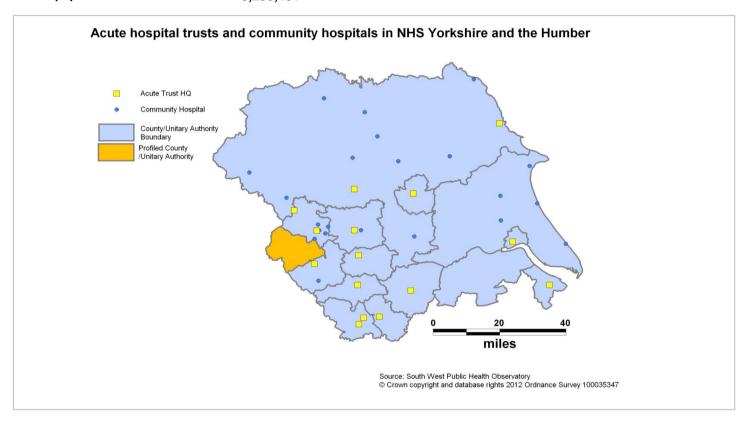
### National End of Life Care Profiles for Local Authorities

#### Calderdale

#### Introduction

This end of life care profile provides a snapshot of this upper tier local authority's position compared to England and its Strategic Health Authority (SHA). It can be used to benchmark and review the local authority's position over time. Commissioners and providers of end of life care can use the profile when discussing service need. If you would like to see how this local authority compares with others, then please use the End of Life Care Profiles interactive tool on the National End of Life Care Intelligence Network website: www.endoflifecare-intelligence.org.uk/profiles.aspx

Local authority population: 202,741 SHA population: 5,299,431

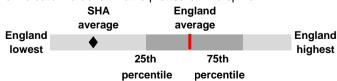


Note: Based on the best available data from the following sources: NHS Connecting for Health, Organisational Data Service, May 2012 and Community Hospitals Association, December 2011, with some modifications by the NEoLCIN. Mapped sites are shown in: <u>List of Acute Hospital Trust HQs and Community Hospitals</u>

### How to read the indicator spine chart

See the spine chart on the next page. This summarises the local authority position compared to England.

- Each indicator is numbered. Each number corresponds to a definition on the next page. The definitions give you more information
  about the indicator and its data source. More detailed definitions are given in the <u>Indicators Metadata Guide</u>. It is especially
  important to read these for the social care indicators, which are included in these profiles for the first time.
- The two columns immediately to the right of the indicator name give i) the underlying number for that indicator, from which
   ii) the 'indicator value' (highlighted in grey) is calculated. The indicator value is what is plotted on the spine.
  - Significantly lower than England average
  - Not significantly different from England average
  - Significantly higher than England average
  - O Significance not tested



• On the spine, the light grey bar shows the range of values found in England. The dark grey sections mark out the range within which the middle half of the observed values lie (25th to 75th percentile).

