

# North East and North Cumbria Integrated Care Board Palliative and End of Life Care Health Needs Assessment

## Supplement 1: Technical Document – Data

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# Headline figures

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## Projections

- 30.5% increase in over 65 year olds across the North East North Cumbria (NENC) region (2022-2047)
- greatest increase in over 65 year old population in Cumbria, North Tyneside, Northumberland.
- decreases in the over 65 year old population of over 3% were projected for Copeland and Barrow-in-Furness.
- 50.2% increase in over 65 year olds on Primary Care Palliative Care Register from 19, 037 in 2025 to 28,600 in 2043.

## Deprivation

- The NENC population is more deprived than the national average with 20% of the NENC population residing within the 10% most deprived areas nationally. NENC is ranked 6th of all 42 ICBs for the proportion of LSOAs in the most deprived 10% nationally (MHCLG, 2025).
- The most deprived Local Authorities are Middlesbrough, Hartlepool, Sunderland, South Tyneside, County Durham.
- Implications of deprivation on the age of death, access to palliative care, and place of death (vs preferred).

## Ethnicity

- The NENC's population has changed from 91.3% white (2021) to 83.4% (2025), demonstrating an increase in ethnic diversity across the region. However, the percentage of palliative patients registered is 93.7% white British. This may be reflective of this population change being driven by changes in younger cohorts.

## Religion

- For first time (2021 census), less than half of the population described themselves as Christian, 46.2%.
- Christian still most common response.
- Newcastle and Middlesbrough most religiously, ethnically and linguistically diverse.

## Disability

- The North East has the highest percentage of people with disability in England 21.2% (Census 2021).

- Strong correlation observed to the most deprived local authorities.

## **Mortality**

- The North East of England has the highest age-standardised mortality rate (ASMR) for males (1,210.3/100,000) and females (908.4/100,000).
- Death rate decreasing = people living longer
- Middlesbrough consistently experiences the highest mortality rates across the region, Newcastle's mortality rate also remains stubbornly high. All other NENC local authorities have a slight downward trend in their mortality rates.

## **Cause of death**

The four leading causes of death across the NENC are cancer, circulatory, respiratory, diseases affecting the nervous system and have been consistent for many years and with trends in England and Wales.

## **Place of death (latest 12 months, November 2024 to October 2025, DHSC).**

- Higher percentage of deaths in hospital 43.5% NENC to 41.4% England.
- Lower percentage of deaths at home 26.4% NENC to 28.1% England.
- Higher percentage of deaths in care homes 23.2% NENC to 22.2% England.
- Higher percentage of over 65 year olds die at home.
- Lower percentage of NENC residents died in a hospice 4% NENC to 5.7% England. However, this rate varies across the region.
- Hospices provide support for day care including a range of services for communities not just beds and care for those who are dying.

## **Preferred place of death**

- Across NENC 25% dying in preferred place of death, range 17-36%. (NENC PEoLC Dashboard).

## **Care homes**

- There is capacity in the system in both care and nursing homes. However, increased demand with increasing age and complexity need to be considered to improve the rates of people achieving their preferred place of death.
- Projected 30% increase for palliative and end of life care (PEoLC) in care homes from 130,375 in 2024, to 170,000 in 2040.

## **Admissions in last 3 months**

- All NE LAs (apart from 1) have increased rates of 3+ hospital admissions in the last year of life.

- PEOLC dashboard shows marked association to deprivation.
- The majority of these admissions are high cost, no abnormality detected or treatment need.
- This data suggests that secondary care workforce lack confidence to discharge PEOLC patients which in turn impacts the length of stay for patients.

## **Children and Young People**

The prevalence of children living with life-limiting conditions has more than doubled between 2001 and 2017, rising from just over 30 per 10,000 to around 69 per 10,000, equating to more than 4,000 children and young people living with life-limiting conditions at any one time.

Service data highlights:

- an upward trend in service activity rates
- rising prevalence of life-limiting conditions
- improved survival and growing clinical complexity
- many children requiring support over extended periods, not solely end of life care.

# Background

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## Geography and population

**Examination of deaths across the NENC ICB and by Local Authority (LA) is complicated by the geography and the different populations of the organisations responsible for providing services.**

A Local Authority (LA) has a geographic area and is responsible for all the residents in that area. NHS populations including GP Practice, Primary Care Network (PCN) and ICB Local Delivery Teams (LDTs) are primarily defined by the patient population which is registered with GPs who are within a geographic area, but the patients may be resident anywhere in the UK. Not all the patients registered with a practice live within its geographic area. The geographic area of a ICB Local Delivery Team is not always the same as that of a LA.

Additionally, those who die may do so anywhere in the country. Hospitals serving the LA may be in a different LA, and patients may move home or into a care home but die before they are registered with a GP in a new practice.

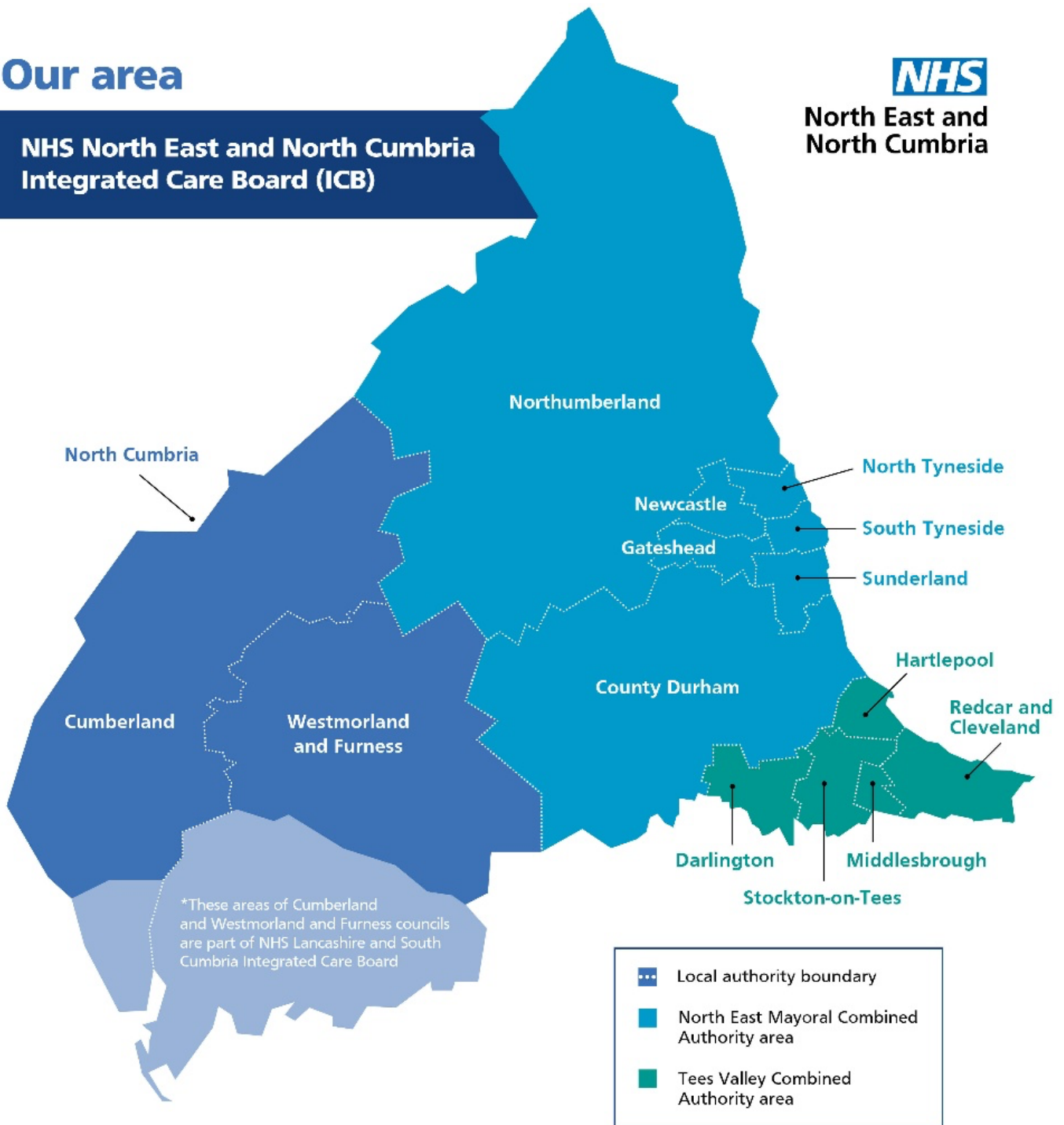
At the time of writing the NENC ICB commissions care for approximately 3.15 million people across the North East and North Cumbria (the largest geographical area in the country), with an NHS budget of nearly £7 billion. The NENC ICB covers 6 LDTs and 14 LAs.

## Our area

**NHS North East and North Cumbria Integrated Care Board (ICB)**



**North East and North Cumbria**



**Please note:** Local Government in Cumbria has changed. From 1 April 2023, the former six district councils and Cumbria County Council were replaced by two new unitary local authorities. Cumberland Council comprises of the area formerly covered by Allerdale, Carlisle and Copeland districts; and Westmorland and Furness Council comprises of the area formerly covered by Barrow-in-Furness, Eden and South Lakeland districts.

## Population

The 2021 census data showed NENC population was nearly 3.15 million. There is vast variation in the size, distribution and density of populations across the LAs within the NENC. The population is split across LAs as follows:

*Table 1: Population by Local Authority*

Area	Female	Male	Grand Total
Allerdale	49062	47093	96155
Barrow-in-Furness	33976	33431	67407
Carlisle	56145	53879	110024
Copeland	33629	33447	67076
County Durham	266764	255304	522068
Darlington	55129	52670	107799
Eden	27594	27141	54735
Gateshead	99952	96199	196151
Hartlepool	47653	44685	92338
Middlesbrough	73040	70884	143924
Newcastle upon Tyne	151802	148323	300125
North Tyneside	107630	101337	208967
Northumberland	163989	156578	320567
Redcar and Cleveland	70446	66085	136531
South Lakeland	53299	51151	104450
South Tyneside	76062	71714	147776
Stockton-on-Tees	100072	96523	196595
Sunderland	141078	133093	274171
<b>Grand Total</b>	<b>1607322</b>	<b>1539537</b>	<b>3146859</b>

Source: Office for National Statistics – Census 2021 (NB: this was prior to the change in Local Government arrangements in 2023.)

The ratio of the NENC ICB was 49% male to 51% females.

As discussed above, population definitions are complicated by geography and the organisations responsible for providing services to residents. GP Practice systems currently have a registered population of 3,158,957 as at September 2025. This, when compared to a projected census

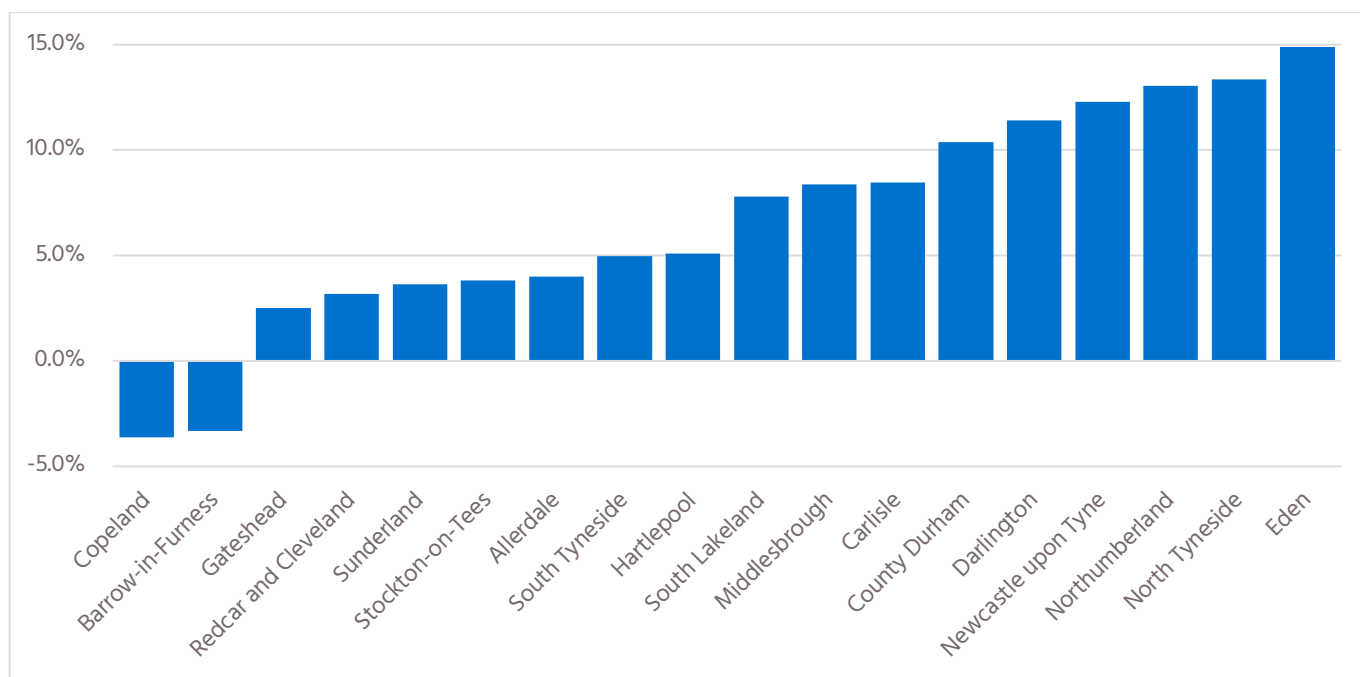
population for 2025 of 3,253,132, is a difference of 94,175 (0.03%). This small difference in number when consideration is taken for 3 missing practices in Northumberland, unregistered residents, and residents who do not wish to have their primary care data used for analysis (dissenters), provides assurance that the data collected is representative of the population.

## Population projections

**Projected population increases vary across the region. By 2047 the total population is projected to increase by 7.9% to 3,437,123, with the biggest increases projected for Eden (14.9%), and a decrease in Copeland (-3.6%). NB The figure of 7.9% is based on the ONS 2022 based published figures. It is now 2025 therefore some of this increase has been realised. However, the figures for the population aged 65 years and over are much higher with an increase of 30.5% across the region. This can be observed in Figures 2 and 3 below and by LA Figure 4 also shows that the pace of increase slows and there are decreases the percentage change in population in the later years.**

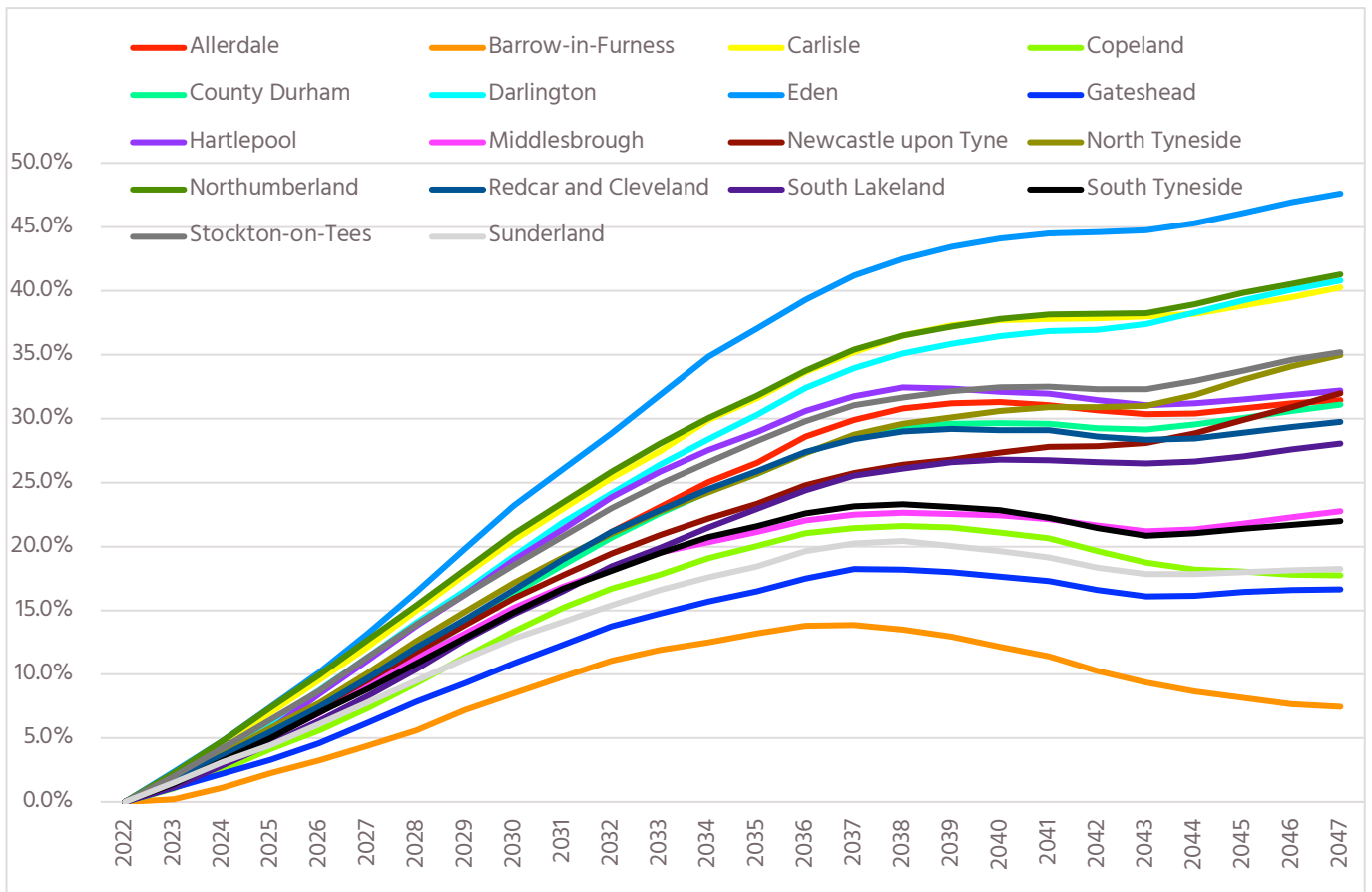
National estimates, using local data extracted from GP Systems and palliative patients only, model that the number of patients aged 65+ years on palliative care registers is projected to increase by 50.2% from 19,037 to 28,600 in 2043.

