

Appendix 3

National Public Service Agreement Mortality Targets: Cardiovascular Disease, Cancer and Suicide & Undetermined Injury

Cardiovascular Disease

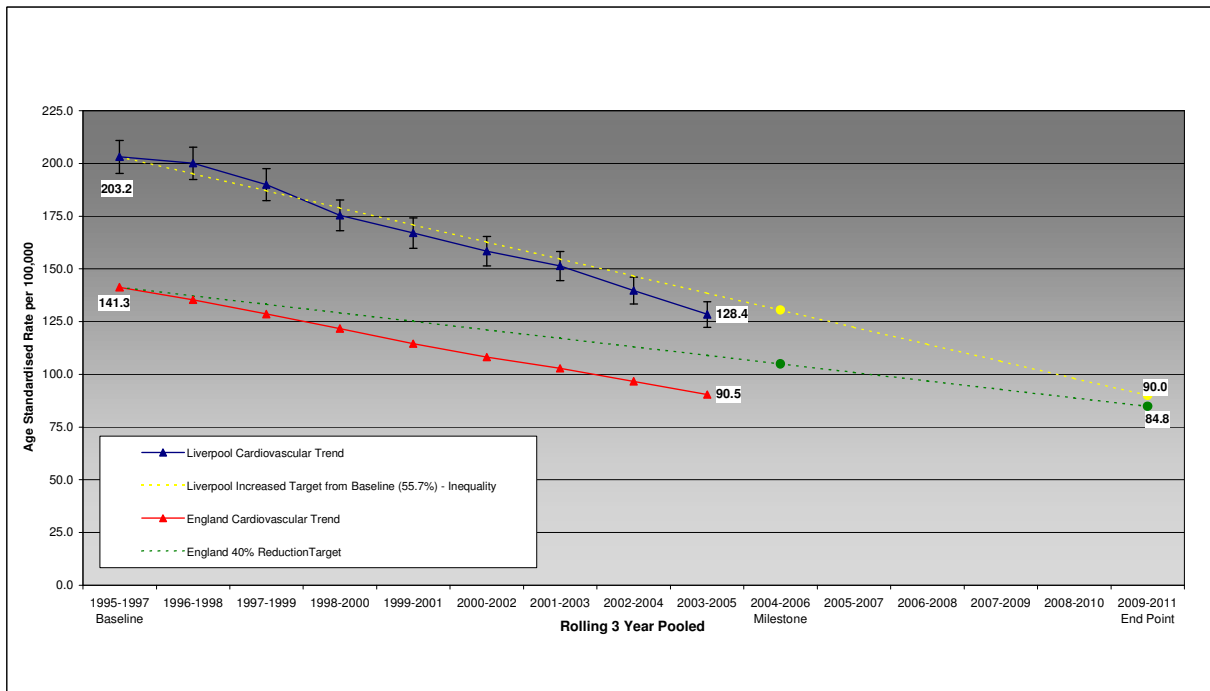
National PSA Target (PSA01a) Indicator: Directly Age Standardised Mortality Rate per 100,000 for Cardiovascular Disease (heart disease and stroke and related diseases) for Persons Aged Under 75 Years.

National PSA Target (PSA01a) Baseline: Data for the years 1995-1997 (3 year pooled rate) is taken with the middle year given as the baseline.

National PSA Target (PSA01a) Definition: The national target is a reduction of at least 40% in cardiovascular disease mortality by 2010 from the baseline. As a Spearhead Local Authority, the local Liverpool target is 'inequality adjusted' to contribute to narrowing the inequality gap with the national average. The Liverpool target is for a reduction of 55.7% from the baseline.