# **End of Life Care Local Authority Profile - Calderdale**

Indicator spine chart												
Domain	Indicator	LA number	LA indicator value	England average	England lowest	England range	England highest					
Population	Percentage aged 65+ (persons)	31,611	15.7%	16.3%	7.0%	•	25.1%					
	2. Percentage aged 65+ (males)	13,653	13.9%	14.5%	6.3%		23.0%					
	3. Percentage aged 65+ (females)	17,958	17.4%	18.0%	7.7%	•	27.1%					
	4. Percentage aged 75+ (persons)	15,043	7.5%	7.8%	3.4%		12.7%					
	5. Percentage aged 75+ (males)	5,696	5.8%	6.3%	3.0%		10.8%					
	6. Percentage aged 75+ (females)	9,347	9.1%	9.3%	3.8%	•	14.5%					
	7. Percentage aged 85+ (persons)	4,410	2.2%	2.2%	0.9%		4.0%					
	8. Percentage aged 85+ (males)	1,369	1.4%	1.5%	0.7%		2.8%					
	9. Percentage aged 85+ (females)	3,041	2.9%	3.0%	1.0%		5.2%					
	10. Percentage increase in population aged 85+ (projected to 2033)	10,200	131.3%	142.1%	24.5%	Ol-	233.7%					
	11. Percentage of resident population who are Black and Minority Ethnic	13,424	7.0%	9.1%	0.7%	О	60.6%					
	12. Percentage resident in urban settlements	155,650	77.3%	81.1%	0.0%		100.0%					
	13. Percentage resident in the most deprived quintile	42,753	21.2%	20.0%	0.0%	•	89.7%					
	14. Crude death rate (persons) as a percentage	1,883	0.9%	0.9%	0.4%	-	1.3%					
	15. Crude death rate (males) as a percentage	899	0.9%	0.9%	0.4%	-	1.4%					
	16. Crude death rate (females) as a percentage	985	1.0%	0.9%	0.4%	-	1.4%					
ths	17. Percentage of deaths aged 75+ (persons)	1,178	62.6%	66.7%	50.2%	•	75.3%					
Deaths	18. Percentage of deaths aged 75+ (males)	481	53.5%	58.6%	42.2%		69.1%					
	19. Percentage of deaths aged 75+ (females)	698	70.9%	74.2%	59.3%	•	82.4%					
	20. Percentage of deaths aged 85+ (persons)	609	32.3%	36.2%	23.1%	•	46.4%					
	21. Percentage of deaths aged 85+ (males)	203	22.6%	26.2%	14.8%	•	36.0%					
	22. Percentage of deaths aged 85+ (females)	406	41.2%	45.5%	31.2%	•	55.4%					
of .	23. Percentage of deaths in hospital*	1,074	57.0%	54.5%	42.2%	•	70.2%					
Place of death	24. Percentage of deaths in own home	373	19.8%	20.3%	15.9%		27.2%					
	25. Percentage of deaths in hospice*	136	7.2%	5.2%	0.1%		12.6%					
	26. Percentage of deaths in care home	262	13.9%	17.8%	3.7%		32.1%					
_	27. Percentage of deaths from respiratory disease (underlying cause)	295	15.7%	13.8%	11.2%		17.8%					
Cause of death	28. Percentage of deaths from respiratory disease (mentions)	624	33.1%	34.2%	27.9%		41.3%					
of de	29. Percentage of deaths from cancer (underlying cause)	510	27.1%	27.7%	23.1%		31.4%					
Se C	30. Percentage of deaths from cardiovascular disease (underlying cause)	525	27.9%	29.6%	25.3%		35.3%					
Saus	31. Percentage of deaths from liver disease (mentions)	69 122	3.6% 6.5%	3.8% 5.8%	2.6% 3.6%		6.7% 8.2%					
	32. Percentage of deaths from renal disease (mentions)	270	14.4%	17.3%	7.9%		26.9%					
	33. Percentage of deaths from Alzheimers, dementia & senility (mentions)	861	92.8%	89.7%			97.0%					
s in tal	34. Percentage of terminal admissions that are emergencies	332	35.8%	37.8%	76.1% 27.5%		49.4%					
Deaths in hospital	35. Percentage of terminal admissions aged 85+	466	50.2%	48.8%	37.6%		57.8%					
De	36. Percentage of terminal admissions that are 8 days or longer	12,662	14.0	12.9	8.0	• 0	16.0					
	37. Average number of bed days per admission ending in death				1.2		8.2					
Care	38. Number of care homes per 1,000 population aged 75+	68 1,812	4.5 120.5	4.4 114.1	35.7		169.6					
lg Ö	Number of care home beds per 1,000 population aged 75+     Percentage of care homes achieving Gold Standard Framework	1,612	7.4%	1.6%	0.0%		14.7%					
	-	130	404	425	47		2,715					
	41. Persons (aged 65+) discharged from hospital per 100,000 aged 65+.  42. Average user experience score (max. score 24), persons aged 65+	5,530	19	19	17	• •	2,713					
Social care (SC)	43. Persons (65+) receiving Self Directed Support (per 100,000 aged 65+)	1,815	5,643	2,935	238	<b>•</b> 0	7,619					
	44. Delayed transfers of care: persons (all ages) (per 100,000 aged 65+)	98	305	568	21	0	2,026					
	45. Delayed transfers of care: days (all ages) (per 100,000 aged 65+)	2,149	6,682	15,956	239	0	60,629					
	46. Persons (65+) with completed assessment (per 100,000 aged 65+)	1,525	4,742	5,054	1,343	C	11,209					
cia	47. Persons (65+) with care package delivered (per 100,000 aged 65+)	1,100	3,420	3,186	768	•	8,683					
So	48. Carers (65+) who received social care support (per 100,000 aged 65+)	820	2,549.7	2,003.3	400.6	•••	5,977.1					
	49. Persons (65+) who received social care support (per 100,000 aged 65+)	2,645	8,224	8,297	4,819	<b>♦</b> Φ	20,543					
	50. Persons (65+) entitled to Carer's Allowance (per 100,000, aged 65+)	840	2,611.9	3,470.1	946.7	0 •	9,194.4					
SC Expenditure (Avg annual £'000s per 100,000 aged 65+)	51. Gross residential and nursing care (£'000s per 100,000 aged 65+)	£18,936	£58,879	£59,849	£33,157	0	116,154					
	52. As indicator 51, less NHS section 256 (£'000s per 100,000 aged 65+)	£18,241	£56,718	£57,239	£32,754	<b>O</b>	£115,930					
	53. Home care (£'000s per 100,000 aged 65+)	£10,509	£32,676	£25,765	£12,518	l <mark>(</mark> C)	£92,012					
	54. Direct payments (£'000s per 100,000 aged 65+)	£2,354	£7,319	£3,420	£273	• 0	£15,457					
	55. Day care or day services (£'000s per 100,000 aged 65+)	£2,789	£8,672	£4,246	£793	<b>♦</b> 0	£21,608					
	56. Meals (£'000s per 100,000 aged 65+)	£107	£333	£905	£0	0	£7,497					
N-1 Th-	totals for males and females combined may not equal the 'persons' total,	duo to rou	nding * It is	not nossil	alo to diotir	au iah hatusan haanital daatha and	-1111					