*Figure 1 NENC Population Projections: % increase by 2047*



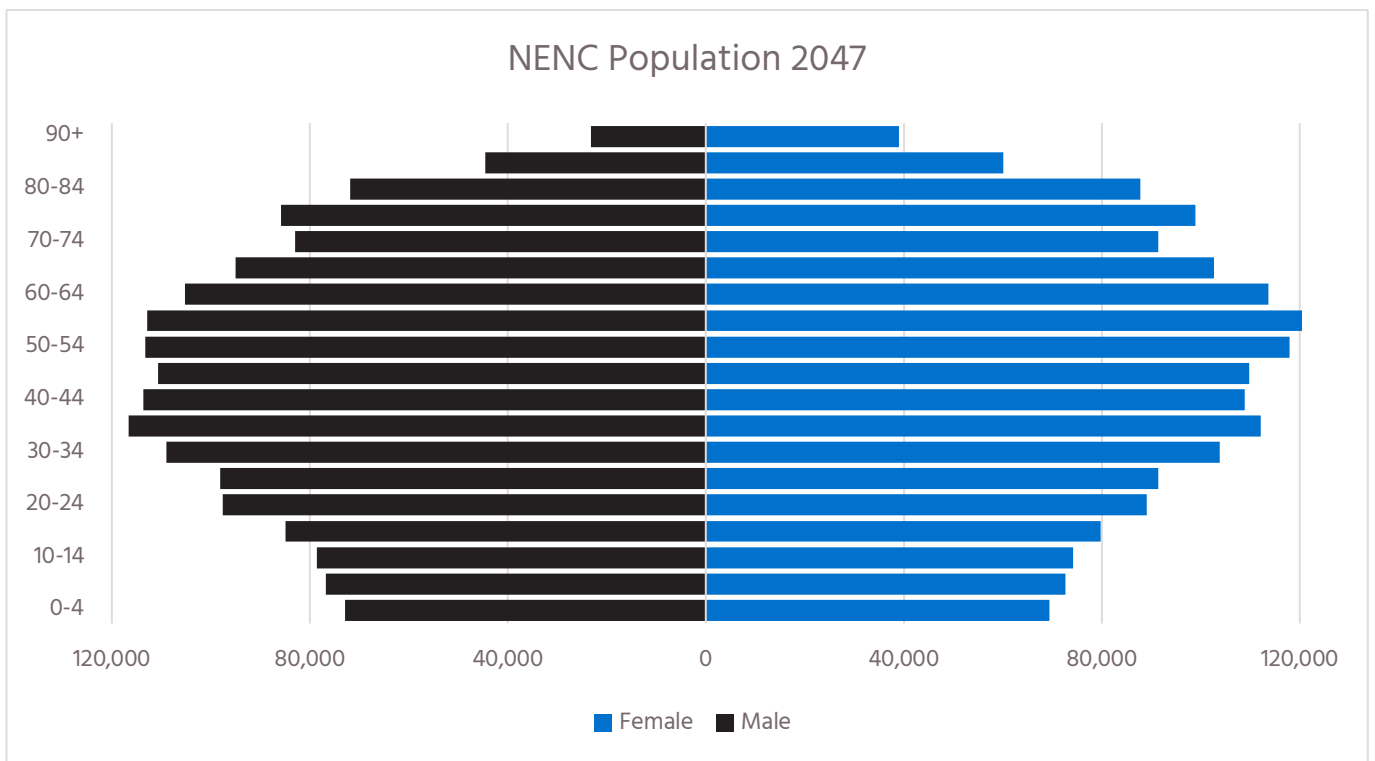
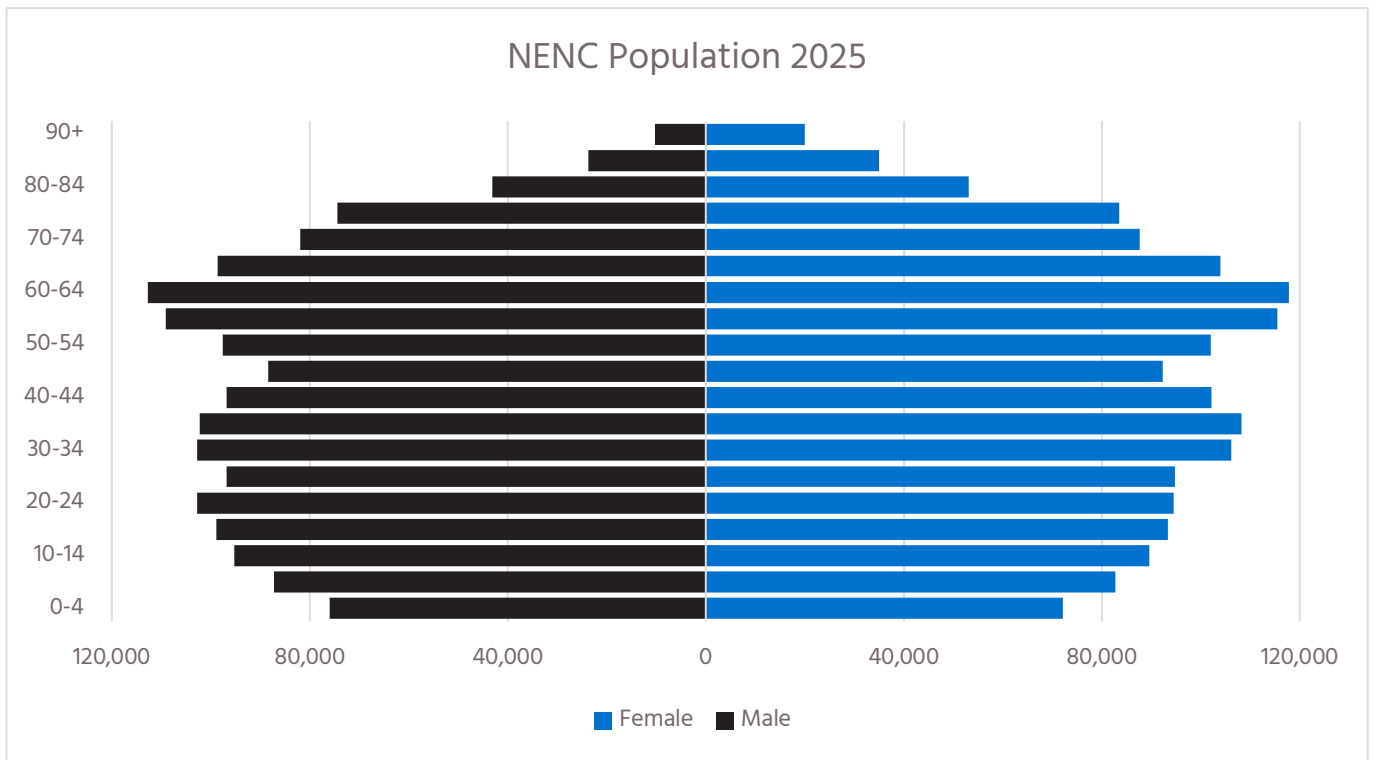
Source: Office for National Statistics population projections for local authorities by five-year age groups and sex, England 2022-2047.

Figure 2 NENC Population Projections: % increase Ages 65+ years



Source: Office for National Statistics population projections for local authorities by five-year age groups and sex, England 2022-2047.

Figure 3 Population projection pyramids for NENC, 2025 and 2047



Source: Office for National Statistics population projections for local authorities by five-year age groups and sex, England 2022-based.

Figure 4 Population projections by 5 year intervals by LA (all ages and 65+ years)

<b>NENC</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	3,253,132	3,306,453	3,352,416	3,389,590	3,423,693
% Change		1.6%	1.4%	1.1%	1.0%
65+	715,246	790,111	848,636	873,545	876,322
% Change		10.5%	7.4%	2.9%	0.3%

<b>Allerdale</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	97,348	98,134	98,839	99,462	100,142
% Change		0.8%	0.7%	0.6%	0.7%
65+	25,665	28,387	30,819	31,974	31,846
% Change		10.6%	8.6%	3.7%	-0.4%

<b>Barrow-in-Furness</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	67,088	66,421	65,894	65,489	65,215
% Change		-1.0%	-0.8%	-0.6%	-0.4%
65+	15,029	15,947	16,634	16,480	15,890
% Change		6.1%	4.3%	-0.9%	-3.6%

<b>Carlisle</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	113,328	115,525	117,400	118,933	120,275
% Change		1.9%	1.6%	1.3%	1.1%
65+	26,314	29,623	32,360	33,850	34,144
% Change		12.6%	9.2%	4.6%	0.9%

<b>Copeland</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	67,089	66,427	65,844	65,391	65,082
% Change		-1.0%	-0.9%	-0.7%	-0.5%
65+	16,567	18,023	19,091	19,259	18,770
% Change		8.8%	5.9%	0.9%	-2.5%

County Durham	2025	2030	2035	2040	2045
All Ages	542,054	555,045	565,064	572,870	579,751
% Change		2.4%	1.8%	1.4%	1.2%
65+	119,467	132,280	142,915	147,436	147,895
% Change		10.7%	8.0%	3.2%	0.3%

Darlington	2025	2030	2035	2040	2045
All Ages	111,695	114,417	116,948	119,220	121,202
% Change		2.4%	2.2%	1.9%	1.7%
65+	24,108	27,071	29,583	30,978	31,611
% Change		12.3%	9.3%	4.7%	2.0%

Eden	2025	2030	2035	2040	2045
All Ages	56,798	58,717	60,425	61,895	63,224
% Change		3.4%	2.9%	2.4%	2.1%
65+	15,807	18,126	20,164	21,201	21,497
% Change		14.7%	11.2%	5.1%	1.4%

Gateshead	2025	2030	2035	2040	2045
All Ages	199,668	199,981	200,679	201,498	202,509
% Change		0.2%	0.3%	0.4%	0.5%
65+	41,693	44,734	47,017	47,487	46,989
% Change		7.3%	5.1%	1.0%	-1.0%

Hartlepool	2025	2030	2035	2040	2045
All Ages	94,881	95,969	96,958	97,733	98,400
% Change		1.1%	1.0%	0.8%	0.7%
65+	19,804	22,288	24,165	24,756	24,644
% Change		12.5%	8.4%	2.4%	-0.5%

<b>Middlesbrough</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	155,151	157,048	158,681	159,791	160,673
% Change		1.2%	1.0%	0.7%	0.6%
65+	26,123	28,629	30,113	30,430	30,275
% Change		9.6%	5.2%	1.1%	-0.5%

<b>Newcastle upon Tyne</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	323,702	331,610	337,699	340,891	342,852
% Change		2.4%	1.8%	0.9%	0.6%
65+	48,174	52,922	56,300	58,117	59,287
% Change		9.9%	6.4%	3.2%	2.0%

<b>North Tyneside</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	215,187	221,385	227,080	232,170	236,923
% Change		2.9%	2.6%	2.2%	2.0%
65+	46,431	51,401	55,159	57,316	58,381
% Change		10.7%	7.3%	3.9%	1.9%

<b>Northumberland</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	331,234	341,135	349,734	357,114	363,995
% Change		3.0%	2.5%	2.1%	1.9%
65+	90,431	101,878	110,929	115,991	117,717
% Change		12.7%	8.9%	4.6%	1.5%

<b>Redcar and Cleveland</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	138,109	139,141	139,900	140,563	141,264
% Change		0.7%	0.5%	0.5%	0.5%
65+	34,167	37,751	40,759	41,809	41,739
% Change		10.5%	8.0%	2.6%	-0.2%

<b>South Lakeland</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	106,030	107,540	109,172	110,639	112,310
% Change		1.4%	1.5%	1.3%	1.5%
65+	31,222	34,253	36,720	37,864	37,947
% Change		9.7%	7.2%	3.1%	0.2%

<b>South Tyneside</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	150,178	151,778	153,197	154,418	155,587
% Change		1.1%	0.9%	0.8%	0.8%
65+	33,093	36,198	38,318	38,709	38,256
% Change		9.4%	5.9%	1.0%	-1.2%

<b>Stockton-on-Tees</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	201,944	203,108	204,229	205,518	207,126
% Change		0.6%	0.6%	0.6%	0.8%
65+	40,962	45,613	49,343	50,952	51,457
% Change		11.4%	8.2%	3.3%	1.0%

<b>Sunderland</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>	<b>2045</b>
All Ages	281,650	283,073	284,674	285,995	287,164
% Change		0.5%	0.6%	0.5%	0.4%
65+	60,190	64,988	68,247	68,935	67,978
% Change		8.0%	5.0%	1.0%	-1.4%

Source: Office for National Statistics population projections for local authorities by five-year age groups and sex, England 2022-based.

## Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It ranks areas based on various factors that contribute to deprivation, including income, employment, education, health, crime, housing, and access to services. The IMD divides England into small geographical areas called Lower-layer Super Output Areas (LSOAs) and assigns each a deprivation score. Areas are then ranked from the most (IMD1) to the least deprived (IMD10) deciles.

The NENC population is more deprived than the national average with 20% of the NENC population residing within the 10% most deprived areas nationally. NENC is ranked 6th of all 42 ICBs for the proportion of LSOAs in the most deprived 10% nationally (MHCLG, 2025). Living in deprivation is a well-documented determinant of poor health outcomes, disproportionately affecting access to healthcare, healthy living conditions, and overall quality of life

Figure 5a Overall (IMD) deprivation for local authority districts in England

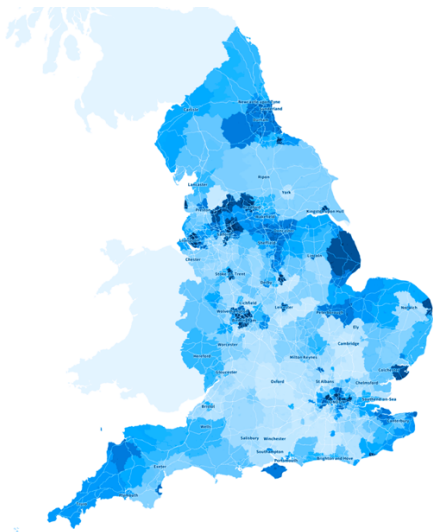
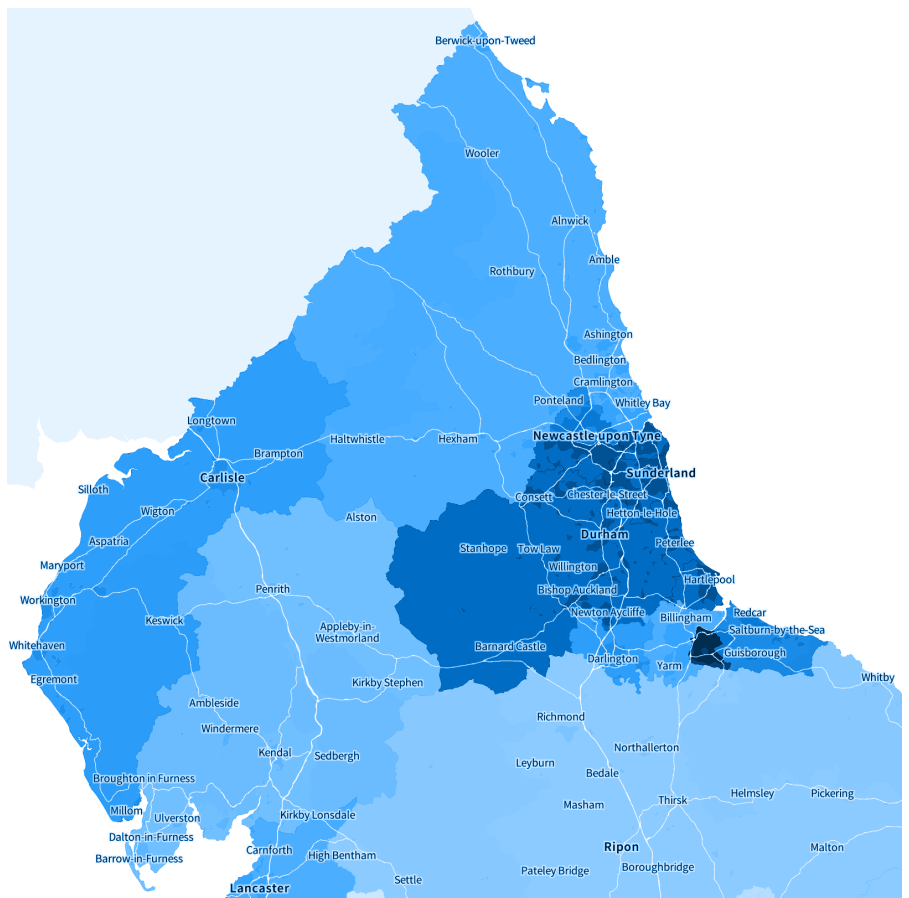


Figure 5b Overall (IMD) deprivation for local authority districts in NENC



**In NENC there are large variations between Local Authorities:**

**Middlesbrough** is more deprived Overall (IMD) than **93%** of local authority districts



**Hartlepool** is more deprived Overall (IMD) than **90%** of local authority districts



**Sunderland** is more deprived Overall (IMD) than **90%** of local authority districts



**South Tyneside** is more deprived Overall (IMD) than **88%** of local authority districts



**County Durham** is more deprived Overall (IMD) than **84%** of local authority districts



**Gateshead** is more deprived Overall (IMD) than **80%** of local authority districts



**Redcar and Cleveland** is more deprived Overall (IMD) than **79%** of local authority districts



**Newcastle upon Tyne** is more deprived Overall (IMD) than **72%** of local authority districts



**Cumberland** is more deprived Overall (IMD) than **67%** of local authority districts



**Darlington** is more deprived Overall (IMD) than **65%** of local authority districts



**Stockton-on-Tees** is more deprived Overall (IMD) than **60%** of local authority districts



**Northumberland** is more deprived Overall (IMD) than **57%** of local authority districts



**North Tyneside** is more deprived Overall (IMD) than **51%** of local authority districts



**Westmorland and Furness** is less deprived Overall (IMD) than **56%** of local authority districts



*< More deprived*

*Less deprived >*

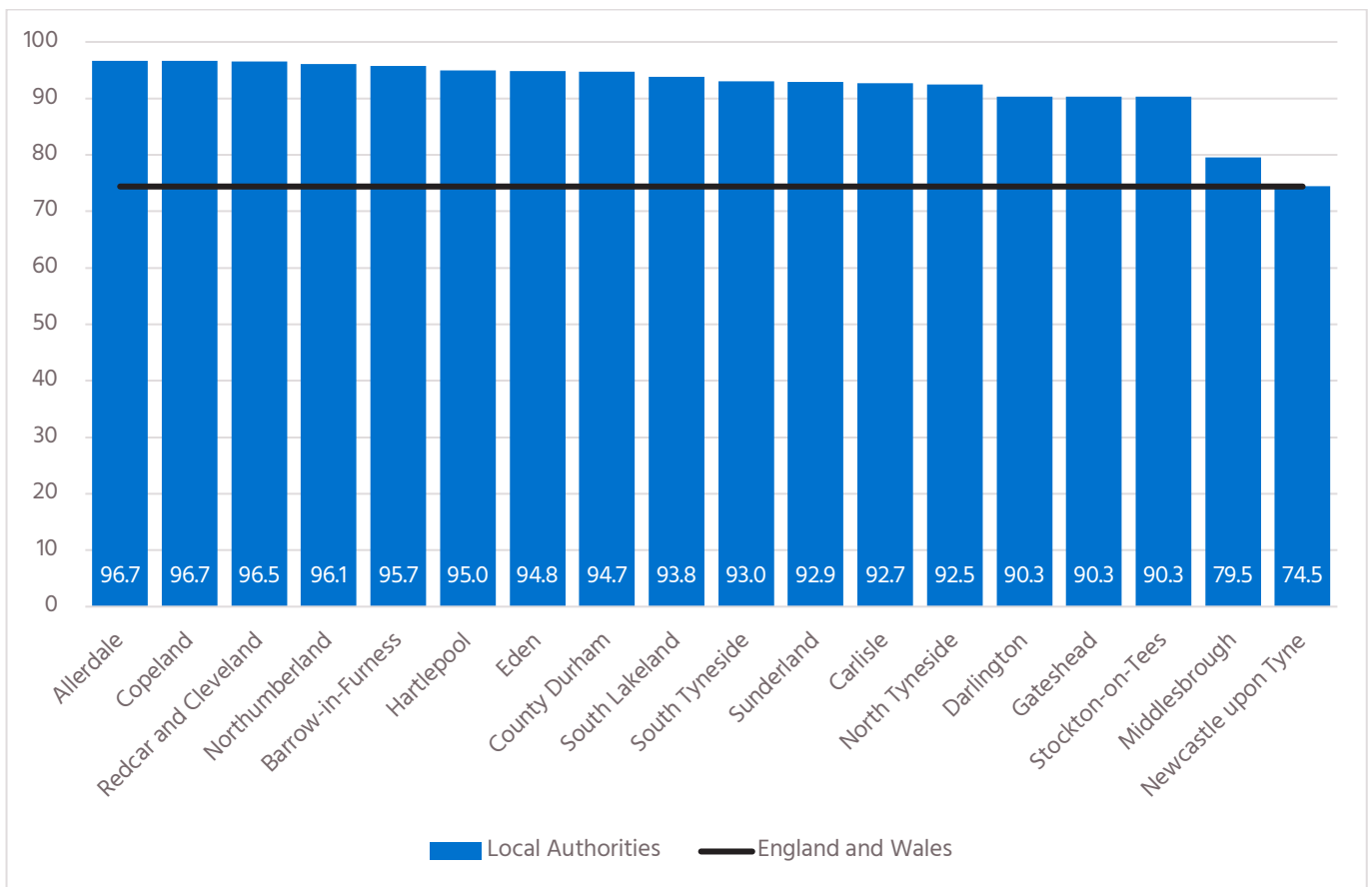
Analysis of primary care data shows that deprivation levels of patients on palliative care registers are representative of the general NENC population, 19.2% of the total population live in the most deprived decile this closely aligns with 19.0% of patients from the most deprived decile that are registered on primary care palliative care registers. This visualisation and underlying data is available in the PEOLC dashboard.