Figure 1: Directly Age Standardised Mortality Rates per 100,000 Population for Cardiovascular Disease for Persons Under 75 Years

Sources: ONS Vital Statistics Outputs (VS3) 1995-2005, ONS District Mid Year Population Estimates (revised October 2004), ONS 2003-based sub-national population projections 2003-2011, NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release), Liverpool Public Health Intelligence Team (LPHIT)



Appendix 3

Key Points:

- Liverpool's directly age standardised mortality rate for cardiovascular disease for 1995-97 (baseline) was 203.2 per 100,000 population.
- The current mortality rate for 2003-2005 is 128.4 per 100,000 population.
- This represents a decrease of 36.8% by 2003-05 compared to a reduction of 31.2% by 2002-04 from the baseline.
- Liverpool's current cardiovascular disease trends demonstrate a reduction in mortality levels exceeding that of the minimum PSA01a 40% reduction from baseline target i.e. for the three year period 2003-2005 the actual mortality rate for cardiovascular disease was 128.4 per 100,000 population aged under 75, whereas the minimum 40% reduction target from baseline for the same time period was 156.8.
- The PSA01a minimum reduction target of at least 40% from the baseline represents 121.9 deaths per 100,000 by 2009-2011. The Liverpool LDP inequality adjusted target reduction of 55.7% from the baseline represents a target age standardised mortality rate for persons <75 years of 90.0 per 100,000 by 2009-11.
- The latest figures (2003-05) show that Liverpool is currently on course to meet the inequality adjusted target reduction of 55.7% (Actual rate of 128.4 compared with trajectory rate of 138.5).
- If the inequality adjusted target reduction of 55.7% is to be met, then the number of people aged less than 75 years dying from cardiovascular disease should be approximately as low as 447 by 2006-2008 (*based on 2003 based population projections to 2009-11*).

Local monitoring of progress towards targets at the Neighbourhood Management Area level within Liverpool enables identification of areas within the city where the greatest and least progress is being made. This highlights areas within the city where public health interventions to tackle cardiovascular disease requires increased attention at the lower geographical area to improve the contribution towards the overall CVD target.

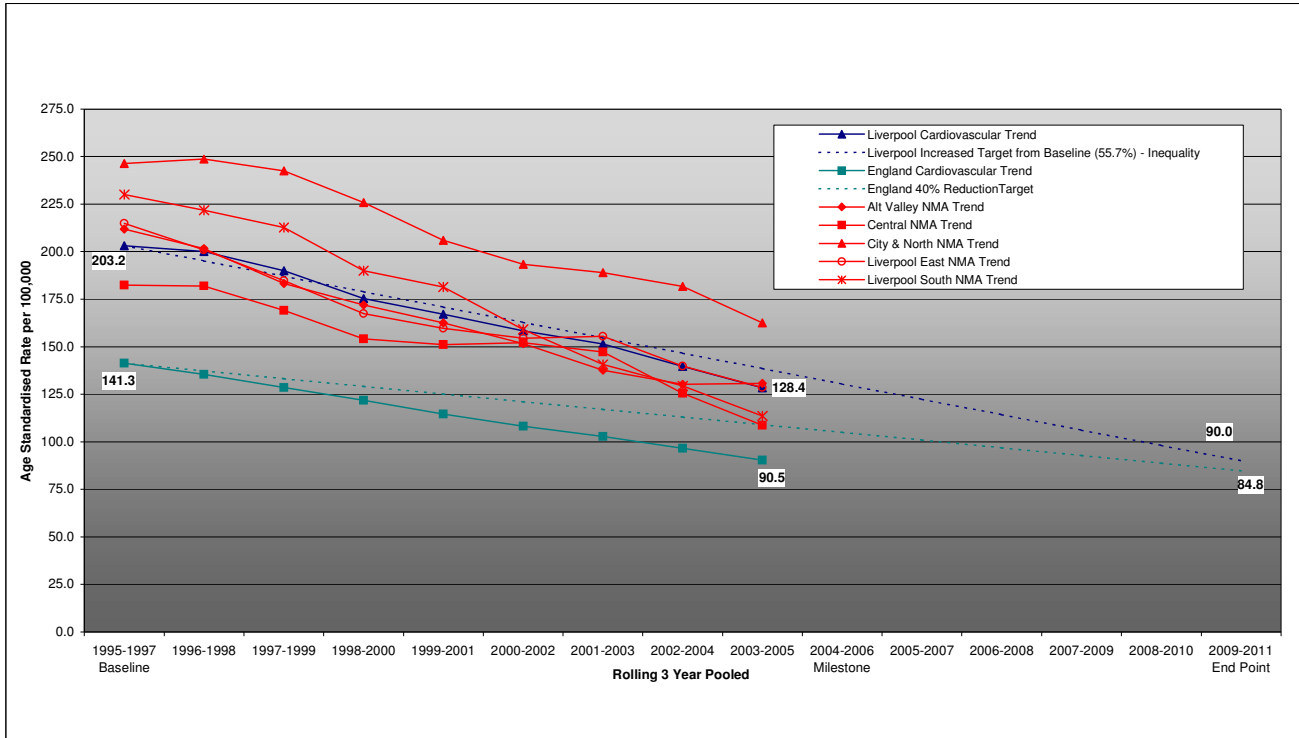
Figure 2 below shows that at the Neighbourhood Management level, mortality rates are reducing, however the rate of reduction is faster in Liverpool South NMA compared to City & North NMA.