Notes: The totals for males and females combined may not equal the 'persons' total, due to rounding. \* It is not possible to distinguish between hospital deaths and deaths in specialist palliative care units/hospices that are based in hospitals, so hospital deaths may be an over-count and hospice deaths an under-count.

### Indicator notes and definitions

- Percentage of persons who are aged 65 and over, average annual for 2008-10. ONS
- 2. Percentage of male population who are aged 65 and over, average annual for 2008-10. ONS
- Percentage of female population who are aged 65 and over, average annual for 2008-10. ONS
- Percentage of persons who are aged 75 and over, average annual for 2008-10. ONS
- Percentage of male population who are aged 75 and over, average annual for 2008-10. ONS
- Percentage of female population who are aged 75 and over, average annual for 2008-10. ONS
- 7. Percentage of persons who are aged 85 and over, average annual for 2008-10. ONS
- 8. Percentage of male population who are aged 85 and over, average annual for 2008-10. ONS
- Percentage of female population who are aged 85 and over, average annual for 2008-10. ONS
- Percentage increase in the population aged 85 and over, projected to 2033, 2008-based national population projections. ONS
- 11. Percentage of resident population who are BME, 2001. NCHOD
- Percentage of residents in urban settlements (population over 10,000), average annual for 2008-10. ONS
- Percentage of residents in the most deprived quintile average annual for 2008-10. DCLG.
- Crude death rate (persons) as a percentage, average annual for 2008-10. ONS
- **15.** Crude death rate (males) as percentage, average annual for 2008-10. ONS
- **16.** Crude death rate (females) as percentage, average annual for 2008-10, ONS
- 17. Percentage of all deaths that are aged 75 and over, average annual for 2008-10. ONS
- Percentage of male deaths that are aged 75 and over, average annual for 2008-10. ONS
- Percentage of female deaths that are aged 75 and over, average annual for 2008-10. ONS
- Percentage of all deaths that are aged 85 and over, average annual for 2008-10. ONS
- 21. Percentage of male deaths that are aged 85 and over, average annual for 2008-10. ONS
- 22. Percentage of female deaths that are aged 85 and over, average annual for 2008-10. ONS
- Percentage of all deaths that occur in hospital, average annual for 2008-10. ONS
- 24. Percentage of all deaths that occur in own home, average annual for 2008-10. ONS
- Percentage of all deaths that occur in a hospice average annual for 2008-10. ONS
- Percentage of all deaths that occur in a care home, average annual for 2008-10. ONS
- 27. Of all deaths, percentage that die from respiratory disease as the underlying cause of death, average annual for 2008-10. ONS
- 28. Of all deaths, percentage that die from respiratory disease listed as either the underlying cause of death or as a contributory cause of death (mentions), average annual for 2008-10. ONS
- 29. Of all deaths, percentage that die from cancer as the underlying cause of death, average annual for 2008-10. ONS
- 30. Of all deaths, percentage that die from cardiovascular disease as the underlying cause of death, average annual for 2008-10. ONS
- 31. Of all deaths, percentage that die from liver disease listed as either the underlying cause of death or as a contributory cause of death (mentions), average annual for 2008-10. ONS