## Ethnicity

The consideration of ethnicity in PEO LC is vital to delivering culturally competent services that address the diverse needs of various populations. Ethnicity influences perspectives on health, illness, and care preferences, which makes understanding and respecting cultural nuances a cornerstone of equitable care. Research highlights the link between ethnicity and disparities in accessing services, these gaps may arise from factors such as language barriers, cultural misunderstandings, mistrust of healthcare systems, or systemic inequities in healthcare delivery. Addressing these barriers requires intentional efforts.

The North East is less ethnically diverse than England and Wales, however this demographic is changing. In the 2021 census 91.3% of the population of in the NENC identified themselves as 'White: English, Welsh, Scottish, Northern Irish or British'. By comparison to 74.4% in England and Wales. The figure below highlights that the majority of north east local authorities have a similar proportion who are not 'White: English, Welsh, Scottish, Northern Irish or British' and shows Middlesbrough and Newcastle to be the most ethnically diverse populations.

Figure 6 Percentage of population who are 'White: English, Welsh, Scottish, Northern Irish or British'



Source: Census 2021

Analysis of current primary care data shows that figure to now be 83.4% for NENC, a reduction of 7.9%. However, the percentage for palliative patients remains high at 93.7%. This may be explained by the older population being less ethnically diverse and this population change being driven by changes within younger age cohorts.

To note the PEoLC dashboard includes the following data:

- The proportion of people by ethnic group in each deprivation decile
- Ethnicity by different ethnic group by each local authority

## Religion

**Religion also plays a pivotal role in shaping end of life care preferences, rituals, and needs. In the 2021 census the religion question is voluntary; 94.0% (56.0 million) of usual residents answered the question in 2021, an increase from 92.9% (52.1 million) in 2011.**

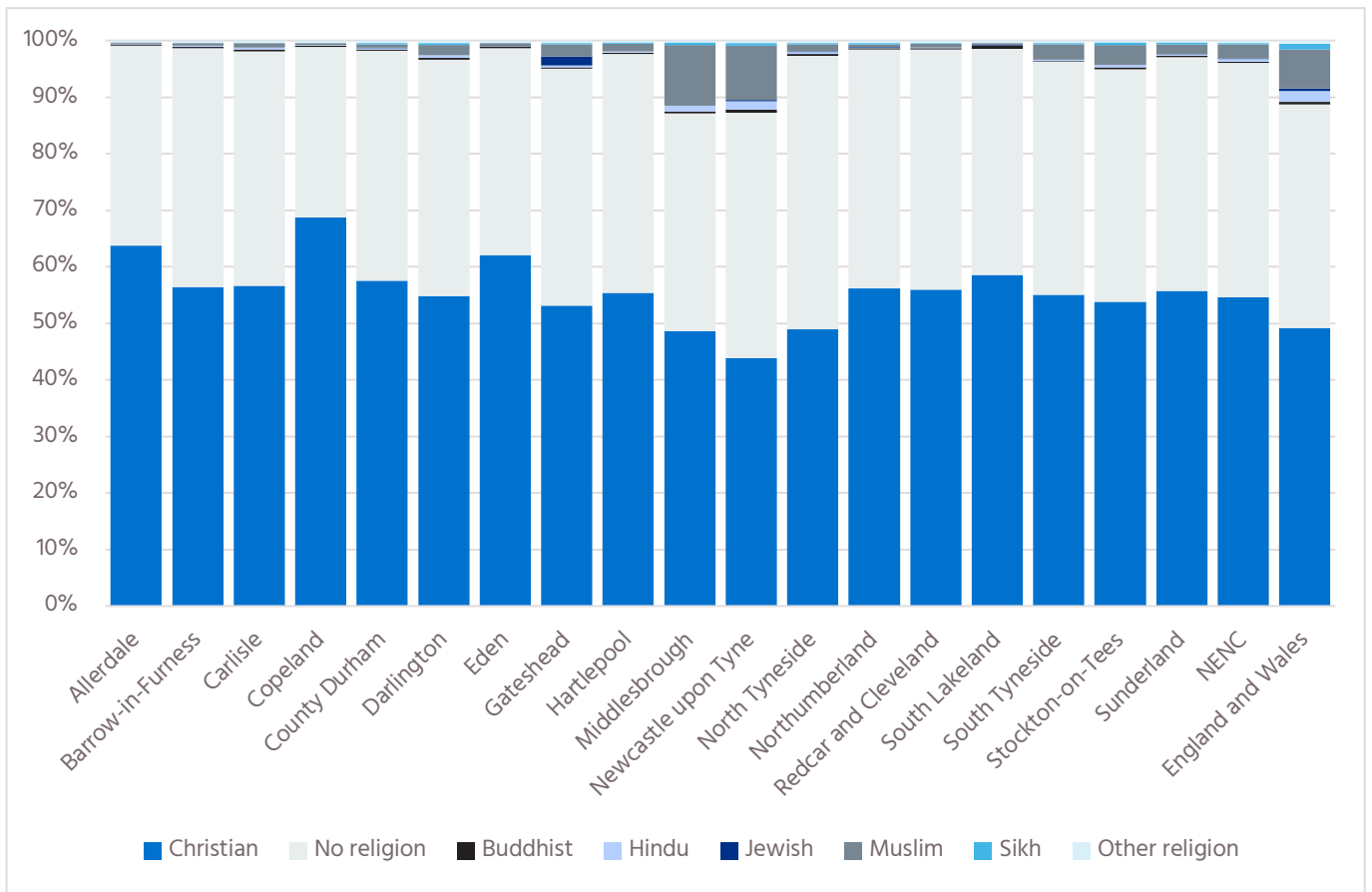
For the first time in a census of England and Wales, less than half of the population (46.2%, 27.5 million people) described themselves as “Christian”, a 13.1 percentage point decrease from 59.3% (33.3 million) in 2011; despite this decrease, “Christian” remained the most common response to the religion question.

“No religion” was the second most common response, increasing by 12.0 percentage points to 37.2% (22.2 million) from 25.2% (14.1 million) in 2011.

There were increases in the number of people who described themselves as “Muslim” (3.9 million, 6.5% in 2021, up from 2.7 million, 4.9% in 2011) and “Hindu” (1.0 million, 1.7% in 2021, up from 818,000, 1.5% in 2011).

The following chart shows that, according to the census of 2021, and apart from Newcastle and Middlesbrough, the religious beliefs in NENC are different from that of England and Wales. However, as ethnic diversity increases, as reported above, it is likely that proportions of those with different religious beliefs will change.

Figure 7 NENC Religion (%)



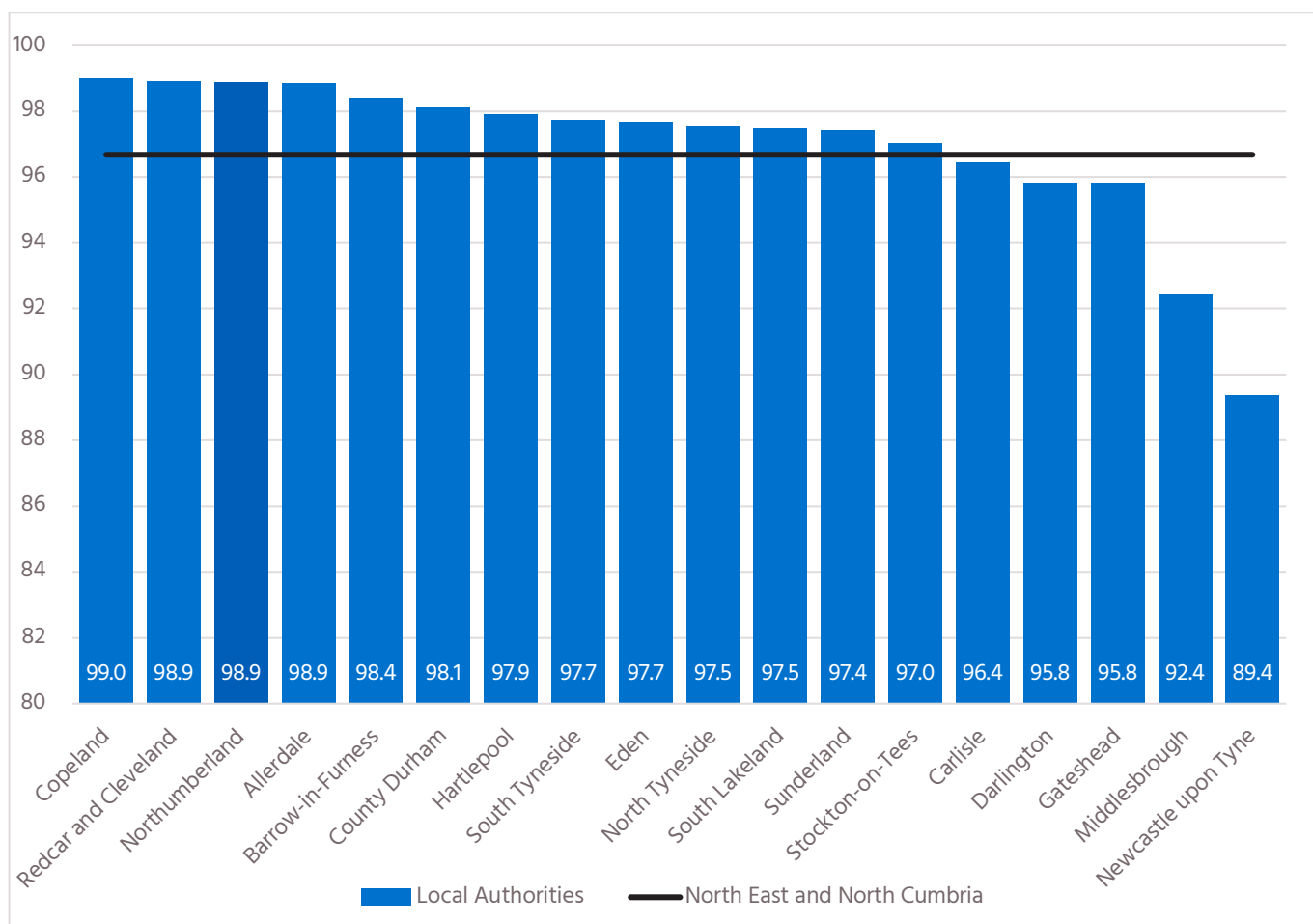
Source: Census 2021

## Language Proficiency

**In 2021, 91.1% (52.6 million) of residents, aged three years and over, had English (English or Welsh in Wales) as a main language (down from 92.3%, or 49.8 million, in 2011). As expected, the trends closely follow the variance in ethnicity across local authorities in the NENC.**

The census data analysed for ethnicity, religion, and languages spoken, is invaluable for ensuring that PEOlc services consider the changing ethnographic composition across the NENC population and are culturally competent. Additionally, services must address health literacy by providing written materials in the most commonly spoken non-English languages, ensuring that patients and carers are fully informed about their healthcare options in the final stages of life.

*Figure 8 The percentage of people with English (English or Welsh in Wales) as a main language*



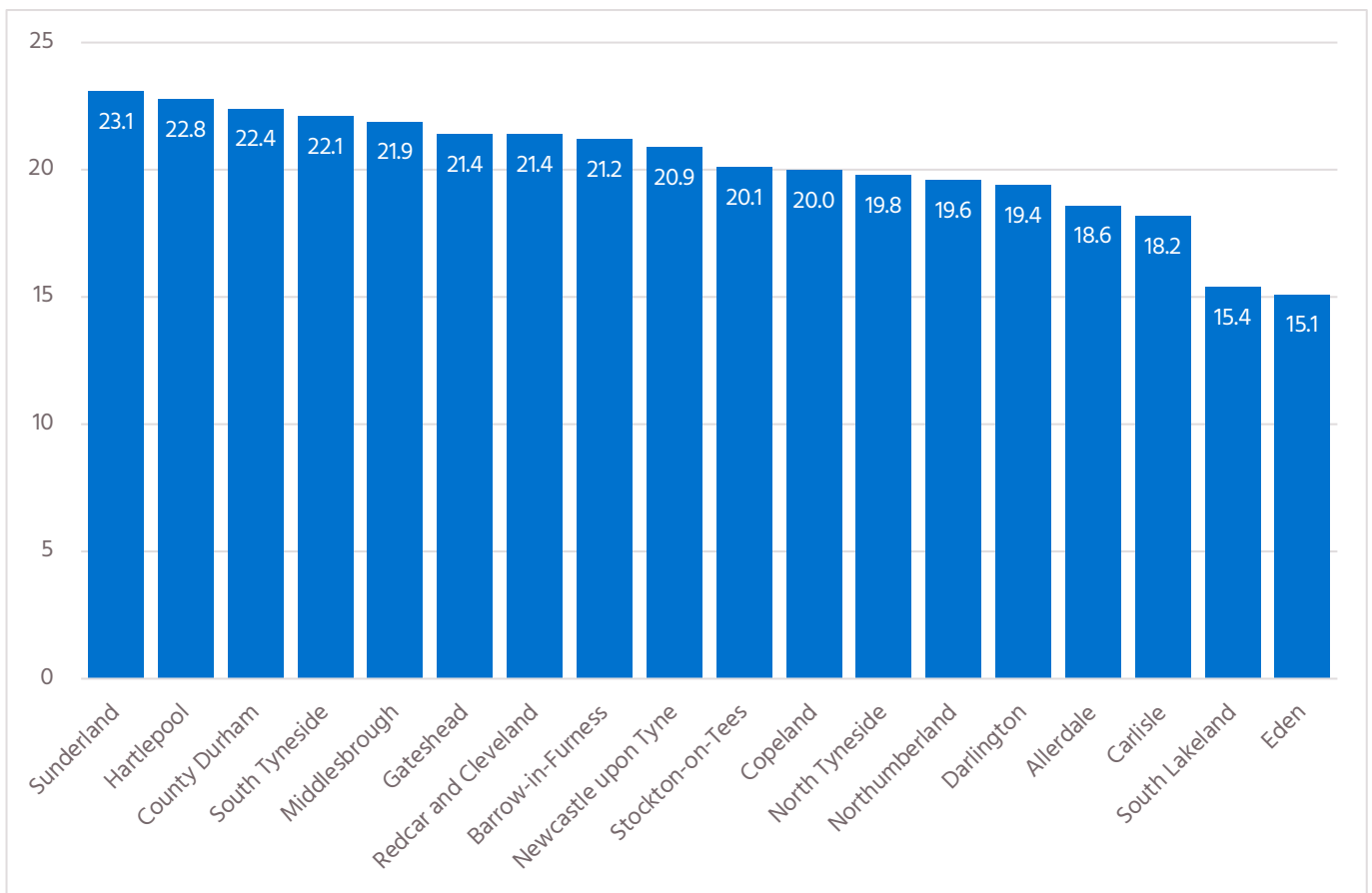
Source: Census 2021

## Disability

**The North East (not including North Cumbria) has the highest proportion of disabled people (21.2%, 567,000) in England.**

In England, in 2021, a smaller proportion but larger number of people were disabled (17.7%, 9.8 million), compared with 2011 (19.3%, 9.4 million). The census data on disability within households shows that 25.4% (6.0 million) of households in England include one disabled member. 6 local authorities in NENC are in top 10% of all local authorities that have such a household.

*Figure 9 Disability by Local Authority (age-standardised proportion)*



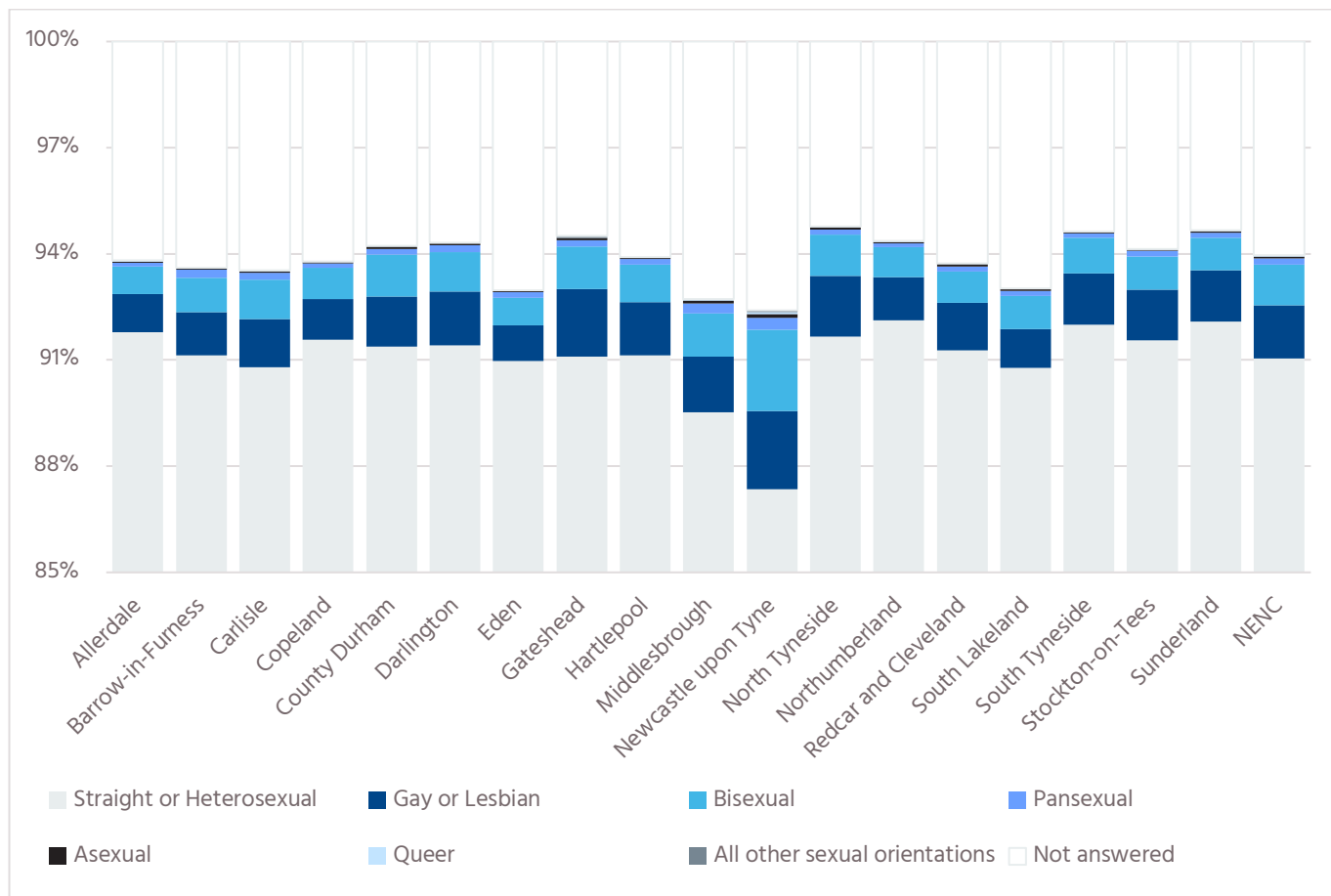
Source: Census 2021

## Sexual Orientation

**The census question on sexual orientation was a voluntary question asked of those aged 16 years and over. In total, 44.9 million people (92.5% of the population aged 16 years and over) answered the question.**

Around 43.4 million people (89.4%) identified as straight or heterosexual. Around 1.5 million people (3.2%) identified with an LGB+ orientation (“Gay or Lesbian”, “Bisexual” or “Other sexual orientation”). The remaining 3.6 million people (7.5%) did not answer the question. Sexual orientation in NENC is shown below.

