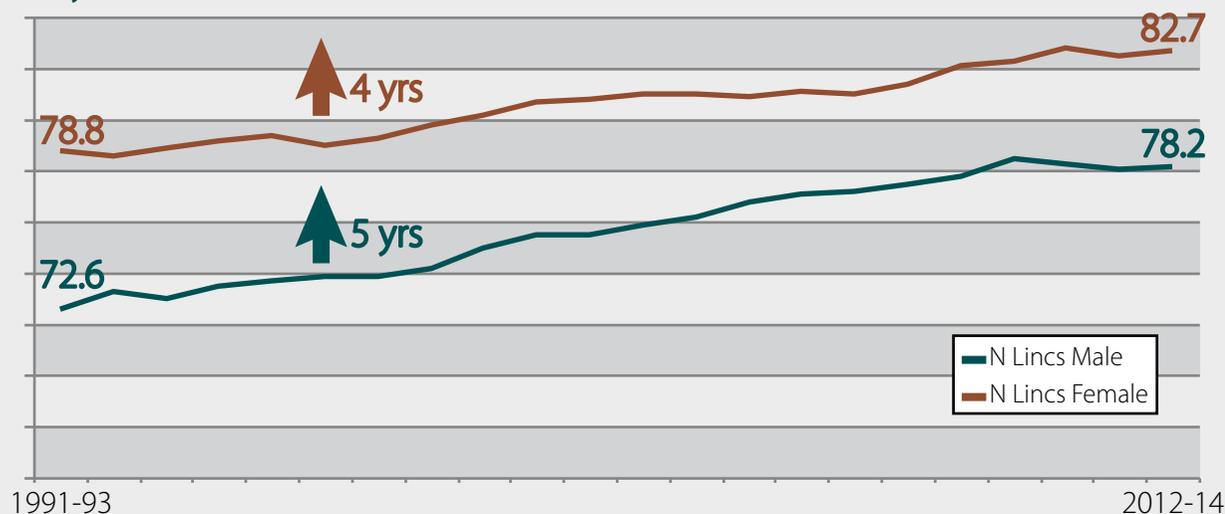


Dying Well (End of Life)

Positive trends

- Life expectancy at birth continues to improve and currently stands at 78.5 years for males and 82.8 years for females in North Lincolnshire. This represents an improvement of more than 5 years for men and more than 4 years for women since 1991.
- The gender gap in life expectancy continues to narrow, with a 4.5 year difference between males and females at birth, narrowing to a 3 year gap by the age of 65
- By 2020 it is projected that life expectancy at birth will be 81 years for men and 85 years for women
- The major drivers of increased life expectancy are the reduction in premature deaths from coronary heart disease and stroke amongst middle aged men. In North Lincolnshire, early deaths from these two major killer diseases have fallen faster than they have nationally and are at their lowest level for 20 years, ([insert hyperlink here](#)).
- Early deaths from cancer have risen slightly, although they remain above the national average for men, driven by higher than average rates of lung cancer in North Lincolnshire. However the overall trend is downward.
- Other positive trends include a decline in infant deaths and still births which are below national rates.

Life Expectancy at Birth 1991 - 2014



Source: PCMD, 2014

Key points

- Life expectancy continues to rise in North Lincolnshire, but still lags behind improvements in other parts of the country and below the national average.
- Life expectancy has risen for all social groups, but has risen fastest for those on higher incomes, with a 9 year gap in life expectancy between our most and least deprived 10% residents.
- Healthy life expectancy has not improved as fast, which means that people can expect to live longer in poorer health.
- In 2013, the average resident of North Lincolnshire could expect to live 62.5 years in good health, with men spending on average a further 16 years in poorer health and women 19 years.
- Musculoskeletal conditions and mental health problems are the biggest causes of disability, with neurological conditions such as Alzheimer's Disease becoming more important with older age.
- Life expectancy at 65 and 75+ continues to show an upward trend, although there have been some small fluctuations in rates over the last 4 years, which are not statistically significant.
- Early deaths from smoking related diseases remain above the national average in North Lincolnshire and continue to rise amongst local women.