- **32**. Of all deaths, percentage that die from renal disease listed as either the underlying cause of death or as a contributory cause of death (mentions), average annual for 2008-10. ONS
- 33. Of all deaths, percentage that die from Alzheimer's disease, dementia or senility listed as either the underlying cause of death or as a contributory cause of death (mentions), average annual for 2008-10. ONS
- Percentage of hospital admissions ending in death (terminal admissions) that are emergencies, 2010/11. HES
- **35.** Percentage of hospital admissions ending in death (terminal admissions) that are aged 85+ and over, 2010/11. HES
- **36.** Percentage of hospital admissions ending in death (terminal admissions) with a stay of 8 days or longer, 2010/11. HES
- **37.** Average (mean) number of bed days per admission that end in death, 2010/11. HES
- **38**. Number of care homes per 1,000 population aged 75 and over (average 2008-10). CQC data extract Feb 2012 and ONS
- Number of care home beds per 1,000 population aged 75 and over (average 2008-10). CQC data extract Feb 2012 and ONS
- 40. Percentage of care homes achieving Gold Standard Framework (GSF). GSF data extract Feb 2012 and CQC extract Feb 2012.
- Persons (aged 65+) discharged from hospital for rehabilitation. per 100,000 aged 65+. From NI 125, Q3 2010-11, HSCIC. & ONS.
- **42.** Average user experience score (aged 65+), (max score 24) From NI 127, 2010/11, HSCIC.
- **43.** Persons (65+) receiving Self Directed Support, per 100,000, 65+. From NI 130, 2010/11, HSCIC. 2010, ONS.
- **44.** Delayed transfers of care: persons (all ages), per 100,000, 65+. From NI 131\*, 2010/11 HSCIC. 2010, ONS.
- **45.** Delayed transfers of care: days per month (all ages), per 100,000, 65+. From NI 131\*, 2010/11 HSCIC. 2010, ONS.
- **46.** Persons (65+) with completed assessment, per 100,000, 65+. From NI 132\*, 2010/11 HSCIC. 2010, ONS.
- **47.** Persons (65+) with care package delivered, per 100,000, 65+. From NI 133\*, 2010/11 HSCIC. 2010, ONS.
- **48.** Carers (65+) who received social care support, per 100,000, 65+. From NI 135, 2010/11 HSCIC. 2010, ONS.
- **49.** Persons (65+) who received social care support, per 100,000, 65+. From NI 135, 2010/11 HSCIC. 2010, ONS.
- **50.** Persons (65+) entitled to Carer's Allowance, per 100,000, 65+. Aug 2011, DWP caseload. 2011, ONS.
- **51.** Residential and nursing care, average annual gross expenditure (£'000s per 100,000, 65+), 2010/11 HSCIC. 2010, ONS.
- 52. Residential and nursing care, average annual gross expenditure less NHS Section 256 (£'000s per 100,000, 65+), 2010/11 HSCIC. 2010. ONS.
- **53.** Home care expenditure (£'000s per 100,000, 65+), 2010/11, HSCIC. 2010, ONS.
- **54.** Direct payments expenditure (£'000s per 100,000, 65+), 2010/11, HSCIC. 2010, ONS.
- **55.** Day care/day services expenditure (£'000s per 100,000, 65+) 2010/11, HSCIC. 2010, ONS.
- **56.** Meals expenditure (£000's per 100,000, aged 65+) 2010/11, HSCIC. 2010, ONS.