Figure 10 Sexual orientation (%)



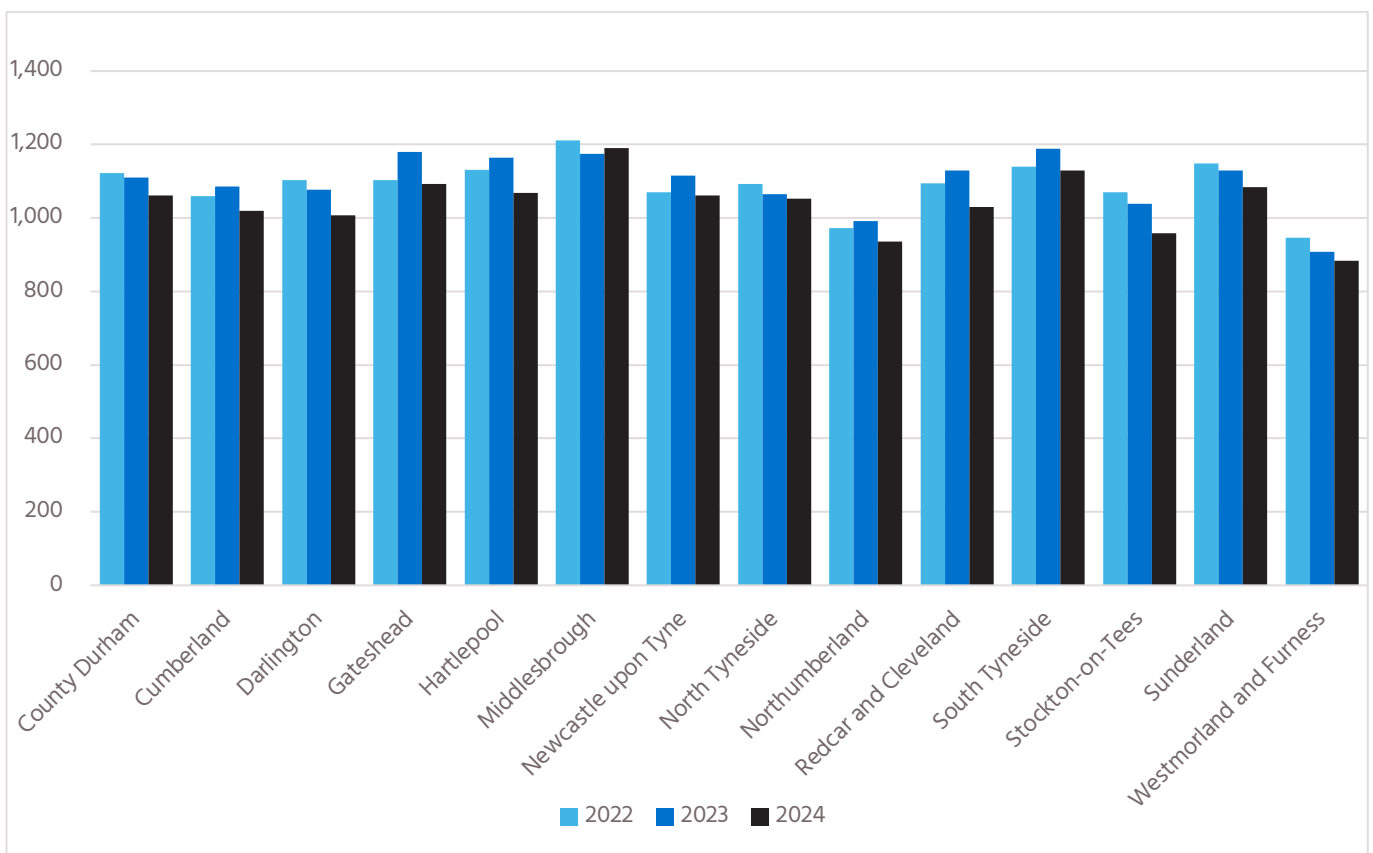
Source: Census 2021

## Mortality

**There were 568,613 deaths registered in England and Wales in 2024, a decrease of 2.2% compared with 2023 (581,363 deaths). The age-standardised mortality rate (ASMR) in England and Wales was 930.5 deaths per 100,000 people, the lowest since this time series began in 1994.**

For the third consecutive year, the North East (not including North Cumbria) was the region of England with the highest ASMRs for both males (1,210.3) and females (908.4); among females, this rate has remained highest in the North East since 2015. A comparison of NENC LAs is below:

*Figure 11 Age Standardised Mortality Rates 2022-2024*



Source: ONS registered deaths standardised to the 2013 European Standard Population (ESP).

The data above shows that Middlesbrough consistently experiences the highest mortality rates across the region, Newcastle’s mortality rate also remains stubbornly high. All other NENC local authorities have a downward trend in their mortality rates.

Office for National Statistics data shows that mortality rates have improved over the last 20 years with current rates returning to 2019 levels after an increase during the COVID-19 pandemic. The ONS data also reports that a smaller proportion of people die prematurely (under 75 years). In 1973, 54% of deaths were in people aged under 75 compared with 31% in 2023. The effect is to postpone

death to older age groups. However, this trend will cease at some point that shift and the number of deaths will increase again.

Figure 12 presents the life expectancy at birth for each LA across the NENC. Middlesbrough has the lowest life expectancy for males 75.5 year and females, 80.5 years and Westmorland and Furness has the highest life expectancy for both males, 79.9 years and females 83.8 years, the only LA in the NENC region above the England average life expectancy.

LA life expectancy figures mask the variation in life expectancy experienced by different communities. Across the NENC, Joint Strategic Needs Assessments report significant disparities. For example, in Gateshead, life expectancy for men is 13.7 years less in the most deprived compared to the least deprived areas (deciles); for women, the difference is 10.1 years.

*Figure 12 Life expectancy at birth across NENC, 2022 to 2024*

Area	Males	Females
County Durham	77.8	81.3
Cumberland	77.8	81.7
Darlington	77.7	81.5
Gateshead	76.9	81.5
Hartlepool	77.3	80.3
Middlesbrough	75.5	80.5
Newcastle upon Tyne	77.5	81.9
North Tyneside	78.2	82
Northumberland	79.1	83.2
Redcar and Cleveland	77	81.5
South Tyneside	76.8	81
Stockton-on-Tees	78.7	81.8
Sunderland	77.1	81.2
Westmorland and Furness	79.9	83.8
<b>England</b>	<b>79.5</b>	<b>83.3</b>

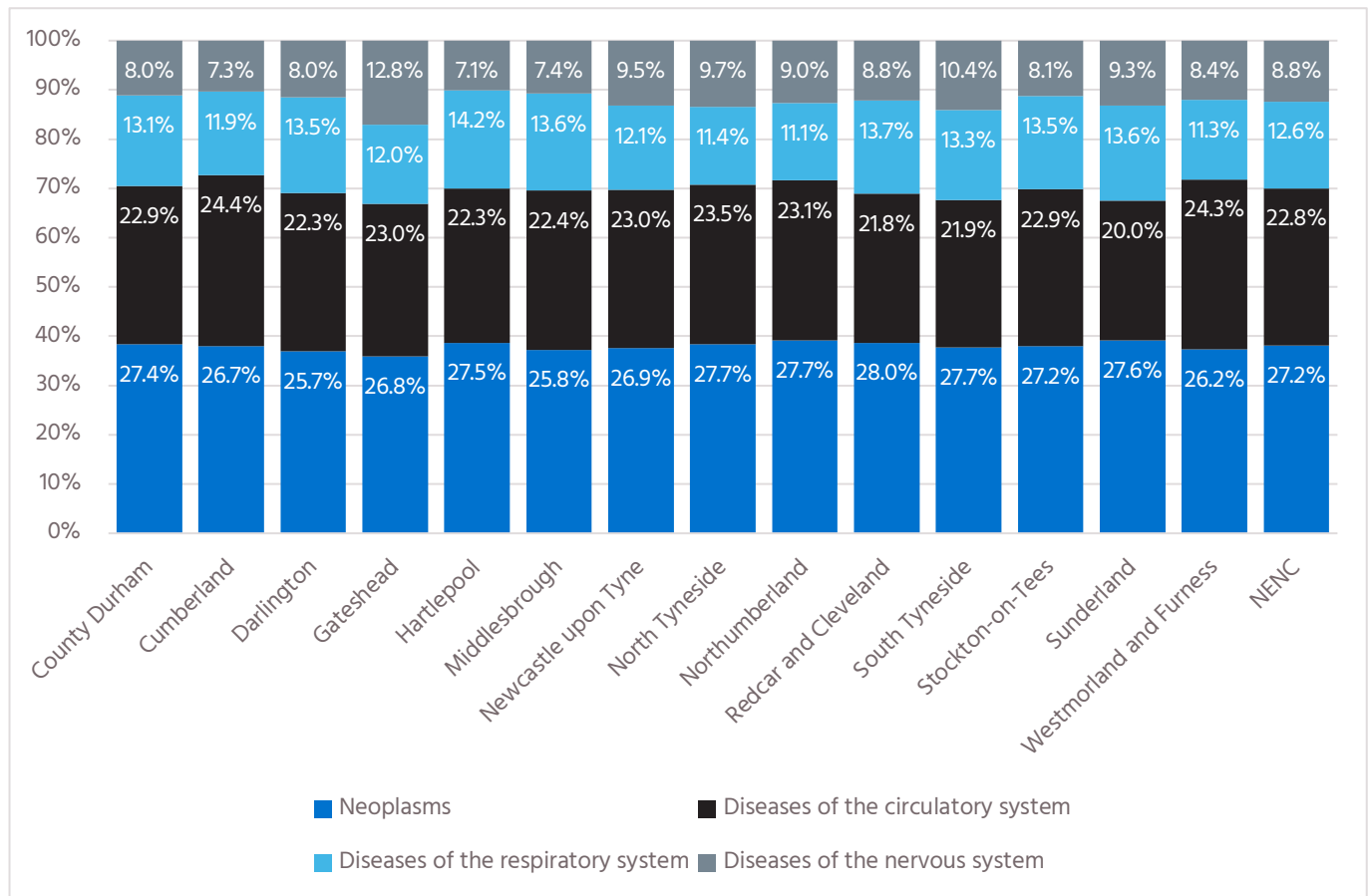
Source: Office for National Statistics

## Underlying Cause of Death

The four leading causes of death across our region are cancer, circulatory diseases, respiratory diseases and diseases of the nervous system, which are consistent across the region and consistent to figures for England and Wales (N.B. the table below shows these as a percentage of all causes). These four leading causes of death have been consistent for many years.

Cancer is the primary cause of death across the NENC, accounting for an average of 27.2% of all deaths. The literature review highlights the paucity of access to palliative and end of life care for other diseases than neoplasms (cancers).

Figure 13 Top four underlying causes of death, NENC, 2022-25

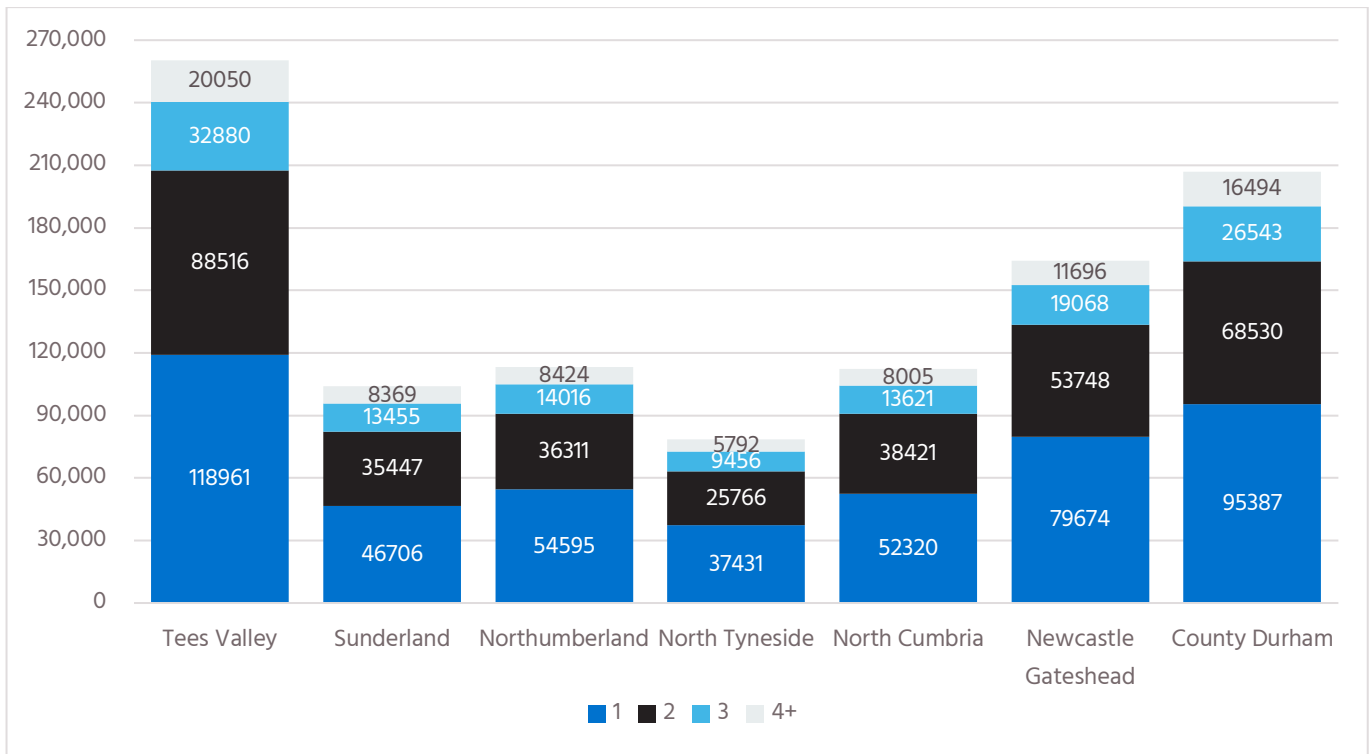


Source: ONS deaths data.

## Multiple Long Term Conditions (MLTDs)

The literature review highlights the increasing complexity of care within the ageing population as a growing need, increasing demand upon PEOC services. The following visualisation from the North East and North Cumbria Population Health Dashboard (RAIDR), demonstrates the highest numbers of patients with complex needs aligning with the areas of highest deprivation within the region.

Population aged 15-74 with 1 or more Long Term Condition



Source: RAIDR Primary Care data as at 28/02/2026

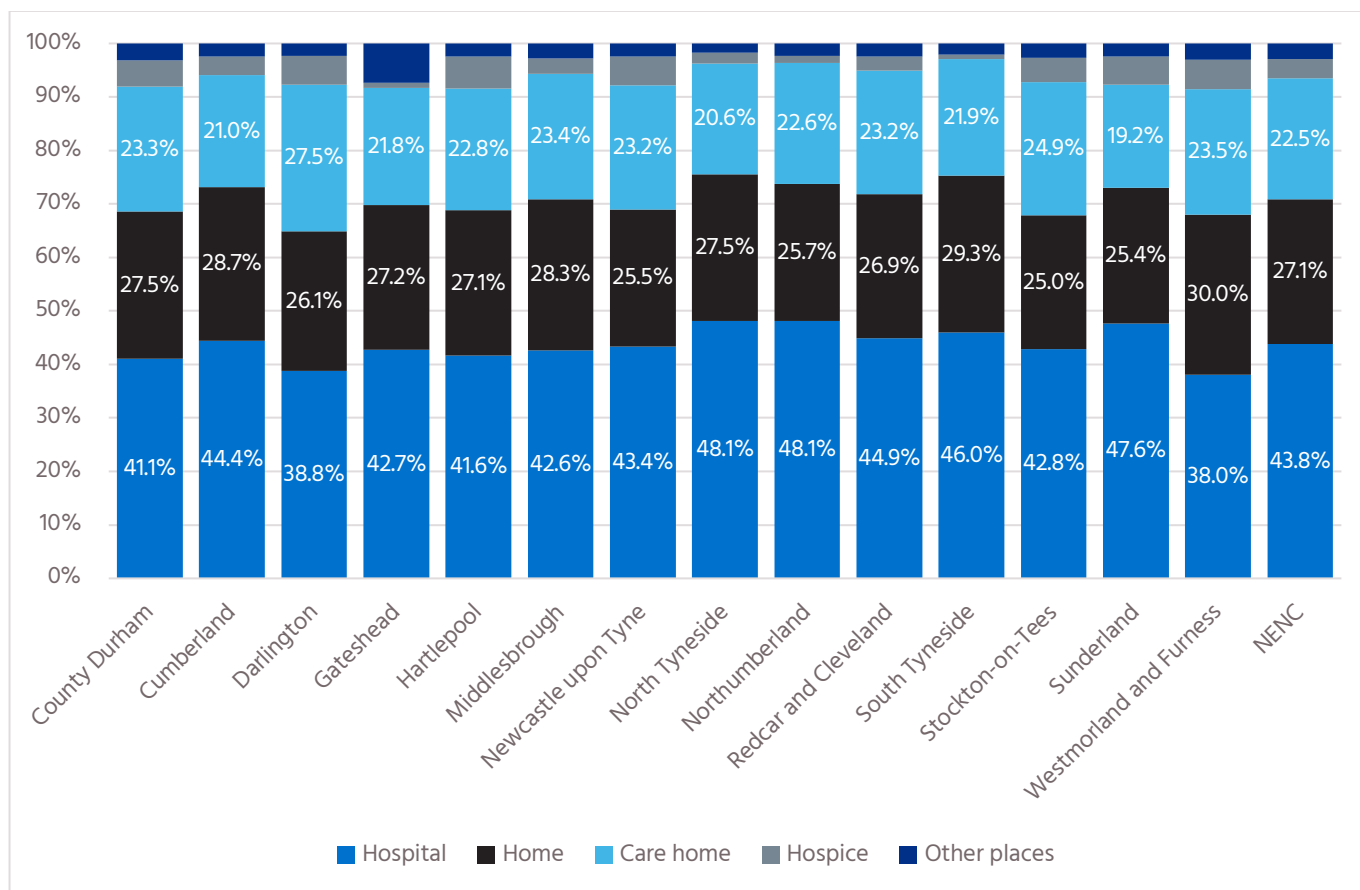
## Place of death

Across the NENC over the last 4 years 44% of deaths occurred in hospital, making this the most common setting and higher than the England average of 42.8% (2023), This is followed by deaths at home, 27.1% and lower than the England average of 28.4%.

The chart below shows the variation across NENC LAs. The highest number of deaths in the home are recorded in the North Cumbrian local authorities of Westmorland and Furness, 30% and Cumberland, 28.6%. Deaths at home may be facilitated by the Hospice at Home service commissioned to address issues of rurality and meet population needs in these areas.

