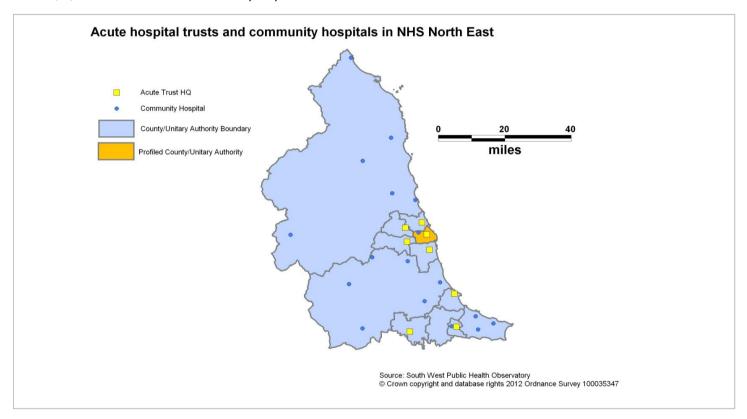
National End of Life Care Profiles for Local Authorities

South Tyneside

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: 153,670 SHA population: 2,606,625

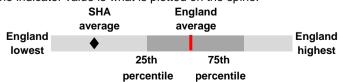


Note: Based on the best available data from the following sources: NHS Connecting for Health, Organisational Data Service, May 2012 and Community Hospitals Association, December 2011, with some modifications by the NEoLCIN. Mapped sites are shown in: <u>List of Acute Hospital Trust HQs and Community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