#### **Abbreviations**

BME - Black and Minority Ethnic, CQC - Care Quality Commission,
DCLG - Department for Communities and Local Government, DH Department of Health, DWP - Department of Work and Pensions, GSF
Gold Standard Framework, HES - Hospital Episode Statistics, NCHOD
National Clinical and Health Outcomes Knowledge Base, NI - National
Indicator, HSCIC - Health and Social Care Information Centre, ONS Office for National Statistics, SC - Social Care, SPC - Specialist
Palliative Care.

\* Discontinued National Indicator

### Place and cause of death

Source: ONS Mortality Data 2008-10

		Underlying cause of death			Causes mentioned on death certificate				
	All causes	Cancer	Cardiovascular disease	Respiratory disease	Alzheimer's/ Dementia/Senility	Liver disease	Renal disease	Respiratory disease	
Home	373	123	122	46	31	11	6	78	
Care home	260	44	68	41	139	2	6	77	
Hospital	1,074	212	321	202	98	50	107	453	
Hospice	138	125	3	5	1	5	3	11	
Total	1,883	510	525	295	270	69	122	624	

Notes: i) 'Underlying cause' of death is the main cause of death recorded on a death certificate. 'Causes mentioned' include the underlying cause and any contributory causes recorded. We have selected the most common underlying causes of death and the most common 'mentioned' causes that are demanding of end of life care. ii) While an individual will have only one recorded underlying cause, they may have more than one contributory cause recorded. iii) Numbers are annual averages.

### How to interpret your profile

- Be open about what the profile might be telling you.
- Focusing on individual indicators can be misleading, consider the full range of indicators.
- Read the notes on the indicator spine chart to aid interpretation.
- Understanding the context is essential: use the demographic and geographic information at the beginning of the profile to provide context.
- Triangulate the information in the profiles with information from other sources. For example, End of Life Care Quality Assessment (ELCQuA) tool, the local Joint Strategic Needs Assessment, a clinical or organisational audit.
- Recognise the limitations of the data (see the Indicators Metadata Guide on the National End of Life Care Intelligence Network
- This is the first time these profiles have been produced and, despite our best endeavours, some of the data may be out of date, incorrect or missing. Please send us your comments about the data (see 'Feedback' at the end of this profile).
- Use the profiles to identify further questions that may need to be asked.

#### Related resources

The National End of Life Care Intelligence Network (NEoLCIN) coordinates statistical information and commissions research on end of life care. It also brings all this data together in one place, enabling commissioners and people working in end of life care to use it to plan, deliver and improve end of life care services. For more information please visit the NEoLCIN website at

#### www.endoflifecare-intelligence.org.uk

- <u>End of Life Care Profiles</u> provide data and statistics on end of life care, by PCT and Local Authority areas in England broken down by age, gender, place of death and cause of death. Available in both PDF and Instant Atlas formats.
- Resources includes information on research, links to other sources of information and publications produced by the NEoLCIN and other organisations.
- Data sources provides a guide and links to key sources of data relating to end of life care.

We are currently developing PDF profiles for Acute Trusts in England. These will be made available on the NEoLCIN website in due course. Please **sign up to email alerts** to keep up-to-date with developments.

The <u>National End of Life Care Programme</u> works with health and social care services across all sectors in England to improve end of life care for adults by implementing the Department of Health's End of Life Care Strategy. Its website (<u>www.endoflifecareforadults.nhs.uk</u>) is designed to support health and social care staff working, in any capacity, with people nearing the end of life. It has information on policy and strategy, education and training, research and evaluation and commissioning, as well as case studies, information on care pathways and care settings, news, publications and events.

#### **Feedback**

#### Please let us know:

- If the data is incorrect due to the sources we are using.
- How the profiles have assisted you in identifying changes in policy/practice.
- How we can improve the profiles.
- If you have suggestions for other indicators that we could include in future.
- Any other comments you may have.

Email us at: information@neolcin.nhs.uk

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