The highest proportion of deaths in hospital are in Northumberland, 48.3% and North Tyneside, 48.2%. The lowest proportion is found in Westmorland and Furness, 38.2%. Gateshead is an outlier on deaths recording in other places, 7.3% compared to the NENC average of 2.8%. This data also shows significant variation in the number of deaths taking place within hospices across the NENC ranging from the lowest percentage in South Tyneside, 0.7% to the highest percentage in Hartlepool 6%.

Figure 14 Place of death, NENC, 2022-2025



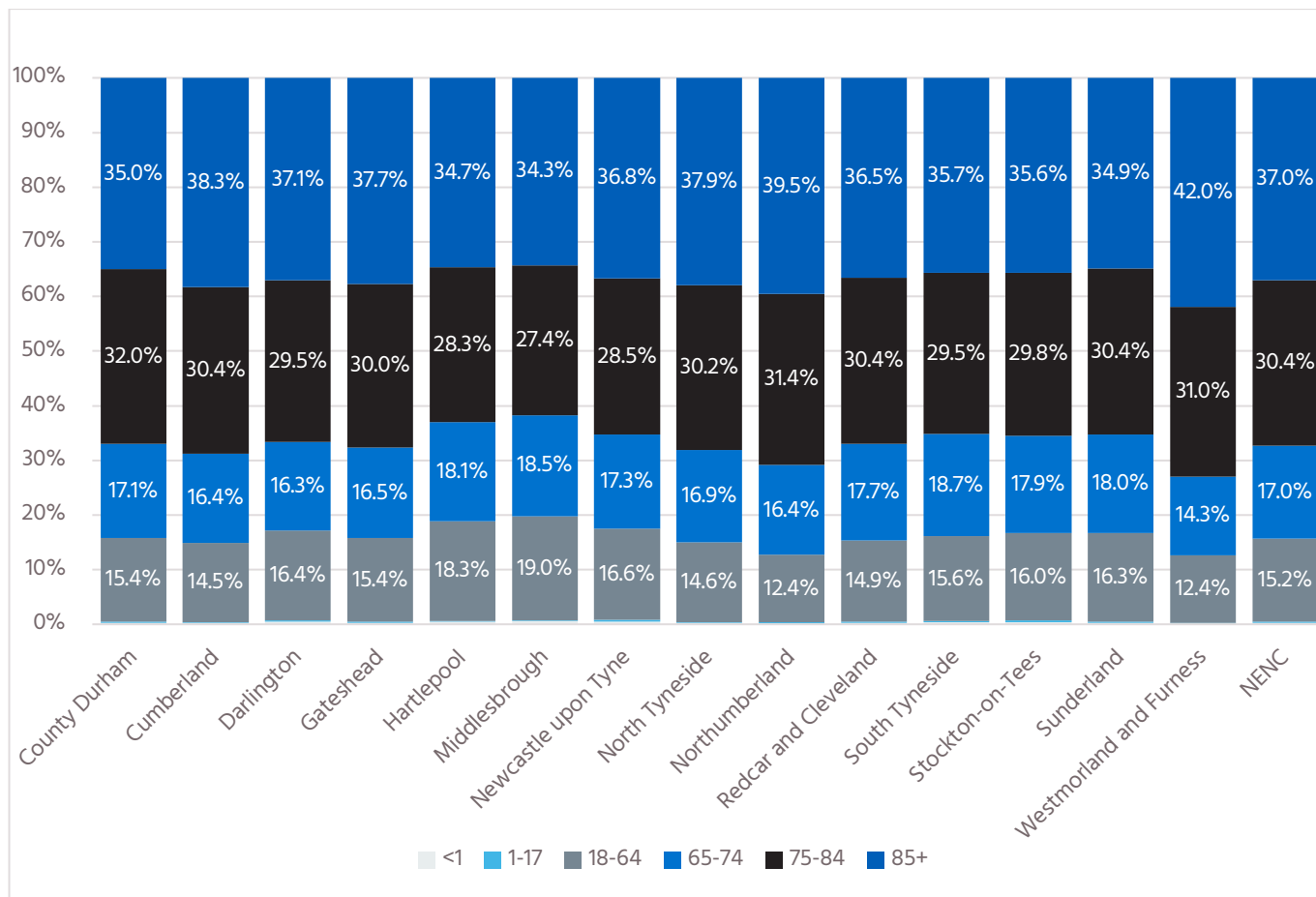
Source: ONS deaths data.

Comorbidities for deceased palliative care patients is available in the PEOC dashboard.

## Age at Death

Mortality rates increase significantly with age, starting low in childhood, rising in adolescence/young adulthood (especially for males), and accelerating sharply in older age groups, with rates per age cohort rising exponentially as you get older. In NENC there are variations between LAs which are representative of their demographics and deprivation.

Figure 15 Age at death, NENC, 2022-2025

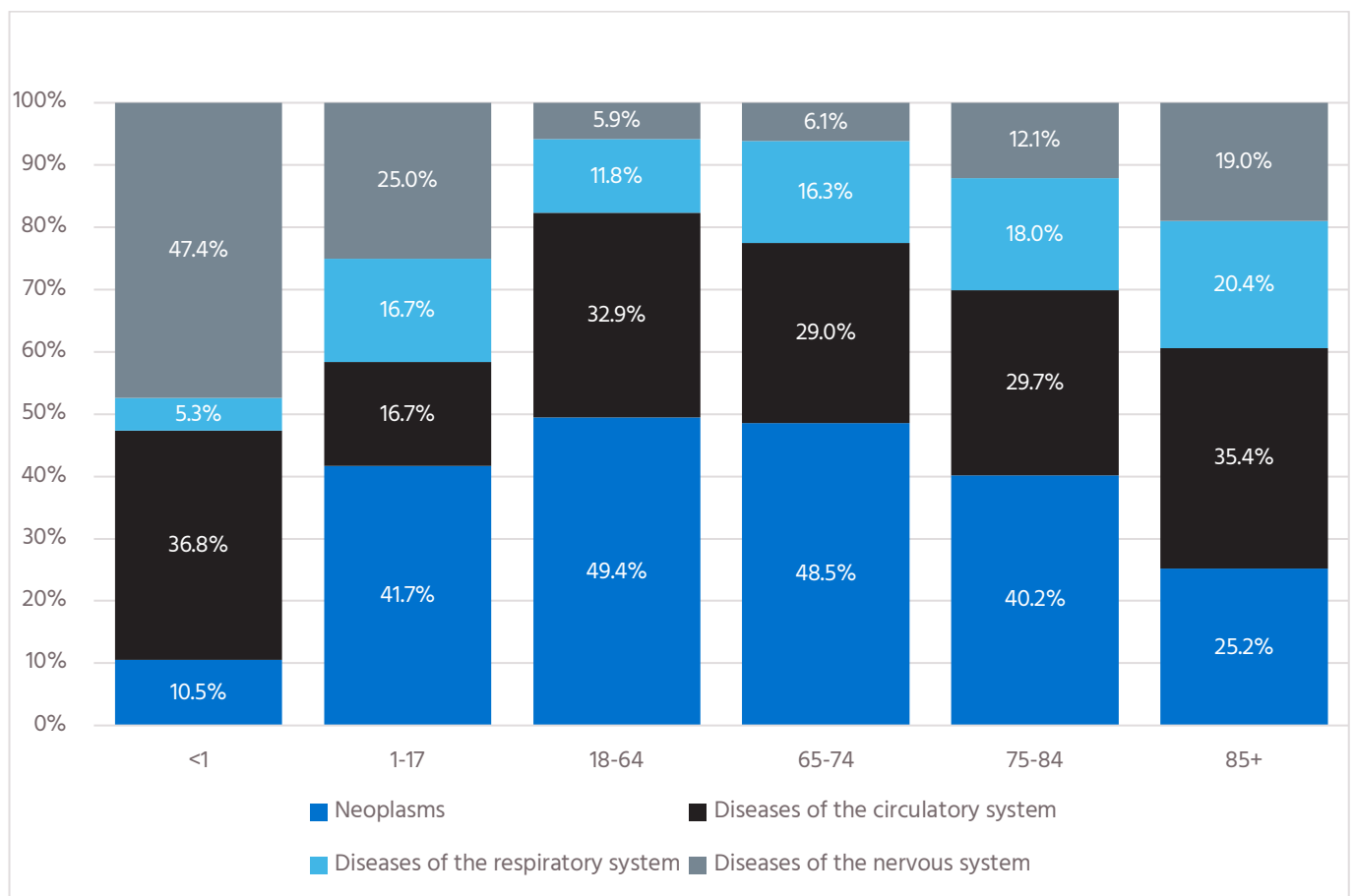


Source: ONS deaths data.

## Age at Death by Underlying Cause

The underlying causes of death shift dramatically with age: young people often die from accidents (unintentional injuries), suicide, and homicide, while middle-aged adults face rising rates of cancer and heart disease, and the elderly (65+) are most affected by heart disease, cancer, stroke, and chronic respiratory conditions, with Dementia/Alzheimer's dominating the oldest age groups (85+). The figures for NENC population aged over 65 years are shown below.

Figure 16 Top four underlying causes of death by age, NENC, 2022-25



Source: ONS deaths data.

## Palliative and End of Life Care Dashboard

NECS is fortunate to have access to primary care data which contains codes that identify whether a patient is on the palliative care register, and their preferred and actual places of death, along with a range of other clinical information.

The dashboard provides a vast array of data and there are many benefits to the dashboard including the timeliness and granular nature of the data. However, it is to be noted that the accuracy is dependent on several factors, including the correct codes being collected successfully from practice systems and the practices using the correct codes. There is ongoing work across to improve coding and recording practice across the NENC. Significant monthly variations have been observed as can be seen in the Figure 19 below.

Figure 17 NENC Summary - % of patients on Primary Care Palliative Register (February 2026)

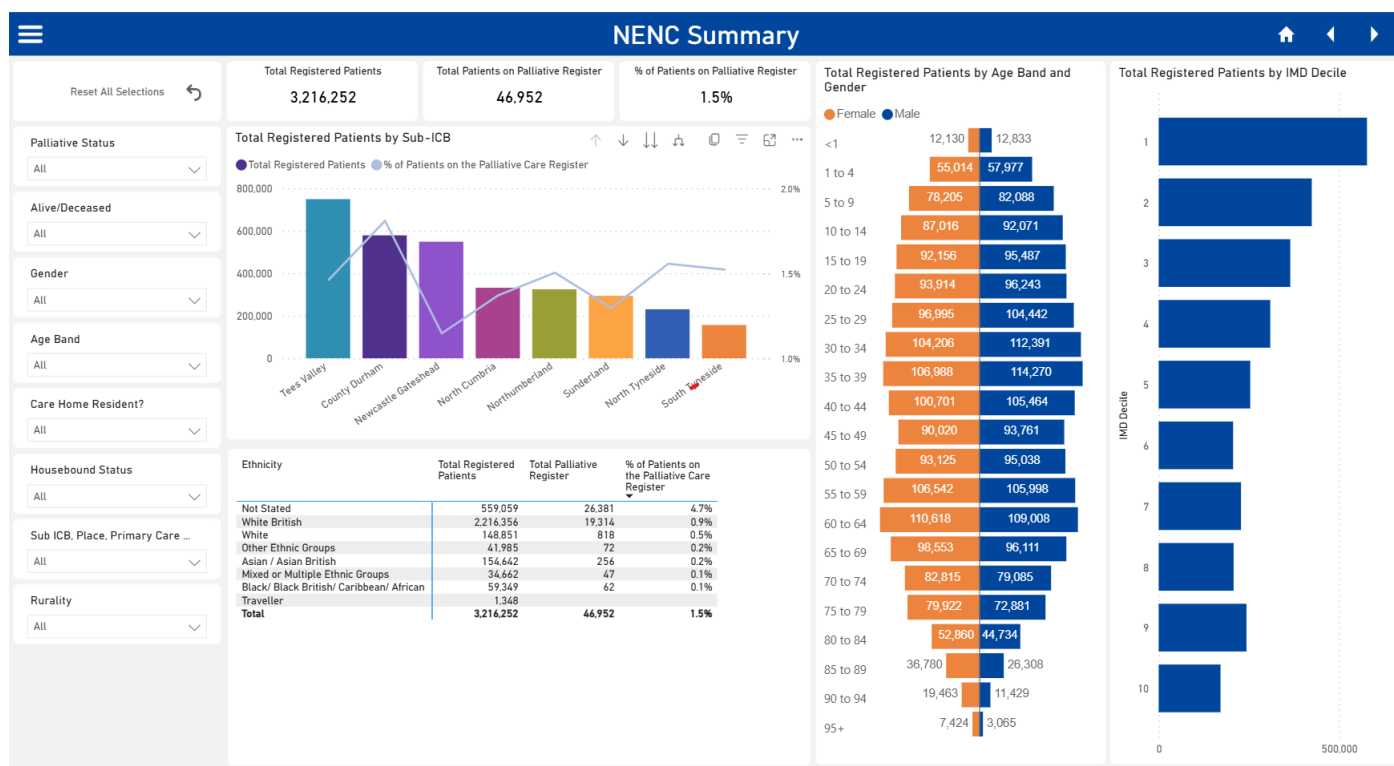
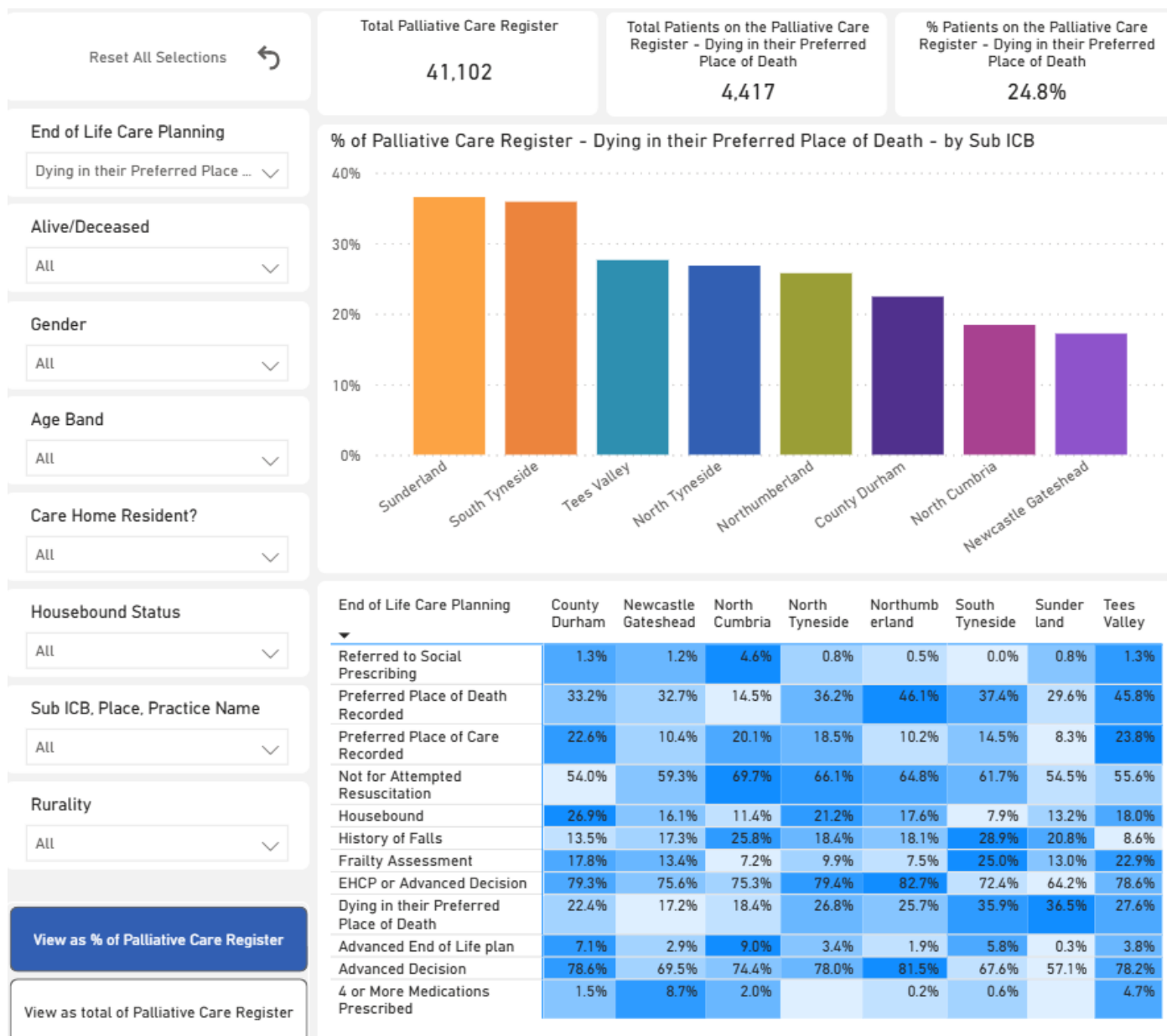


Figure 17 above shows that Tees Valley has the highest number of patients who are registered on the Primary Care Palliative Register, further analysis within the tool highlights that proportions of registered patients varies significantly by IMD decline with highest levels of registered patients most often being recorded for those patients in IMD 1-3 (most deprived and lowest levels of registered patients in IMD 9 and 10 (most deprived)).

## Percentage of palliative care patients who died in preferred place of death

From these the percentage of patients dying in their preferred place of death can be calculated. This information is presented in the Palliative and End of Life Care Dashboard which is located here: [NENC Palliative and End of Life Care](#)

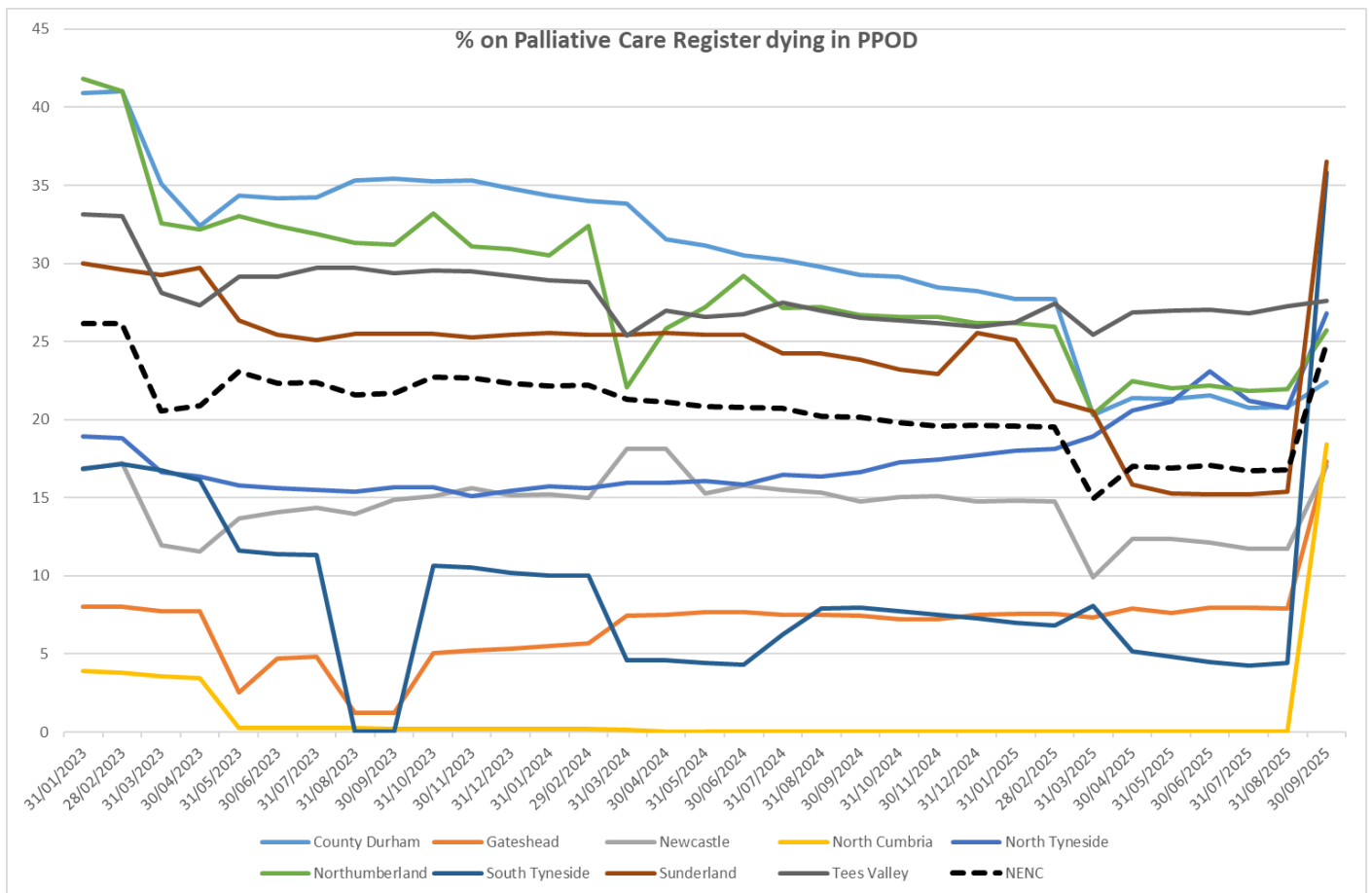
Figure 18 NENC Palliative and End of Life Care Dashboard



Source: Palliative and End of Life Care Dashboard

Access can be requested by emailing [necsu.powerbirequest@nhs.net](mailto:necsu.powerbirequest@nhs.net).