(These NMA figures should be treated as indicative due to the unavailability of historic population denominators along the trend line for earlier years).

Appendix 3

Figure 2: Directly Age Standardised Mortality Rates per 100,000 Population for Cardiovascular Disease for Persons Under 75 Years by Liverpool Neighbourhood Management Area (NMA)

Sources: ONS Annual Registered Death Extracts 1995 to 2005, ONS District Mid Year Population Estimates (revised October 2004), ONS 2003-based sub-national population projections 2003-2011, NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release), Liverpool Public Health Intelligence Team (LPHIT) for NMA Analysis



Cancer

National PSA Target (PSA03a) Indicator: Directly Age Standardised Mortality Rate per 100,000 for Malignant Neoplasms for Persons Aged Under 75 Years.

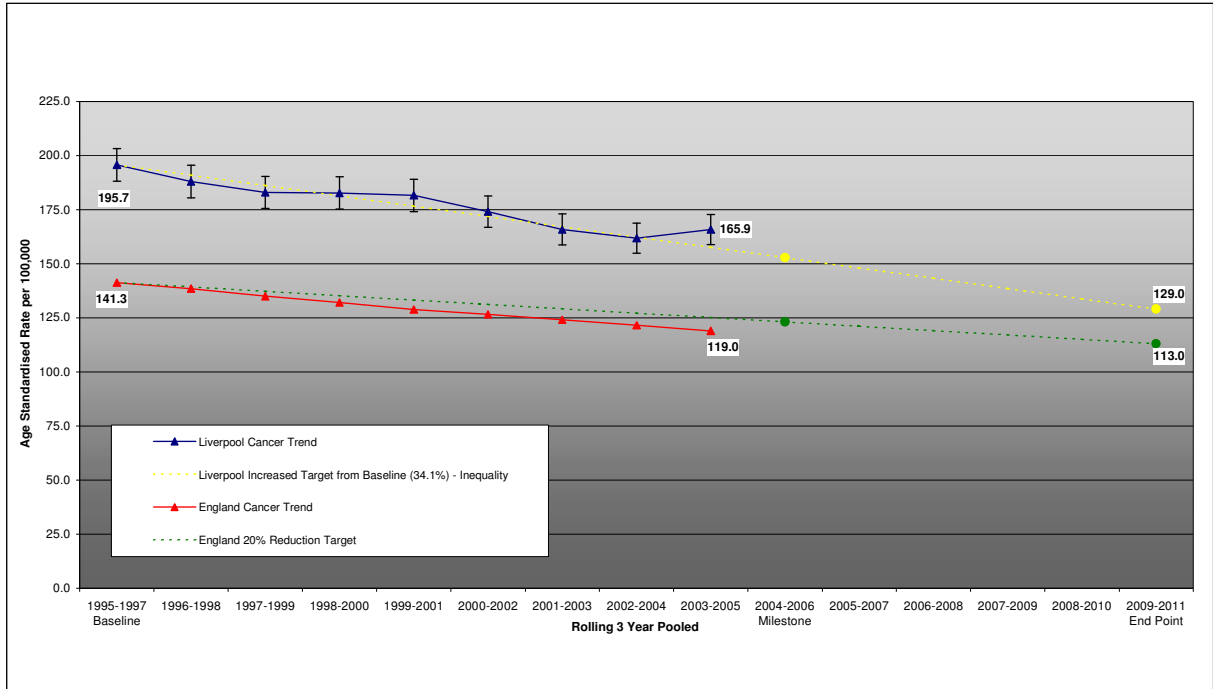
National PSA Target (PSA03a) Baseline: Data for the years 1995-1997 (3 year pooled rate) is taken with the middle year given as the baseline.

