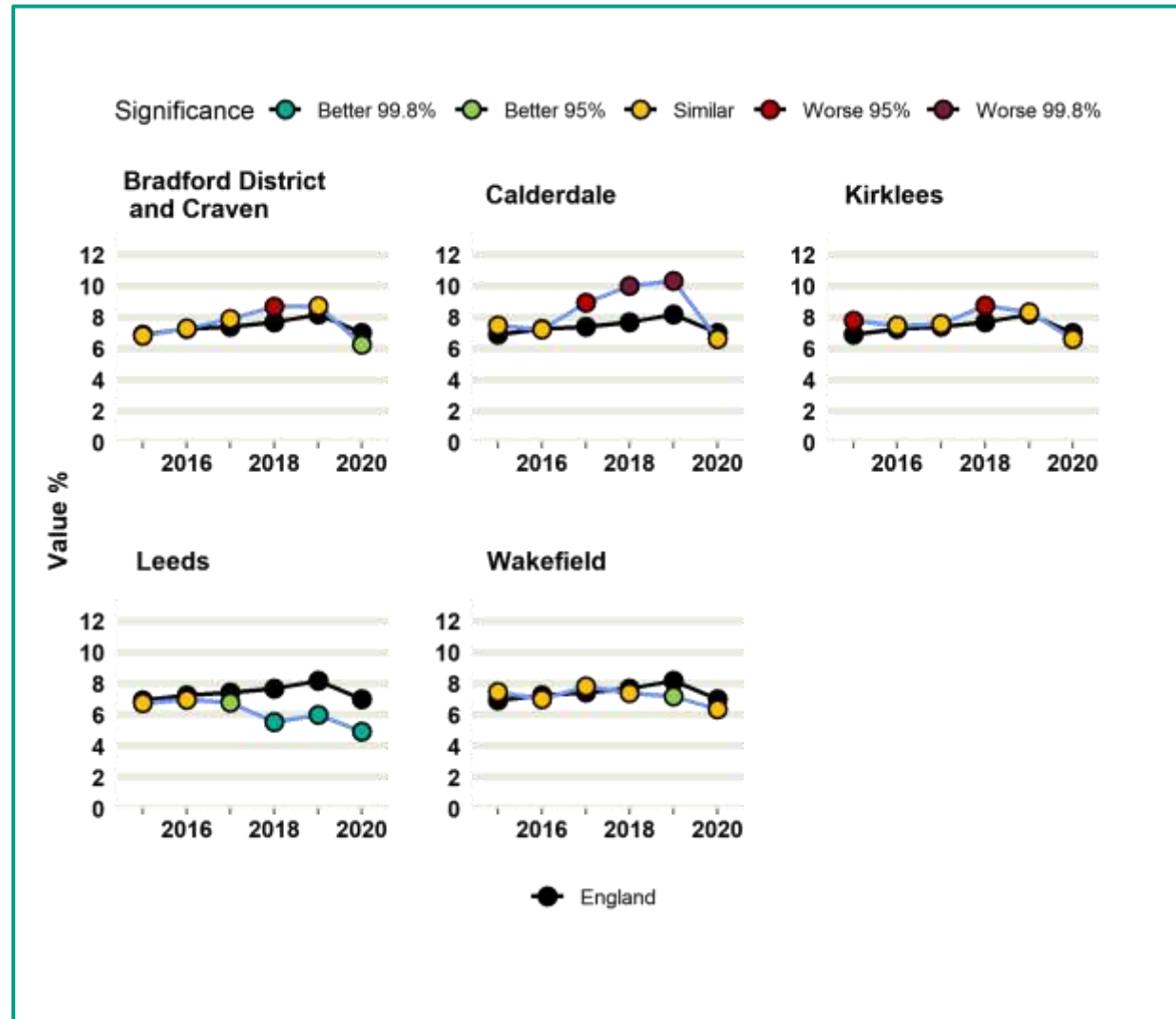
Background

[NICE guideline [NG94]](#) recommends offering advance care planning to people who are approaching the end of their life and who are at risk of medical emergencies. No matter how much care and support planning take place in advance, people who are approaching the end of their life may need to access urgent care and emergency services when unscheduled needs arise. When this cannot be managed at home, emergency admission to hospital results. Whilst this is appropriate for some patients and some situations, emergency hospital admissions can be disruptive and distressing.

Data and Intelligence

Commissioners and providers should review this indicator in the [PEoLC Profiles](#). The [Commentary](#) provides additional guidance on interpreting this indicator. It is also advisable to look at this indicator in combination with local data on general and palliative care provision in hospitals and community settings, social care data and local initiatives to avoid unnecessary hospital admissions at end of life.

Local consideration and actions

When interpreting this indicator ICSs should consider:

- are local community services adequate and able to respond to patients' urgent palliative and end of life care needs, both in and out of hours?