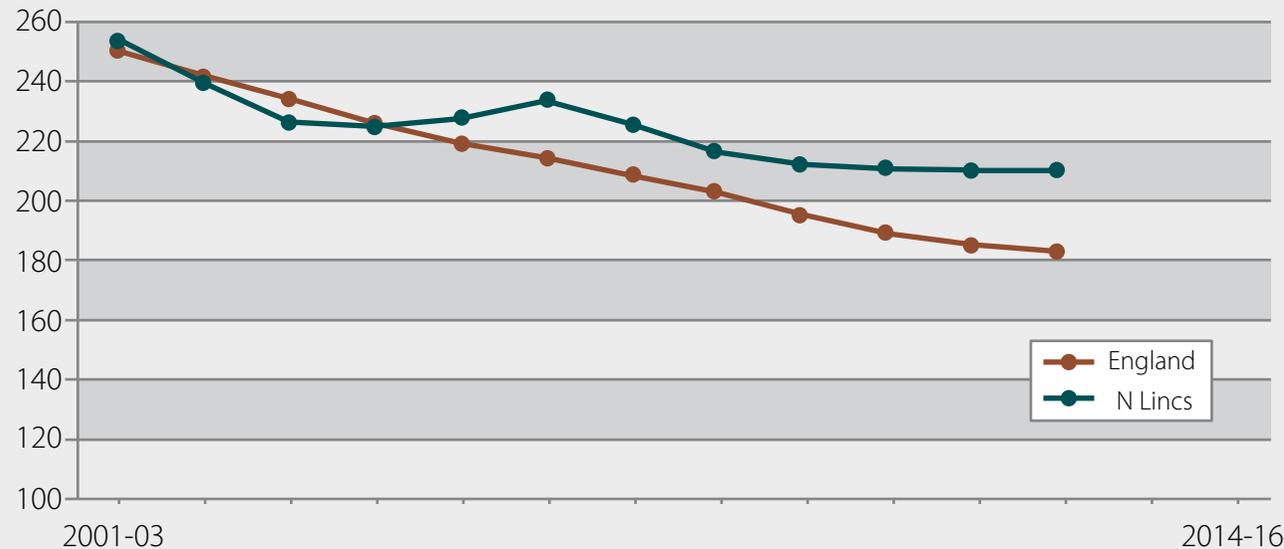


Challenging trends

- Whilst rates of potentially preventable deaths have fallen nationally, they have remained largely unchanged in North Lincolnshire over the last decade.
- In 2012-2014, more than a fifth of all deaths, (22%), were 'potentially preventable', of which two thirds were amongst men.
- Almost half of these deaths were due to just 3 smoking related diseases, coronary heart disease, lung cancer and COPD.
- The largest rise in potentially preventable deaths has been amongst men in the last 5 years has been for these three conditions.
- Smoking related diseases continue to impose a heavy burden on North Lincolnshire residents, with above average rates of smoking related deaths in this area, and rising deaths amongst women.
- The highest rates of potentially preventable deaths are observed amongst residents of our most deprived 20% areas, with rates more than twice that of residents living in our least deprived 20%. Frodingham, Ashby and Crosby and Park wards have the highest rates, and Burringham and Gunness, Axholme South and Central wards the lowest.
- Excess deaths in Northern Lincolnshire and Goole (NLaG) NHS Hospital Trust hospitals and/or within 30 days of discharge, (reported as the SHMI indicator) fell throughout 2014, but have since risen above expected levels, following a significant rise in deaths in

the winter months of 2015. As a result, the SHMI value for NLaG again rose above the national average for the first time in two years, the largest rise being amongst people dying at home or in care homes within 30 days of discharge.

Potentially Preventable Death Rates 2001-2014



Source: PHE, 2015

Potentially Preventable Deaths in North Lincolnshire 2012-2014

2012-14 deaths Males %	2012-14 deaths Females %	Main underlying cause
21%	21%	Lung and oesophageal cancer
9%	14%	COPD
26%	12%	Heart disease
0%	13%	Breast cancer
7%	6%	Bowel cancer
7%	7%	Liver disease
3%	1%	Stomach cancer
4%	6%	Accidental death (excl road deaths)
3%	2%	Road traffic collision
5%	2%	Suicide/self harm
15%	16%	Other
27%	15%	% all deaths 2012-14
676	387	Total (n) potentially preventable deaths

Source: PCMD, 2012-2014

Dying Well (End of Life)