National PSA Target (PSA03a) Definition: The national target is a reduction of at least 20% in cancer mortality by 2010 from the baseline. As a Spearhead Local Authority, the local Liverpool target is 'inequality adjusted' to contribute to narrowing the inequality gap with the national average. The Liverpool target is for a reduction of 34.1% from the baseline.

Appendix 3

Figure 3: Directly Age Standardised Mortality Rates per 100,000 Population for All Malignant Neoplasms for Persons Under 75 Years

Sources: ONS Vital Statistics Outputs (VS3) 1995-2005, ONS District Mid Year Population Estimates (revised October 2004), ONS 2003-based sub-national population projections 2003-2011, NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release), Liverpool Public Health Intelligence Team (LPHIT)



Key Points:

- Liverpool's directly age standardised mortality rate for all malignant neoplasms for 1995-97 (baseline) was 195.7 per 100,000 population.
- The current mortality rate for 2003-2005 is 165.9 per 100,000 population.
- This represents a decrease of 15.3% by 2003-05 compared to a reduction of 17.3% by 2002-04 from the baseline, indicating a slight increase in the number of deaths for this latest 3-year period.
- Liverpool's current cancer trends demonstrate a reduction in mortality levels exceeding that of the minimum PSA03a 20% reduction from baseline target i.e. for the three year period 2003-2005 the actual mortality rate for all malignant neoplasms was 165.9 per 100,000 population aged under 75, whereas the minimum 20% reduction target from baseline for the same time period was 173.4.

Appendix 3

- The PSA03a minimum reduction target of at least 20% from the baseline represents 156.6 deaths per 100,000 by 2009-2011. The Liverpool LDP inequality adjusted target reduction of 34.1% from the baseline represents a target age standardised mortality rate for persons <75 years of 129.0 per 100,000 by 2009-11.
- The latest figures (2003-05) show that Liverpool is currently off track to meet the inequality adjusted target reduction of 34.1% (Actual rate of 165.9 compared with required trajectory rate of 157.6 by 2003-05 to remain on track).
- If the inequality adjusted target reduction of 34.1% from baseline is to be met, then the annual number of people aged less than 75 years dying from all cancers should be approximately as low as 604 by 2006-08 (*based on 2003 based population projections to 2009-11*).

Local monitoring of progress towards targets at the Neighbourhood Management Area level within Liverpool enables identification of areas within the city where the greatest and least progress is being made. This highlights areas within the city where public health interventions to tackle cancer require increased attention at the lower geographical area to improve the contribution towards the overall cancer target.