Figure 19 % on palliative care register dying in their preferred place of death

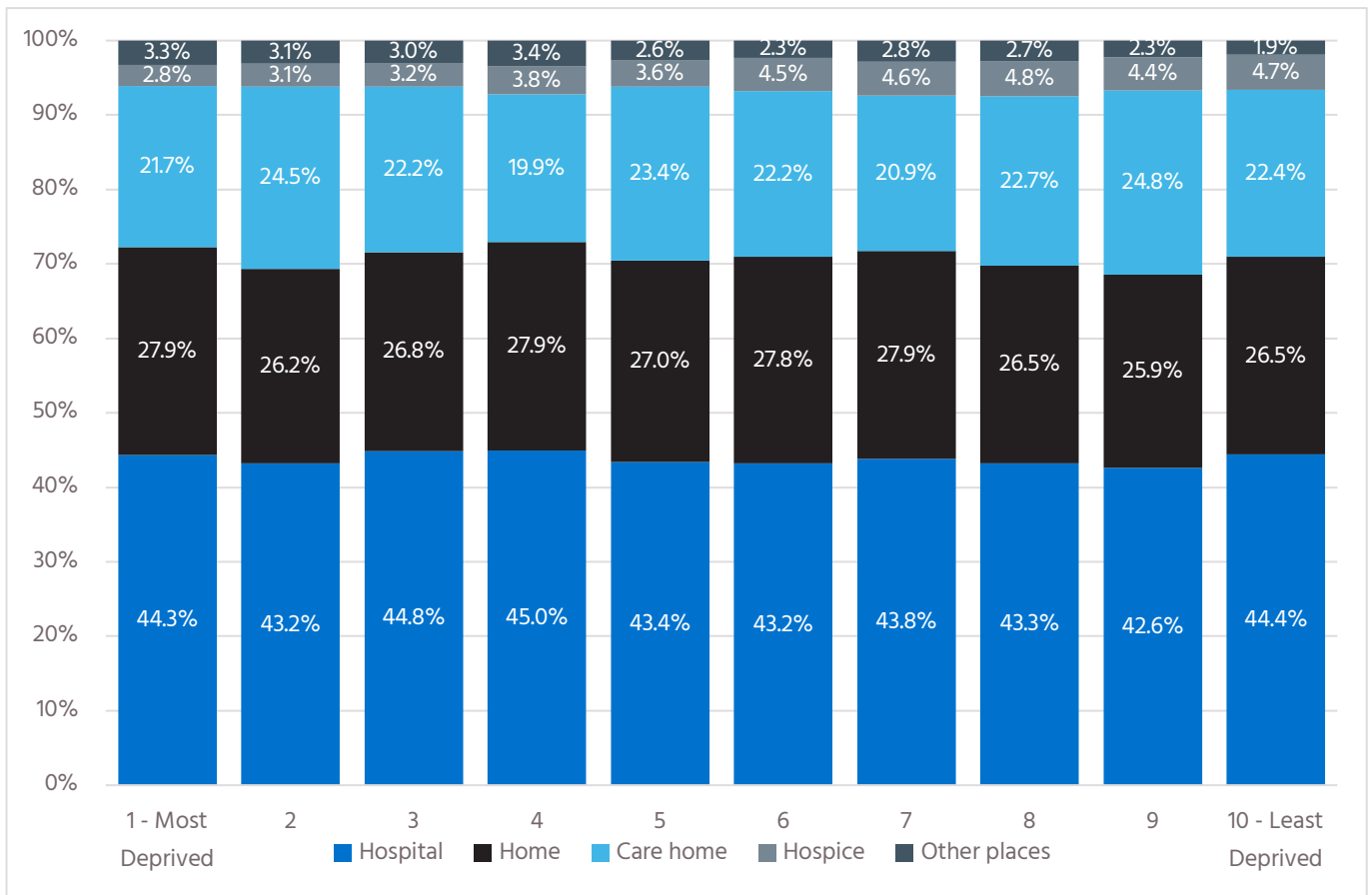


Source: Palliative and End of Life Care Dashboard

There was a significant increase in patients dying in their preferred place of death in September 2025. This is because new codes were identified and added to the data collection.

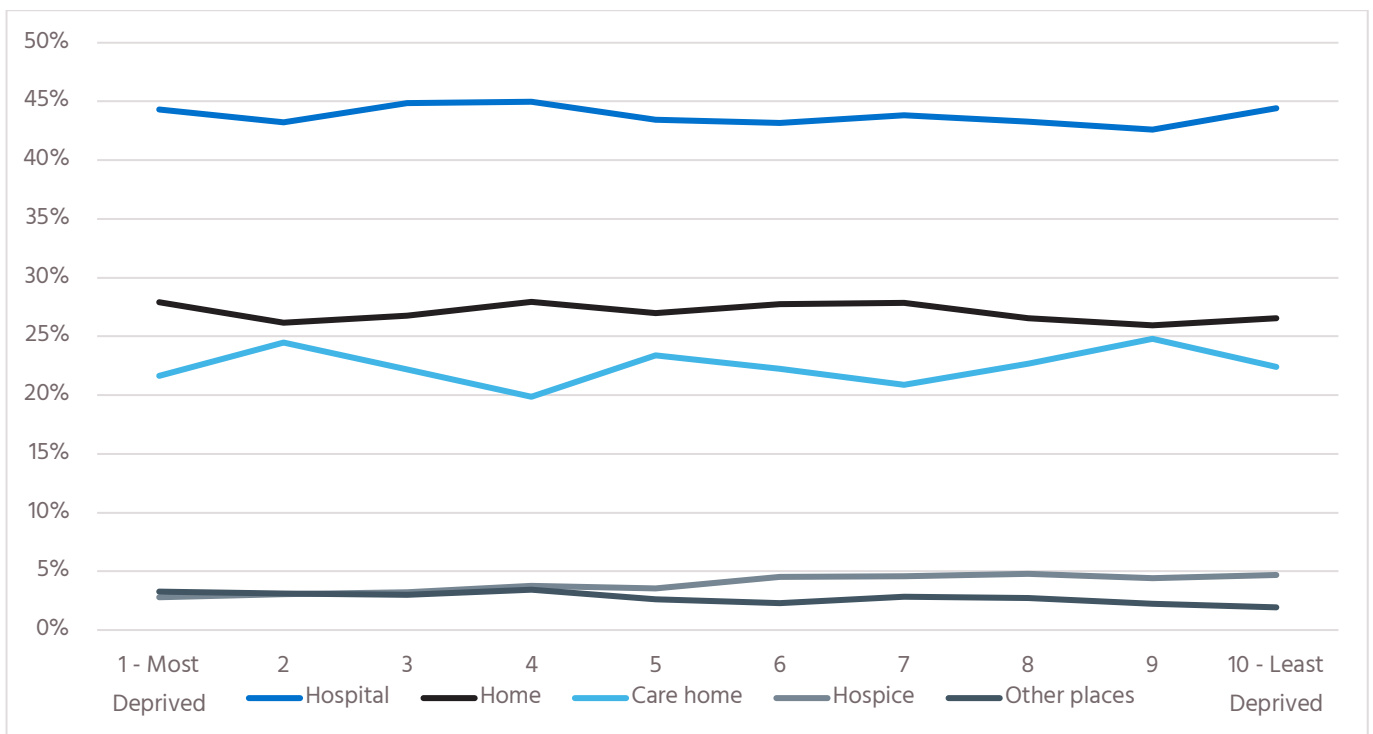
It must be noted that there are so many variables with primary care data (codes, data collection issues, data processing issues) it is virtually impossible to explain variations in the data without a detailed investigation involving the Primary Care Data Quality Team at NECS.

Figure 20a Place of Death by Deprivation Decile, NENC, 2022-2025



Source: ONS deaths data. Department for Levelling Up, Housing and Communities (DLUHC) IMD 2025.

Figure 20b Place of Death by Deprivation Decile, NENC, 2022-2025



Source: ONS deaths data. Department for Levelling Up, Housing and Communities (DLUHC) IMD 2025.

The graphs above show that there is no significant gradient across deprivation decile for place of death. This is interesting and contrary to the evidence reviewed in the literature which strongly suggests that there is an association between deprivation on place of death and this is supported by the PEOLC dashboard. Further analysis is therefore advised at 'place' or LA level to understand the differences experienced by socio-economic groups.

Further analysis at place is also advised to understand the percentage of all deaths by place of death for each place or LA including changes over time.

## Care Home / Nursing home data

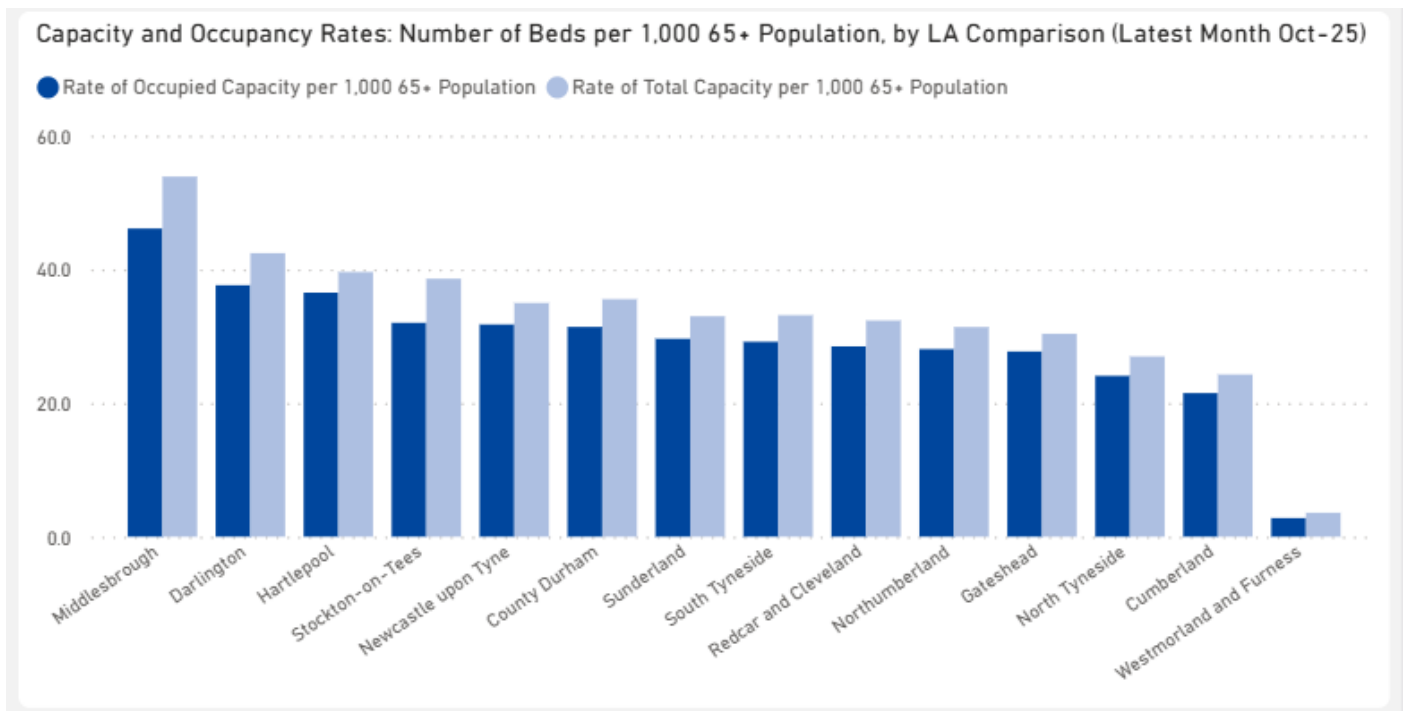
**NECS produce a Care Homes Dashboard which contains a wealth of information about care homes in NENC, located here:**

<https://app.powerbi.com/reportEmbed?reportId=2f3cdf33-8ce7-4cd6-8e1e-2f35c360f2e3&autoAuth=true&ctid=05f5057a-ea91-4cef-892a-c34286127601>

Access can be requested by emailing [necsu.powerbirequest@nhs.net](mailto:necsu.powerbirequest@nhs.net).

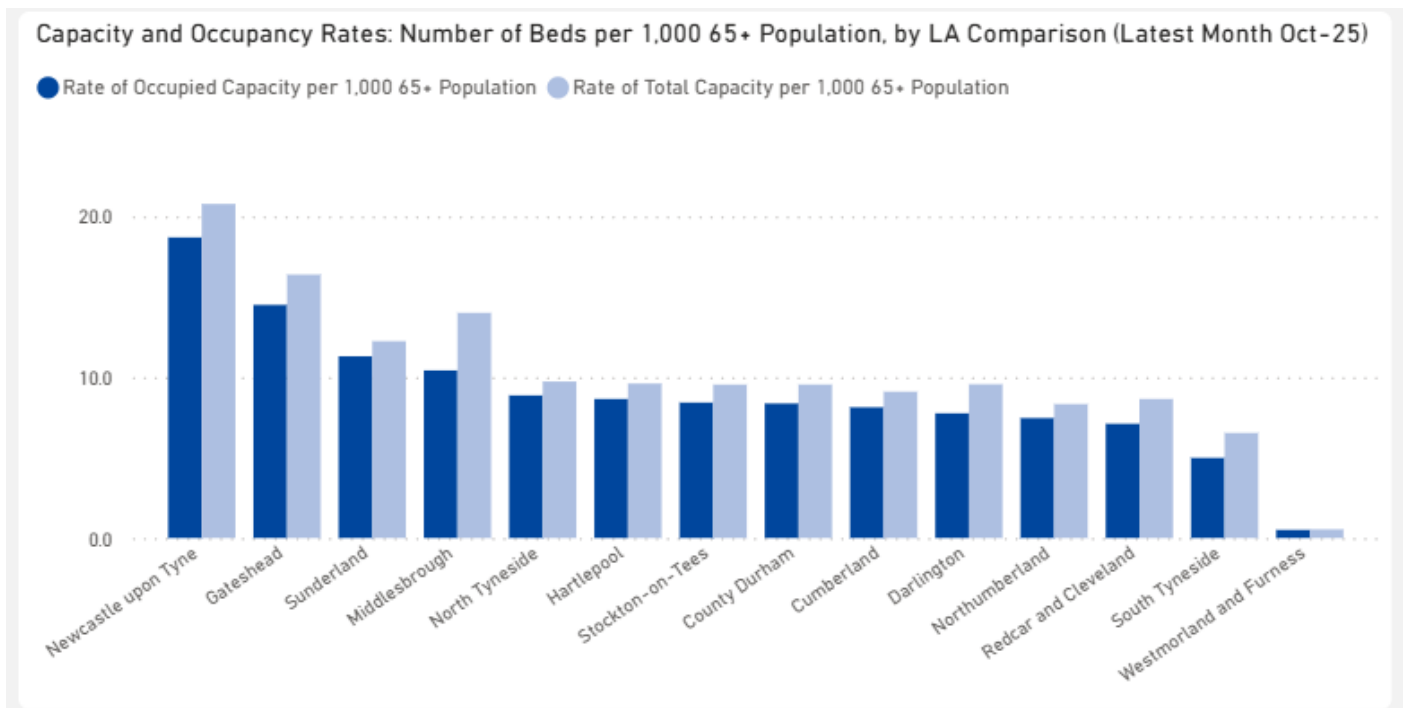
Care home and nursing home bed availability in the region is a significant factor for palliative end of life care due to increased demand arising from an ageing population and the potential impact of the growing need for community based services. Figure 21 shows that all NENC LAs have more total capacity than occupation with Middlesbrough having both the highest rate capacity and occupancy of care home beds per 1000 people and Newcastle having the highest rate capacity and occupancy of nursing home beds per 1000 people.

Figure 21a Availability of care home beds per 100 people aged 65+



Source: Care Homes Dashboard

Figure 21b Availability of nursing home beds per 100 people aged 65+



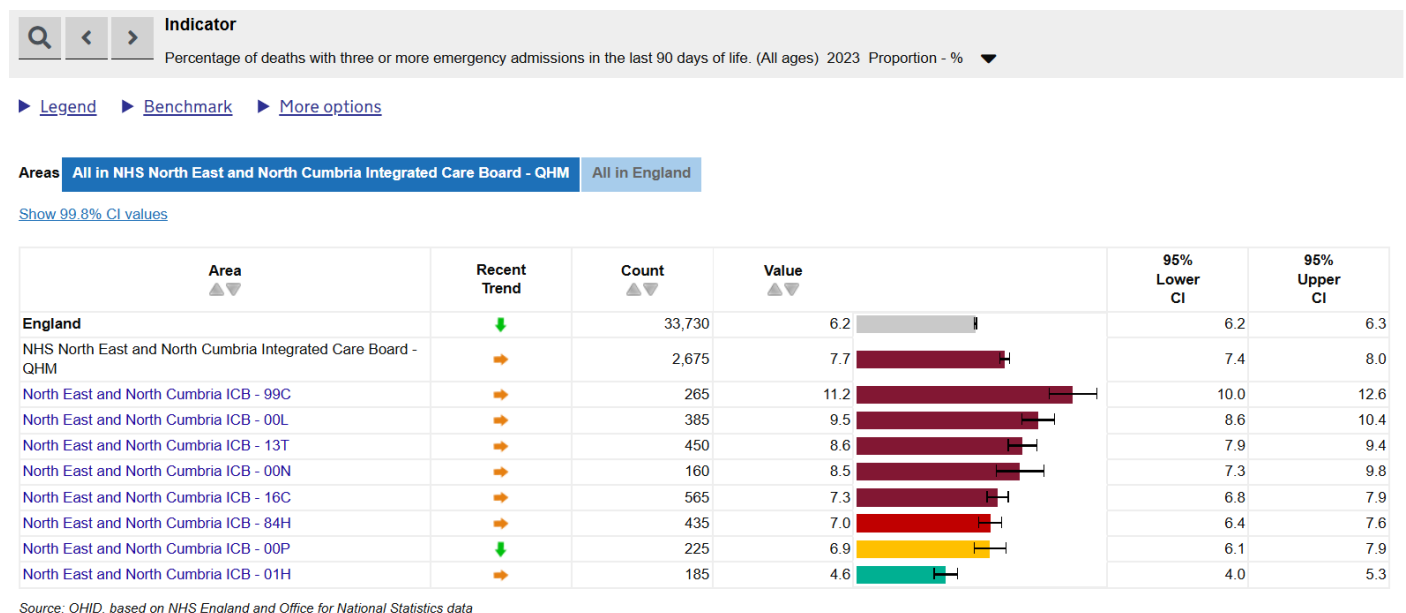
Source: Care Homes Dashboard

## Emergency Hospital Admission

The evidence base detailed in the literature review demonstrates that palliative care reduces emergency admissions which in turn reduces costs and discomfort for patients and families.