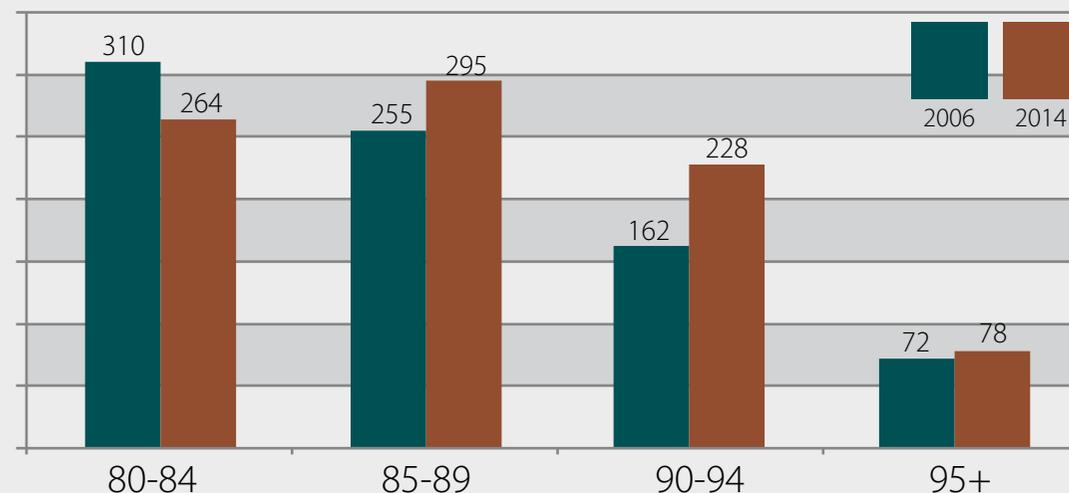
Key Points

- Lifestyle related diseases contribute most to the income gap in life expectancy.
- Other potentially preventable causes that contribute to this income gap in health outcomes include some cancers, substance misuse, accidents and self harm.
- Key groups at increased risk of lower life expectancy include:
 - Long term unemployed – especially men
 - Adults with learning disabilities
 - People with severe mental health problems
 - People who are homeless
 - People with significant alcohol and substance misuse problems
 - Gypsies and travellers
- People with serious mental health problems are more likely to die prematurely in North Lincolnshire, compared with their peers in similar authorities, and are accounted for by higher rates of deaths from heart disease, lung cancer and liver disease.



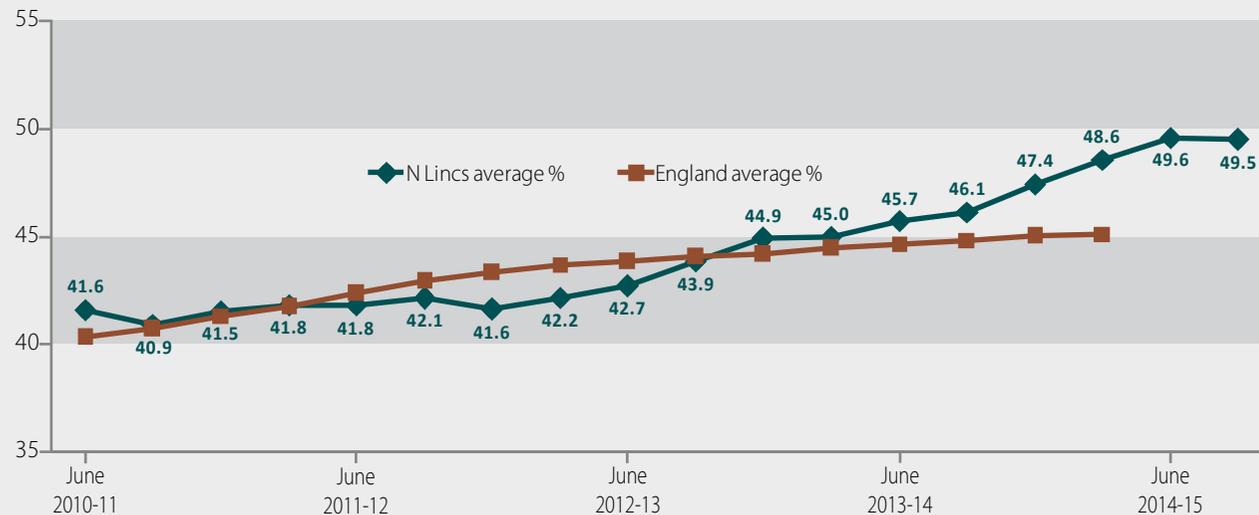
- This rise in the SHMI in the early part of 2015 is reflected in the excess winter deaths indicator for 2014/15, which is at its highest level for more than 20 years in North Lincolnshire. This was due to a significant peak in deaths amongst the older population in the months December to February 2015, especially amongst older (85+) women, following a relatively low number of deaths in the preceding summer.
- This recent trend is considered in more detail in the report available at the [EWD report](#)
- The number of people dying from lifestyle related liver disease is also rising year on year, accounting for 9% of all potentially preventable deaths in North Lincolnshire in 2014, compared with 5% 10 years earlier.
- As life expectancy increases, we should expect the number of deaths occurring in very old age to rise each year. In 2014, almost 1 in 5 deaths in North Lincolnshire, (19%) were of people aged 90+, compared with 14% in 2004.
- An increasing number of older people are surviving into very old age with multiple and complex long term conditions. As they approach end of life in North Lincolnshire, they are increasingly more likely to be cared for in the community, either at home or in care homes, rather than in hospital. Both trends will have implications for the provision of end of life care.
- In the year ending June 2015, 24% deaths occurred at home, 9% in a residential care home, and 16% in a nursing home, giving a total of almost 50% of deaths taking place at home/care home. This compares with 45% nationally. In that year a further 4% occurred in a hospice and 45% in hospital.