- is there access to specialist palliative care advice any time of day or night?

A guide to using the Palliative and End of Life Care Profiles

The **PEoLC Profiles** have been developed by the National End of Life Care Intelligence Network (NEoLCIN) to improve the availability and accessibility of information and intelligence around palliative and end of life care.

They provide an overview across multiple geographies in England, to support commissioning and planning of local services.

The data in the profiles are grouped into topics. These include:

- place of death

- underlying cause of death

- mortality

- care homes and community

- hospital care

- dementia

The PEoLC Profiles is held on Fingertips. This a web-based platform that provides easy access to a rich source of indicators across a range of health and wellbeing topics.

The Profiles enable you to:

- browse indicators at different geographical levels

- benchmark against the regional or national average

- export data, tables and images to use locally

Information about using Fingertips can be found in the **Fingertips user guide** - an introduction to the various visualisations and other available features.

Other useful resources
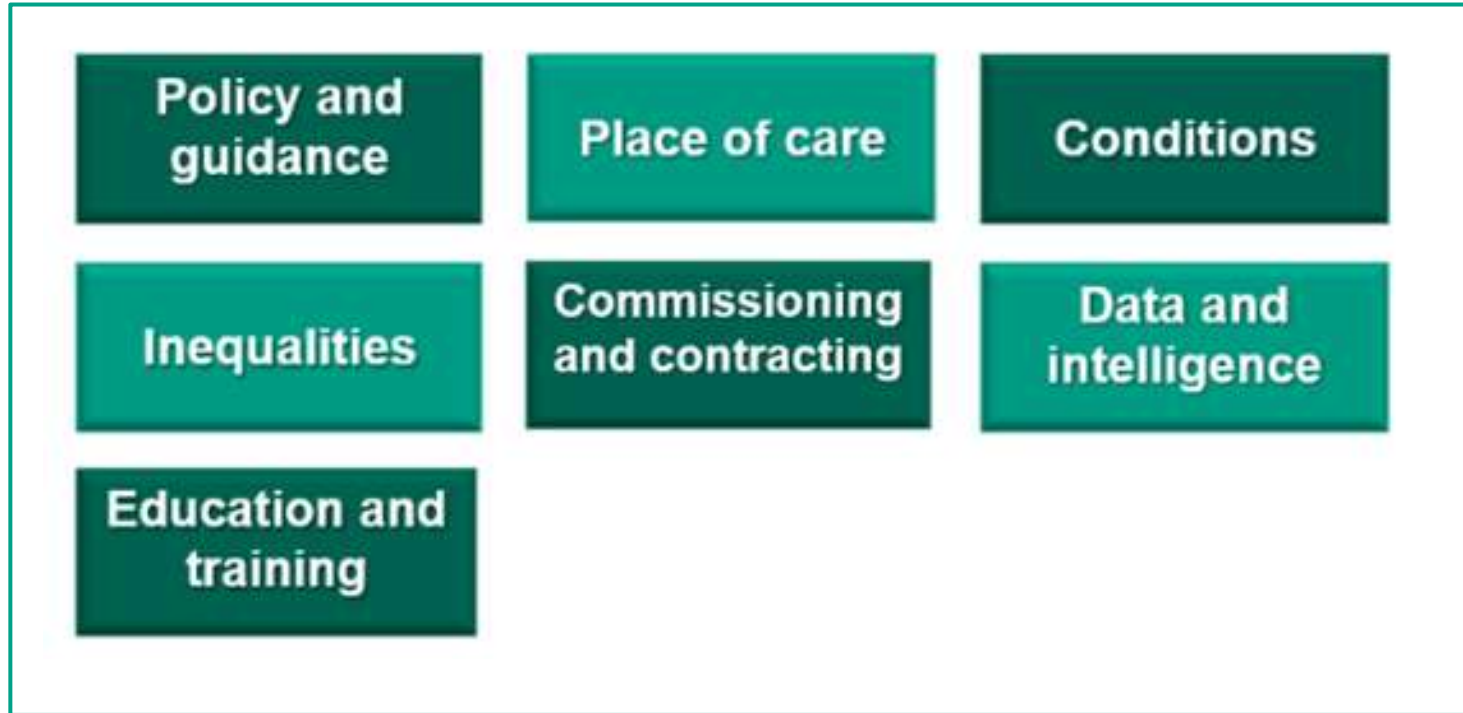
This **Resource Directory** of intelligence and guidance supports the data in the **PEoLC Profiles**. It provides links to key resources on palliative and end of life care.

These resources have been selected to assist stakeholders in their interpretation of the data presented in the profiles.

This compendium of resources can be used by service providers, commissioners and policy makers in facilitating, scoping and implementing their local responses to the findings presented in the profiles. It covers 7 themes as illustrated.