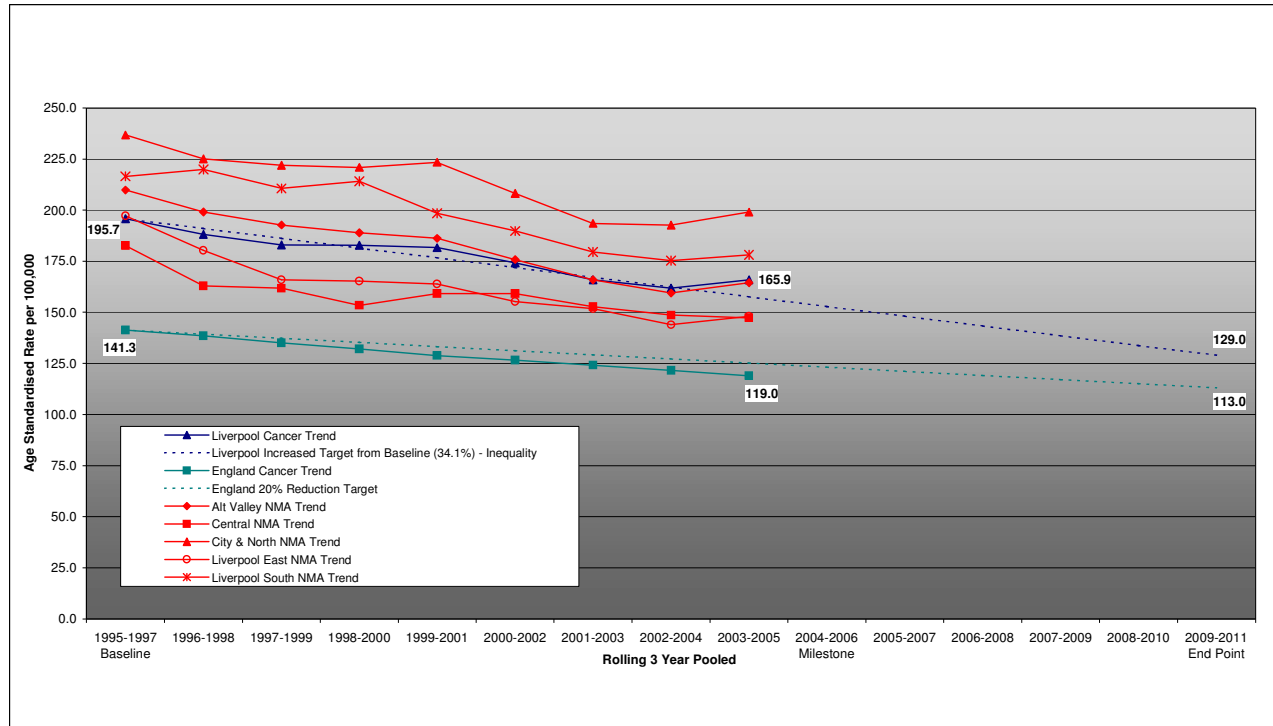
Figure 4 below shows that at the Neighbourhood Management level, mortality rates for cancer are reducing generally over the trend line. However, an increase in four NMA areas (apart from Central NMA) over the last three year period will be closely monitored.

(These NMA figures should be treated as indicative due to unavailability of historic population denominators along the trend line for earlier years).

Appendix 3

Figure 4: Directly Age Standardised Mortality Rates per 100,000 Population for Cancer for Persons Under 75 Years by Liverpool Neighbourhood Management Area (NMA)

Sources: ONS Annual Registered Death Extracts 1995 to 2005, ONS District Mid Year Population Estimates (revised October 2004), ONS 2003-based sub-national population projections 2003-2011, NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release), Liverpool Public Health Intelligence Team (LPHIT) for NMA Analysis



Suicide and Undetermined Injury

National PSA Target (PSA05a) Indicator: Directly Age Standardised Mortality Rate per 100,000 for Suicide and Undetermined Injury for Persons All Ages.