The nationally published data shown below, shows that at 7.7% the NENC has a higher percentage of deaths with three or more admissions in the last 90 days of life than the England average of 6.2%. There is significant variation in this statistic across the region from 11.2% in North Tyneside ICB and 4.6% in North Cumbria ICB. To note: Fingertips uses HES and ONS data for all admissions for all deceased patients in the last 90 days of life.

Figure 22 Percentage of deaths with 3 or more emergency admissions in last 3 months of life by ICB LDT all ages Fingertips, DHSC



The NENC PEOL dashboard contains information regarding emergency admissions in the last 12 months of life. This dashboard data uses primary care and SUS data and only includes admissions for patients on palliative care registers in the last 12 months of life. Figures 23 - 3 or more emergency admissions and Figure 24 - 3 or more A and E attendances in last 12 months of life, show the that highest total emergency admissions and total A and E attendances were within the most deprived deciles (IMD 1-3). The ICB Places with the highest numbers of admissions and A and E attendances were Tees Valley, Newcastle and Gateshead and County Durham. The pattern of attendance by deprivation decile is mirrored for each of these areas.

Figure 23 Deceased palliative care patients with 3 or more emergency admissions in last 12 months of life

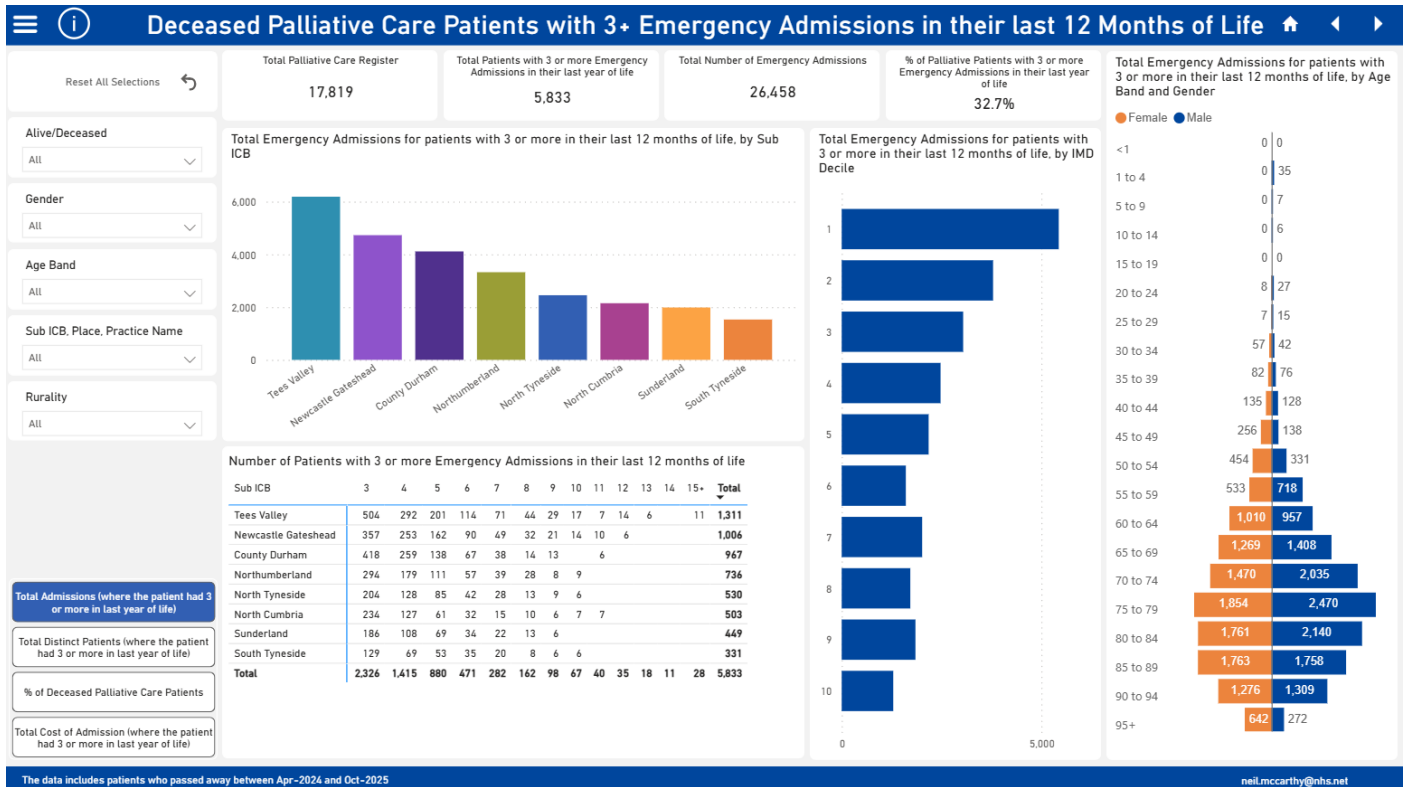
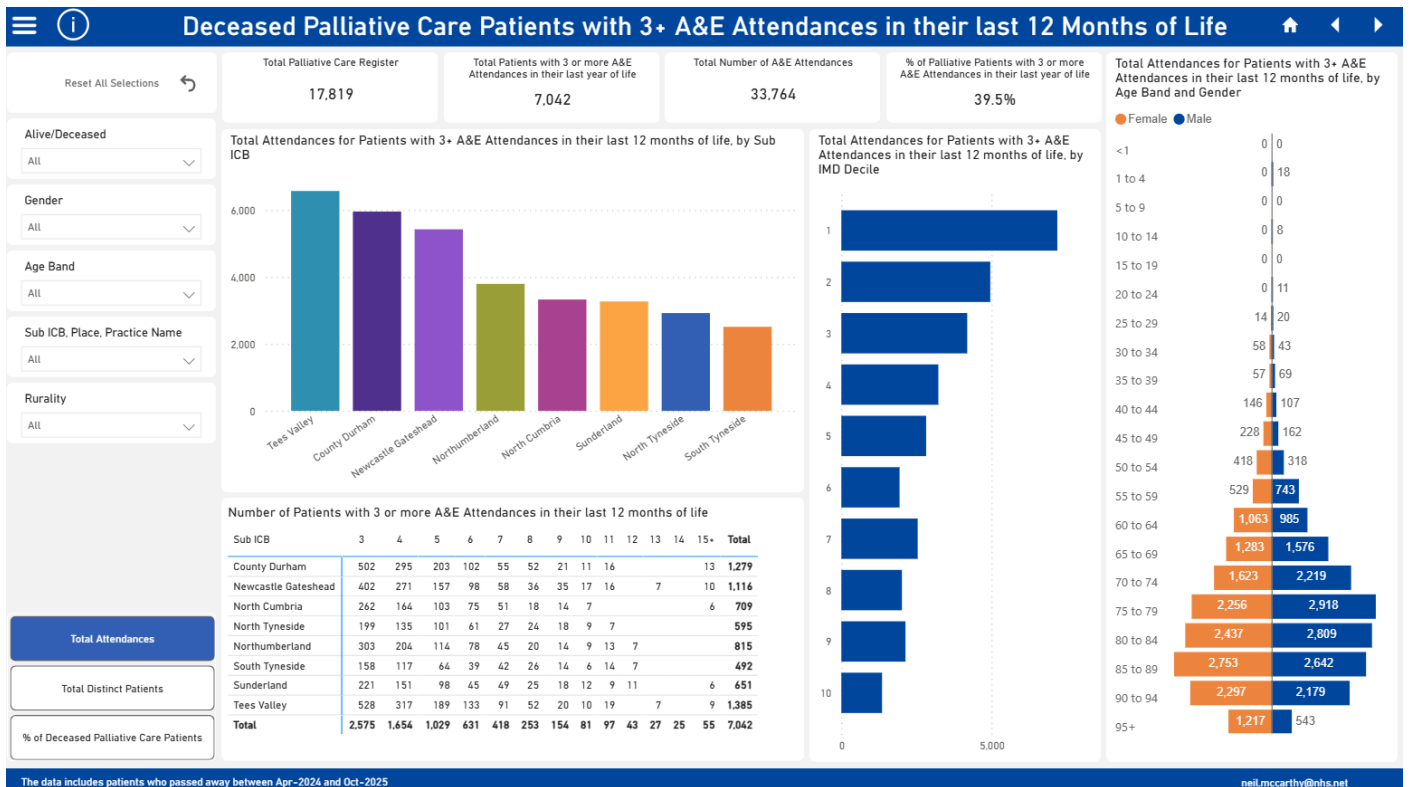


Figure 23a Deceased palliative care patients with 3 or more A and E attendances in last 12 months of life



The detailed breakdown of diagnosis, referral, investigation and treatment show that the majority of these attendances did not result in an abnormality being detected, investigation or treatment indicated. However, these attendances still incurred significant costs. This is an area for further analysis across the system to reduce avoidable attendances and admissions.

Figure 23b Deceased palliative care patients with 3 or more A and E attendances in last 12 months of life - detail

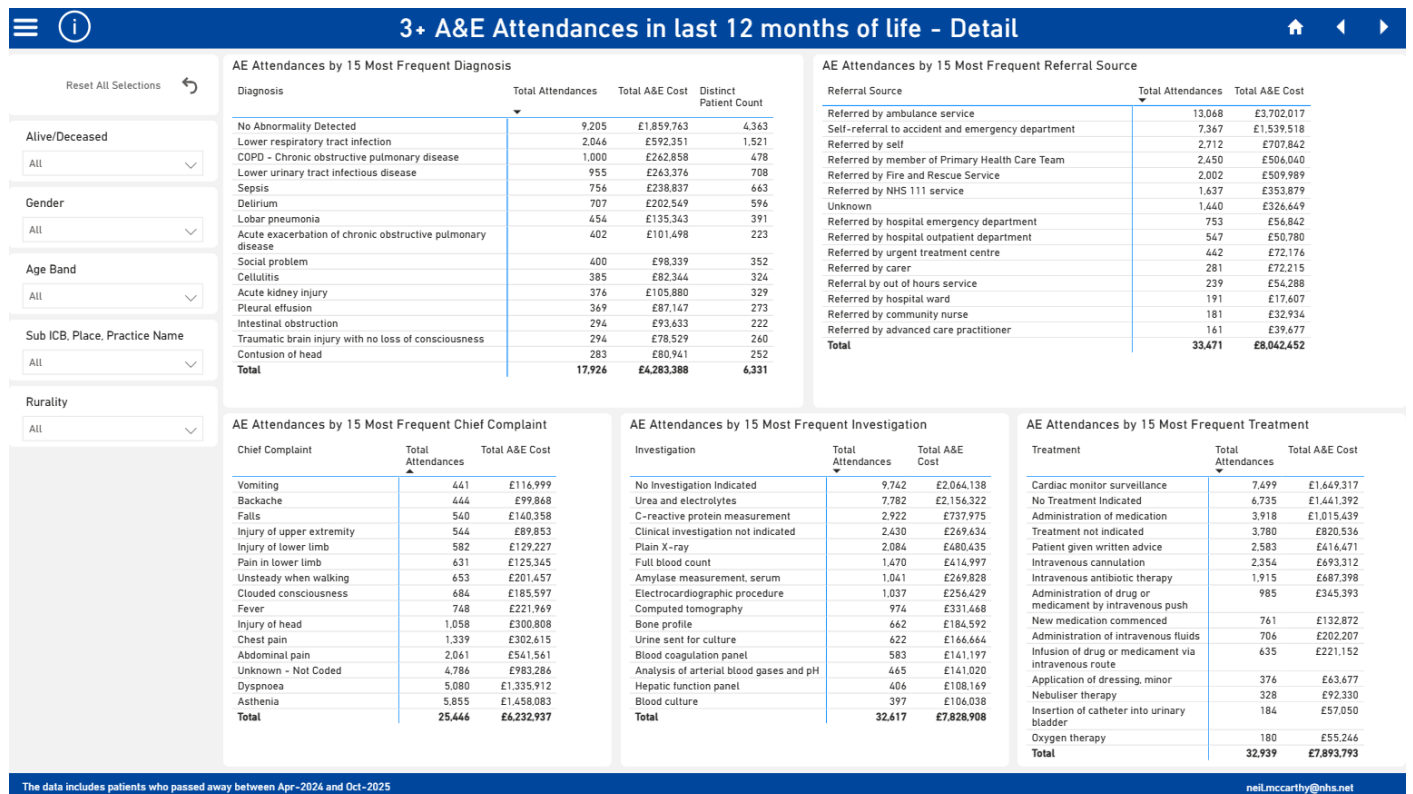
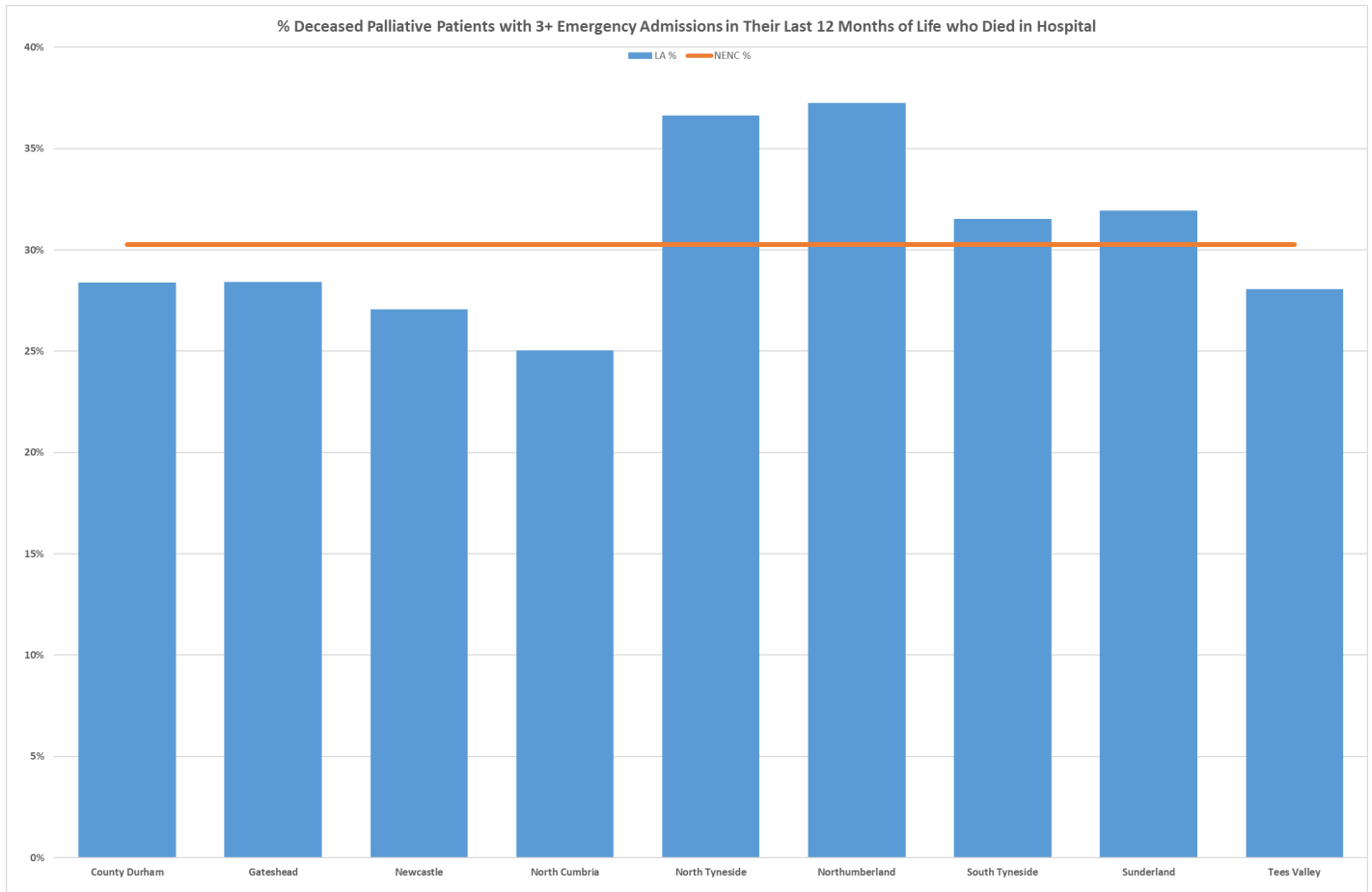


Figure 24 % Deceased Palliative Patients with 3+ Emergency Admissions in Their Last 12 Months of Life who Died in Hospital, period 01/04/2024 - 28/02/2026



Source: Palliative and End of Life Care Dashboard

It is interesting to observe that the highest percentage of deaths are observed in differing LAs to those that have the highest numbers of hospital admissions. Further analysis is required to better understand the reasons for this.

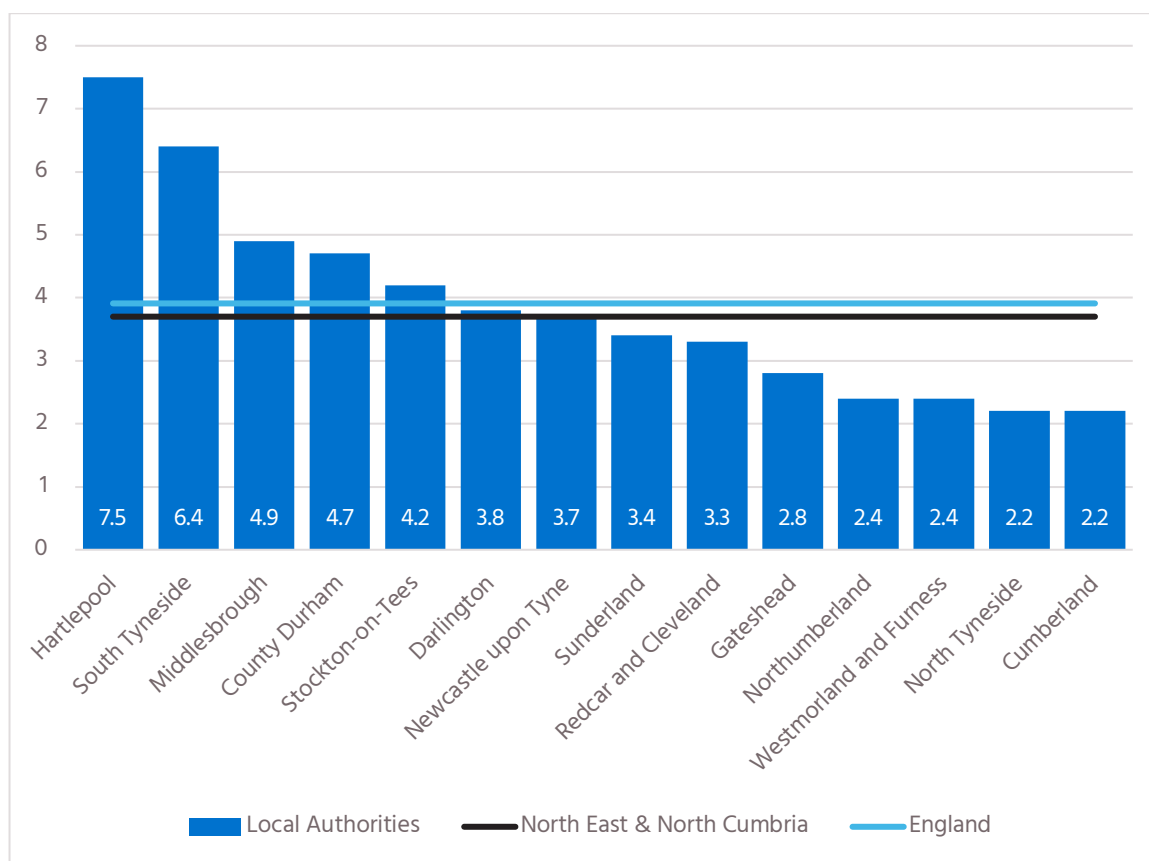
# Children and Young People Data

Obtaining data on children and young people's deaths in the NENC presents challenges, as no single dataset provides comprehensive information. Instead, data has been gathered from multiple sources to create a regional picture.