Deaths in older age 2006-2014(North Lincolnshire)



Source: PCMD, 2006-14

Trends in place of death 2010-2014 NHS North Lincolnshire CCG Deaths in usual place of residence (%)



Source: PCMD 2010-15

Premature deaths amongst people with serious mental illness, (SMI).

- People with serious mental health problems are more likely to die prematurely in North Lincolnshire compared with their peers in similar authorities.
- In 2012/13 North Lincolnshire had the highest premature mortality rate for people with serious mental illness of any CCG in the Yorkshire & Humber region, and the second highest (after Hartlepool) in the Northern region. In that year there were 87 premature deaths of people who had been in receipt of mental health services in the previous 4 years. This was significantly higher than in previous years, and significantly above the national average.
- In 2013/14 the indicator fell slightly to 81 deaths, although the rate remained significantly above the national and regional average.
- More than half of these premature deaths were accounted for by heart disease, cancer, liver and respiratory diseases.

Suicide

- Whilst the number of suicides fluctuates year on year, suicide rates are in line with the national average in North Lincolnshire and have not changed significantly for two decades. In the 3 years between 2012-14, there were 45 deaths registered as suicides in North Lincolnshire, representing a directly standardised rate of 8.9, which is in line with the national average and has remained unchanged since 1995.

For more information go to the [suicide report](#)

User voice

- The provision of End of Life Care was the subject of a local 'Experience Led' needs assessment and multidisciplinary service review in 2013. Commissioned by the CCG, this review took the form of a series of workshops involving patients, carers and professionals, to discuss and agree improvements to services and what a future care pathway should look like. This was followed by a further Experience Led Commissioning project on the Dementia Care Pathway in 2013/14. Both needs assessments highlighted the need to raise awareness of anticipatory end of life care planning amongst people with terminal illnesses other than cancer, and their carers including, people with dementia.
- In 2014, the End of Life Action Plan was delivered. Actions to support and train care home staff to support people at end of life have also been delivered.

What's new in 2015/16

- The Community Mortality Action Plan for NHS North Lincolnshire 2015, includes actions for:
 - Completing end to end reviews of deaths within 30 days of discharge to ensure that commissioning and provider decisions are based on lessons learned from these reviews.
 - Multi agency training on issues relating to mortality in primary and acute care sectors as well as with other stakeholders.
 - Targeting of people with Atrial Fibrillation to ensure early treatment and diagnosis
 - Reduction of people with risk factors for cancer, including actions to reduce smoking, excess weight and alcohol misuse and increase physical activity in high risk groups, including pregnant women
 - Additional public health campaigns to raise awareness of cancer symptoms and uptake of screening
 - Targeted case finding to ensure that under represented high risk groups are identified and treated
 - Publication of new Joint Suicide Prevention Strategy and Action Plan
 - The development of a new affordable warmth strategy and action plan
 - Real time monitoring of suicide and serious attempts to inform ways to reduce suicide amongst high risk groups

What's next for 2016/17

The detailed actions and timetables for completion are reported within the respective action plans.

North Lincolnshire Council will continue to have a prominent role in and contributions to make to the CCG Community Mortality Action Plan. Including,

- Embedding Making Every Contact Count within all relevant service specifications
- Helping to establish a systematic referral pathway for inpatient/outpatient clinics building on best practice within the Respiratory Clinic
- Improvement of services for people approaching end of life, including improving identification within primary care and proactive support to enable people to die in their preferred place and avoid late stage hospital admission.
- Development of a cancer prevention strategy
- Earlier opportunistic case finding of people with COPD
- Partnership audit of premature deaths amongst people with serious mental illness (SMI).
- Targeted smoking cessation for people with serious mental illness

For information on stillbirths, infant mortality and child deaths please go to [\(insert hyperlink\)](#)