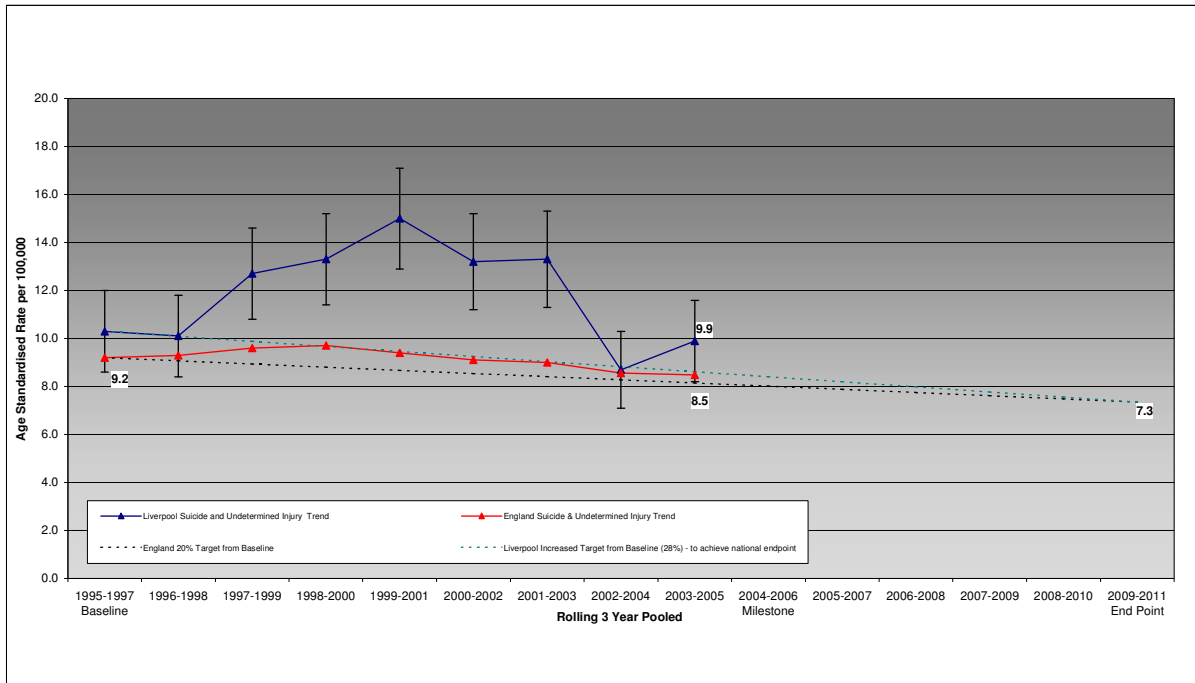
National PSA Target (PSA05a) Baseline: Data for the years 1995-1997 (3 year pooled rate) is taken with the middle year given as the baseline.

National PSA Target (PSA05a) Definition: The national target is a reduction of at least 20% in mortality from suicide and undetermined injury by 2010 from the baseline. The Liverpool target is for a reduction of 28% from the baseline, which represents a locally agreed target to achieve the national endpoint target of 7.3 per 100,000 in 2010.

Appendix 3

Figure 5: Directly Age Standardised Mortality Rates per 100,000 Population for Suicide and Undetermined Injury for Persons All Ages

Sources: ONS Vital Statistics Outputs (VS3) 1995-2005, ONS District Mid Year Population Estimates (revised October 2004), ONS 2003-based sub-national population projections 2003-2011, NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release), Liverpool Public Health Intelligence Team (LPHIT)



Key Points:

- Liverpool's directly age standardised mortality rate for suicide and undetermined injury for 1995-97 (baseline) was 10.3 per 100,000 population.
- The current mortality rate for 2003-05 is 9.9 per 100,000 population.
- This represents a decrease of 3.9% by 2003-05 compared to a reduction of 15.5% by 2002-04 from the baseline. This highlights the fluctuations annually in relation to this indicator.
- Liverpool's current suicide and undetermined injury trends demonstrate a reduction in mortality levels which do not exceed that of the minimum PSA05a 20% reduction from baseline target i.e. for the three year period 2003-2005 the actual mortality rate for suicide and undetermined injury was 9.9 per 100,000 population of all ages, whereas the minimum 20% reduction target from baseline for the same time period was 9.1.