## Infant Mortality Rates

The infant mortality rate (IMR) is the number of deaths of infants under one year old per 1,000 live births, reflecting overall health, socioeconomic, and environmental conditions. In 2023 rates in NENC were 3.7 per 1,000 live births, this is lower than the England rate 3.9 per 1,000, though in 5 LAs the rates were higher. To note, infant death numbers are small and therefore rates fluctuate over time.

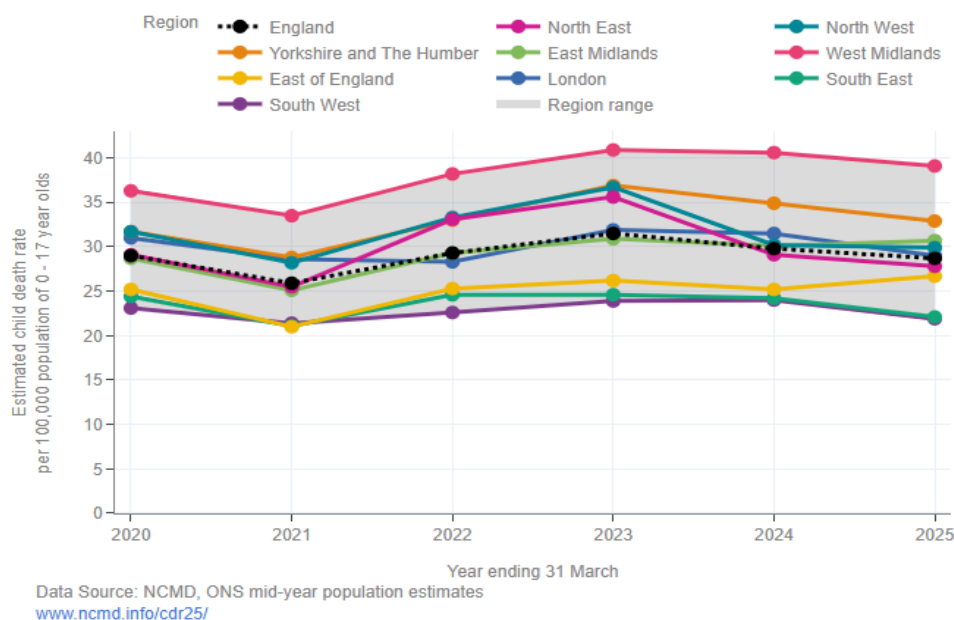
Figure 25 Infant Mortality Rate (under one year old) by Local Authority 2023



The child deaths by region is shown in Figure 26 below. This is provided by the National Child Mortality Database (NCMD) which, since 2019, compiles data from Child Death Review Panels (CDOPs), however does not provide the data by LA. The child death rate varied across regions in England, with the rate ranging from 21.9 to 39.1 per 100,000 of 0-17 year olds. The North East rate has

fluctuated with a reduced rate in both 2024 and 2025 bringing the rate just below the England average.

Figure 26 Estimated child death rate per 100,000 population, by region



## Children’s Holistic Integrated Palliative Care Service (CHIPS)

**CHIPS, based at the Great North Children’s Hospital in Newcastle, operates as a regional specialist paediatric palliative care function across NENC designed to address longstanding inequity in access to specialist support for children and young people with life-limiting and life-threatening conditions. The service was established in 2020 to ensure that access to specialist palliative care is needs-led and not dependent on diagnosis, particularly improving provision for children with non-oncological conditions who have historically experienced more variable access.**

CHIPS provides specialist expertise across the disease trajectory, including antenatal and neonatal pathways, long-term complex conditions and end-of-life care, and interfaces with acute subspecialty teams, general paediatrics, community children’s nursing, and condition-specific services. Its role is to support coordinated, anticipatory and responsive care across settings, rather than functioning as a standalone service, and it forms a core part of the wider system through which children’s palliative and supportive care need is met in NENC.

NENC data from the Make Every Child Count (2020) study show that the prevalence of children living with life-limiting conditions more than doubled between 2001 and 2017, rising from just over

30 per 10,000 to around 69 per 10,000, equating to more than 4,000 children and young people living with life-limiting conditions at any one time.

The service has provided the following data and reported the following:

- an upward trend in service activity rates
- rising prevalence of life-limiting conditions
- improved survival and growing clinical complexity
- many children requiring support over extended periods, not solely end of life care.

To note, the data below does not include the Children and Young People’s Oncology Outreach Nurse Specialists (CYPOONS) service data. This service provides specialist palliative care to babies, children and young people with cancer across NENC.

*Figure 27 CHIPS service activity data*

	Cumulative	2020/21	2022	2023	2024	2025
Active	38	2	1	3	3	29
Inactive	110	10	11	23	24	42
Deceased	169	50	34	32	23	30
Transitioned to adults	3	1	1	0	1	0
Discharged	75	17	11	17	19	11
<b>Total</b>	<b>398</b>	<b>80</b>	<b>59</b>	<b>75</b>	<b>71</b>	<b>113</b>

The above data shows that there are a limited number of children who are transitioning to adult services. This suggests that community adult and children’s teams may be providing this service to families or that potentially, these children continuity of care is lost within the system in the transition to adult services.

The cumulative data collated since the service was established in 2020 shows that the highest number of referrals are made for children in the first year of life. The highest number of referrals being made by Northumberland and North Tyneside followed by Sunderland and South Tyneside. 19% of the referrals received by the service are from Out of Area. The highest number of referrals were received from Community Paediatrics and Paediatric Intensive Care Units.

Figure 28a Cumulative data 2020-2025: Age at time of referral

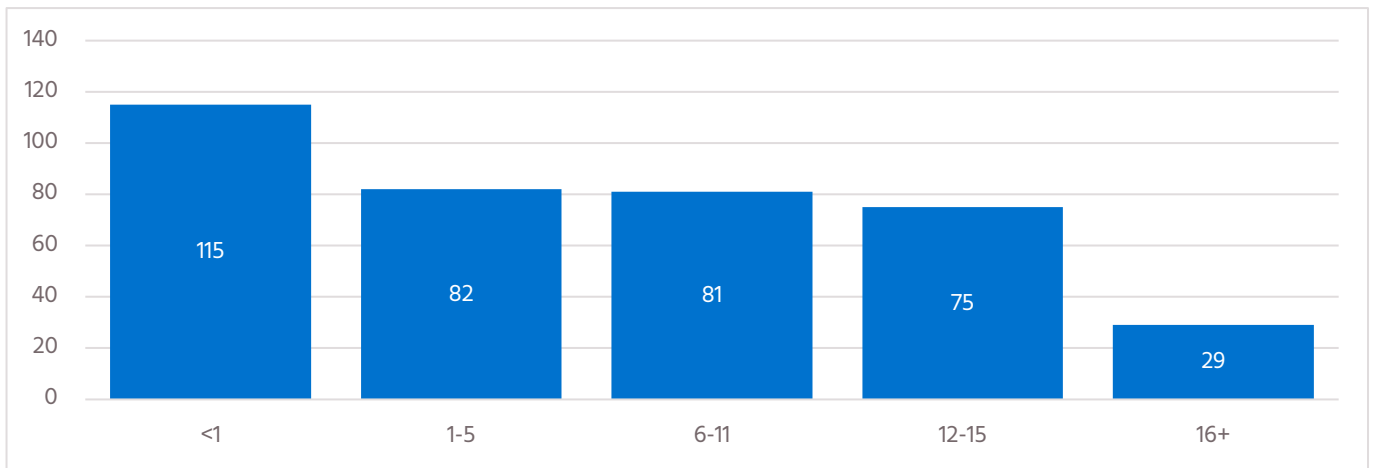


Figure 28b Cumulative data 2020-2025: Referral by location of referral team

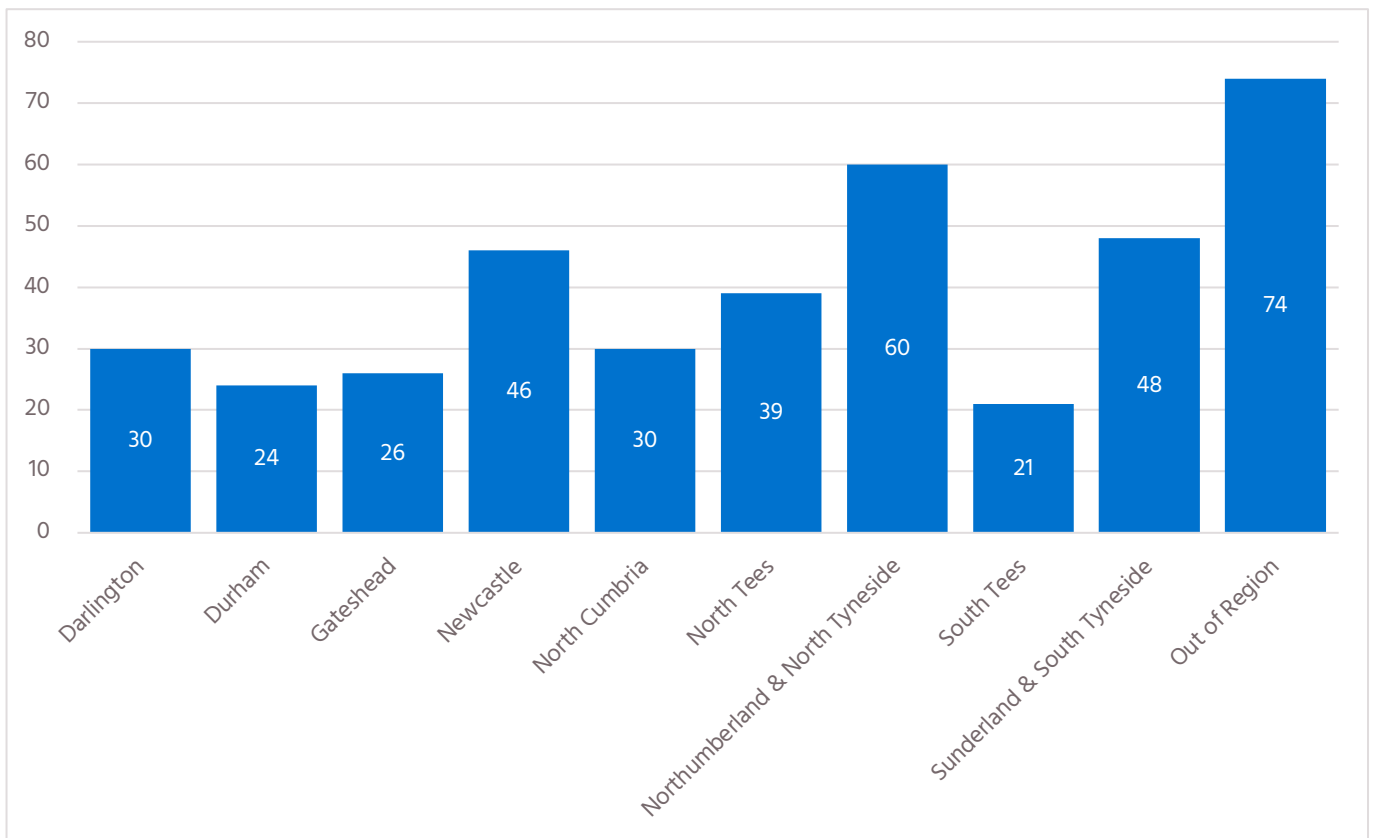


Figure 28c Cumulative Data 2020-2025: Referral by Speciality Team

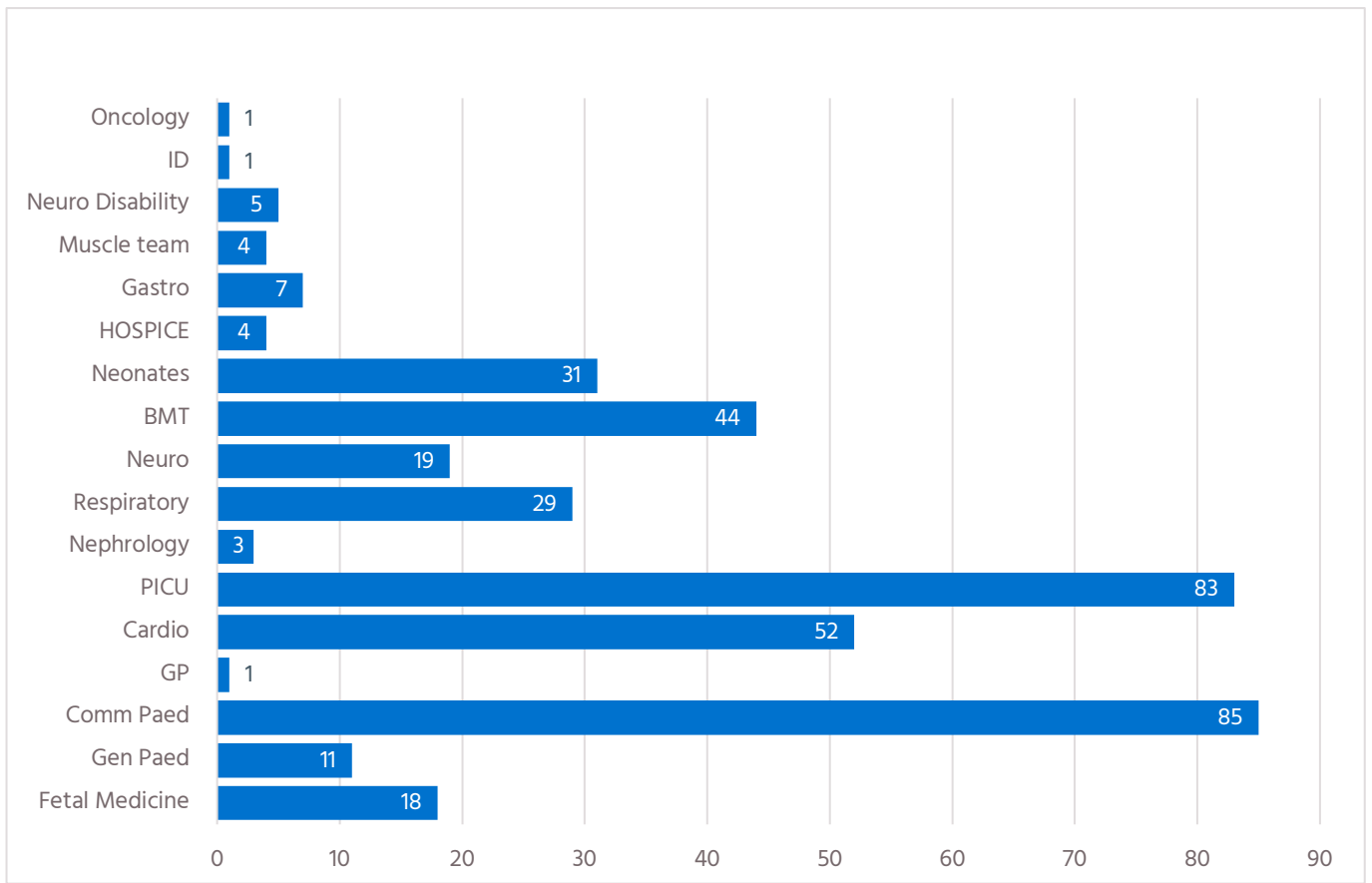
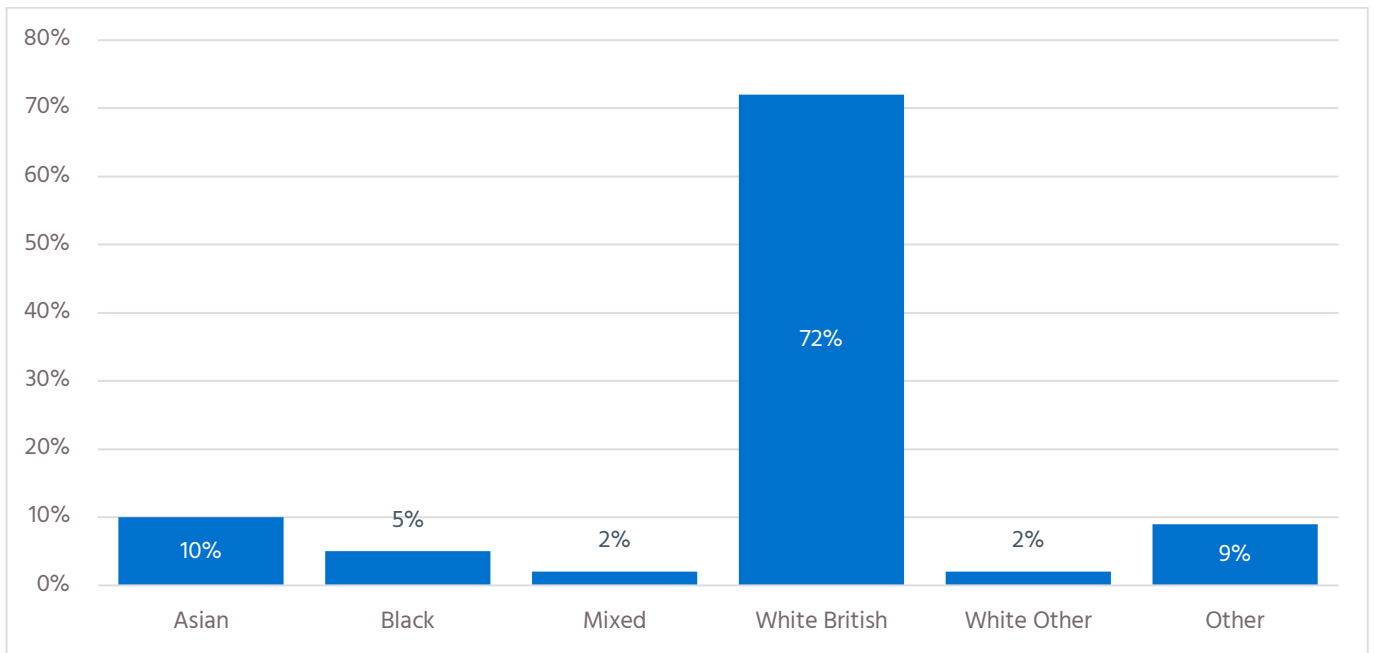


Figure 28d Cumulative data 2020-2025: CHIPS referral ethnicity data



The figure above shows the highest number of referrals were received for white British children and young people in keeping with population demographics, with 10% referrals from Asian

ethnicity and 5% Black ethnicity. To note, the NCMD reports that the child death rate in the year ending 31 March 2025 remained highest for children of black or black British ethnicity (58.1 per 100,000 population) and Asian or Asian British ethnicity (52.2 per 100,000 population) (Figure 3). The rates for all ethnic groups other than Asian or Asian British ethnicity have decreased in comparison to the previous year.