	Indicator spine chart												
Domain	Indicator	LA number	LA indicator value	England average	England lowest	England range	England highest						
1.	. Percentage aged 65+ (persons)	27,264	17.9%	16.3%	7.0%		25.1%						
2.	2. Percentage aged 65+ (males)	11,630	15.6%	14.5%	6.3%	()	23.0%						
3.	B. Percentage aged 65+ (females)	15,634	20.0%	18.0%	7.7%	••	27.1%						
4.	Percentage aged 75+ (persons)	13,622	8.9%	7.8%	3.4%	♦ •	12.7%						
	i. Percentage aged 75+ (males)	5,198	7.0%	6.3%	3.0%	••	10.8%						
. <u>6</u>	5. Percentage aged 75+ (females)	8,424	10.8%	9.3%	3.8%	• •	14.5%						
Population	'. Percentage aged 85+ (persons)	3,680	2.4%	2.2%	0.9%	•	4.0%						
<u>8</u>	8. Percentage aged 85+ (males)	1,165	1.6%	1.5%	0.7%		2.8%						
9.). Percentage aged 85+ (females)	2,515	3.2%	3.0%	1.0%	•	5.2%						
	Percentage increase in population aged 85+ (projected to 2033)	7,500	103.8%	142.1%	24.5%	0 •	233.7%						
	Percentage of resident population who are Black and Minority Ethnic	4,147	2.7%	9.1%	0.7%	0	60.6%						
_	Percentage resident in urban settlements Percentage resident in the most deprived quintile	152,511	100.0%	81.1%	0.0%		100.0%						
	, ,	71,860 1,693	47.1% 1.1%	20.0%	0.0%		89.7% 1.3%						
_	Crude death rate (persons) as a percentage Crude death rate (males) as a percentage	813	1.1%	0.9%	0.4%		1.3%						
_	, , , ,	880	1.1%	0.9%	0.4%		1.4%						
	6. Crude death rate (females) as a percentage	1,114	65.8%	66.7%	50.2%		75.3%						
-	Percentage of deaths aged 75+ (persons) Percentage of deaths aged 75+ (males)	480	59.1%	58.6%	42.2%		69.1%						
	9. Percentage of deaths aged 75+ (females)	634	72.1%	74.2%	59.3%		82.4%						
	20. Percentage of deaths aged 85+ (persons)	515	30.4%	36.2%	23.1%		46.4%						
	21. Percentage of deaths aged 85+ (males)	178	21.9%	26.2%	14.8%		36.0%						
	22. Percentage of deaths aged 85+ (females)	337	38.3%	45.5%	31.2%	•	55.4%						
	23. Percentage of deaths in hospital*	1,062	62.7%	54.5%	42.2%	• •	70.2%						
o fi	24. Percentage of deaths in own home	353	20.9%	20.3%	15.9%	-	27.2%						
2 %	25. Percentage of deaths in hospice*	91	5.4%	5.2%	0.1%	+	12.6%						
	26. Percentage of deaths in care home	158	9.3%	17.8%	3.7%	• •	32.1%						
	27. Percentage of deaths from respiratory disease (underlying cause)	230	13.6%	13.8%	11.2%	•	17.8%						
_	28. Percentage of deaths from respiratory disease (mentions)	592	35.0%	34.2%	27.9%		41.3%						
Cause of death	9. Percentage of deaths from cancer (underlying cause)	522	30.8%	27.7%	23.1%	•	31.4%						
J o 30	30. Percentage of deaths from cardiovascular disease (underlying cause)	464	27.4%	29.6%	25.3%	•	35.3%						
3 g	1. Percentage of deaths from liver disease (mentions)	72	4.3%	3.8%	2.6%	<u> </u>	6.7%						
ပိ 3:	22. Percentage of deaths from renal disease (mentions)	81	4.8%	5.8%	3.6%	•	8.2%						
3:	3. Percentage of deaths from Alzheimers, dementia & senility (mentions)	286	16.9%	17.3%	7.9%	•	26.9%						
.⊆ 3.	4. Percentage of terminal admissions that are emergencies	943	92.5%	89.7%	76.1%		97.0%						
Deaths in hospital	5. Percentage of terminal admissions aged 85+	375	36.8%	37.8%	27.5%	•	49.4%						
Dea Pos	6. Percentage of terminal admissions that are 8 days or longer	589	57.8%	48.8%	37.6%	•	57.8%						
3	7. Average number of bed days per admission ending in death	16,530	16.0	12.9	8.0	• •	16.0						
Care homes	8. Number of care homes per 1,000 population aged 75+	46	3.4	4.4	1.2	•	8.2						
Care homes	9. Number of care home beds per 1,000 population aged 75+	1,516	111.3	114.1	35.7	_	169.6						
40	10. Percentage of care homes achieving Gold Standard Framework	0 125	0.0% 456	1.6% 425	0.0% 47		14.7% 2,715						
	11. Persons (aged 65+) discharged from hospital per 100,000 aged 65+.		19	19	17		2,715						
4.	12. Average user experience score (max. score 24), persons aged 65+	3,680 755	2,755		238	0	7,619						
	Persons (65+) receiving Self Directed Support (per 100,000 aged 65+) Pelayed transfers of care: persons (all ages) (per 100,000 aged 65+)	75	274	568	21	0	2,026						
<u>9</u>	Delayed transfers of care: persons (all ages) (per 100,000 aged 65+) Delayed transfers of care: days (all ages) (per 100,000 aged 65+)	2,077	7,580	15,956	239	0	60,629						
Cal Cal	16. Persons (65+) with completed assessment (per 100,000 aged 65+)	1,965	7,172	5,054	1,343	♦ 0	11,209						
<u>a</u> .	7. Persons (65+) with care package delivered (per 100,000 aged 65+)	1,095	3,996	3,186	768	O	8,683						
တိ 4	18. Carers (65+) who received social care support (per 100,000 aged 65+)	785	2,865.0	2,003.3	400.6	•○	5,977.1						
_	19. Persons (65+) who received social care support (per 100,000 aged 65+)	3,985	14,544	8,297	4,819	♦ 0	20,543						
	60. Persons (65+) entitled to Carer's Allowance (per 100,000, aged 65+)	1,300	4,744.5	3,470.1	946.7	0	9,194.4						
	i1. Gross residential and nursing care (£'000s per 100,000 aged 65+)	£25,243	£92,128	£59,849	£33,157	♦ O	116,154						
	i2. As indicator 51, less NHS section 256 (£'000s per 100,000 aged 65+)	£21,830	£79,672	£57,239	£32,754	•○	£115,930						
SC Expenditure Ng annual £'000 Ser 100,000 age 65+)	i3. Home care (£'000s per 100,000 aged 65+)	£9,232	£33,693	£25,765	£12,518		£92,012						
Expen annual 00,00 65+)	4. Direct payments (£'000s per 100,000 aged 65+)	£679	£2,478	£3,420	£273	O	£15,457						
SC 1 vg 8 er 1	is. Day care or day services (£'000s per 100,000 aged 65+)	£1,477	£5,391	£4,246	£793	Ф	£21,608						
· · · · · ·		£59	£215	£905	£0	0							

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	353	131	121	30	25	11	5	73	
Care home	158	25	46	21	93	1	2	59	
Hospital	1,062	275	291	175	166	56	72	446	
Hospice	91	85	2	1	1	3	2	9	
Total	1,693	522	464	230	286	72	81	592	

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.
- <u>Data sources</u> 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

www.endoflifecare-intelligence.org.uk

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