Appendix 3

- The PSA05a minimum reduction target of at least 20% from the baseline represents 8.2 deaths per 100,000 by 2009-2011. The locally agreed Liverpool LDP target reduction of 28.0% from the baseline represents a target age standardised mortality rate for persons of all ages of 7.3 per 100,000 by 2009-11.
- The latest figures (2003-05) show that Liverpool is currently off track to meet the target reduction of 28.0% (Actual rate of 9.9 compared with required trajectory rate of 8.6 by 2003-05 to remain on track). However these figures should be treated with caution due to the fluctuating nature of this indicator, where a slight increase in the actual numbers of deaths annually can impact considerably upon the final rates (even over three years pooled).
- If the LDP locally agreed target reduction of 28% from baseline is to be met, then the number of people of all ages dying from suicide and undetermined injury should be approximately as low as 35 by 2006-2008 (*based on 2003 based population projections to 2009-11*).

Although Liverpool is demonstrating a general downward trend in mortality across these three national PSA target areas, the impact this progress is having upon increasing overall life expectancy locally is less than might be expected. In terms of 'early wins', to meet the life expectancy target, the focus needs to be on preventing deaths from early middle age (including those at older ages).

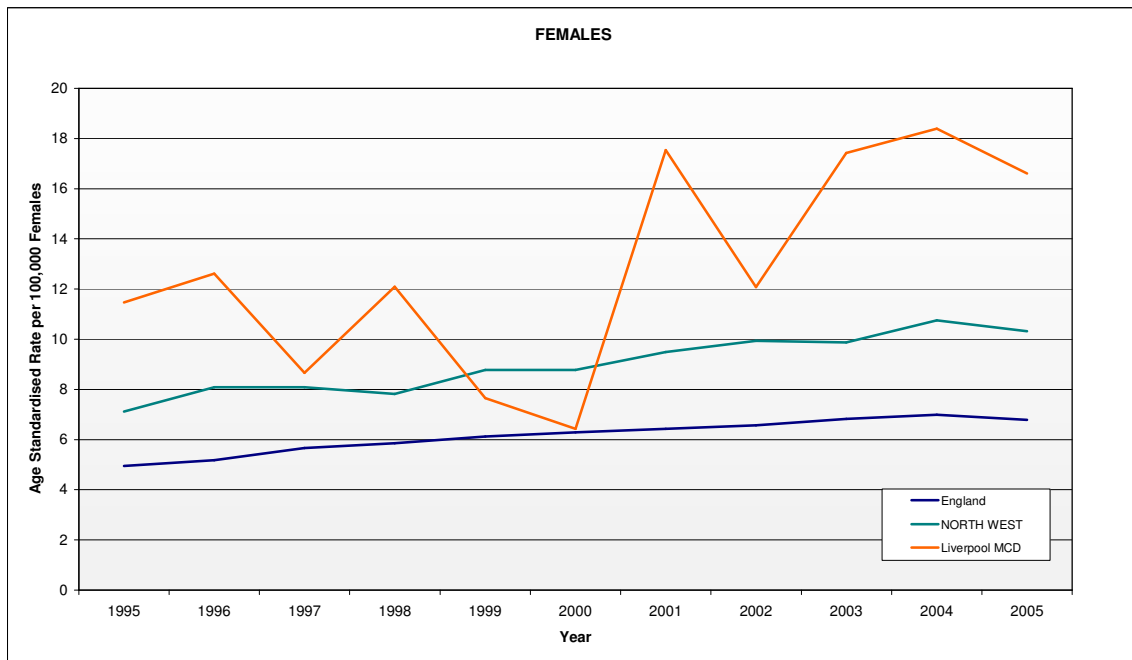
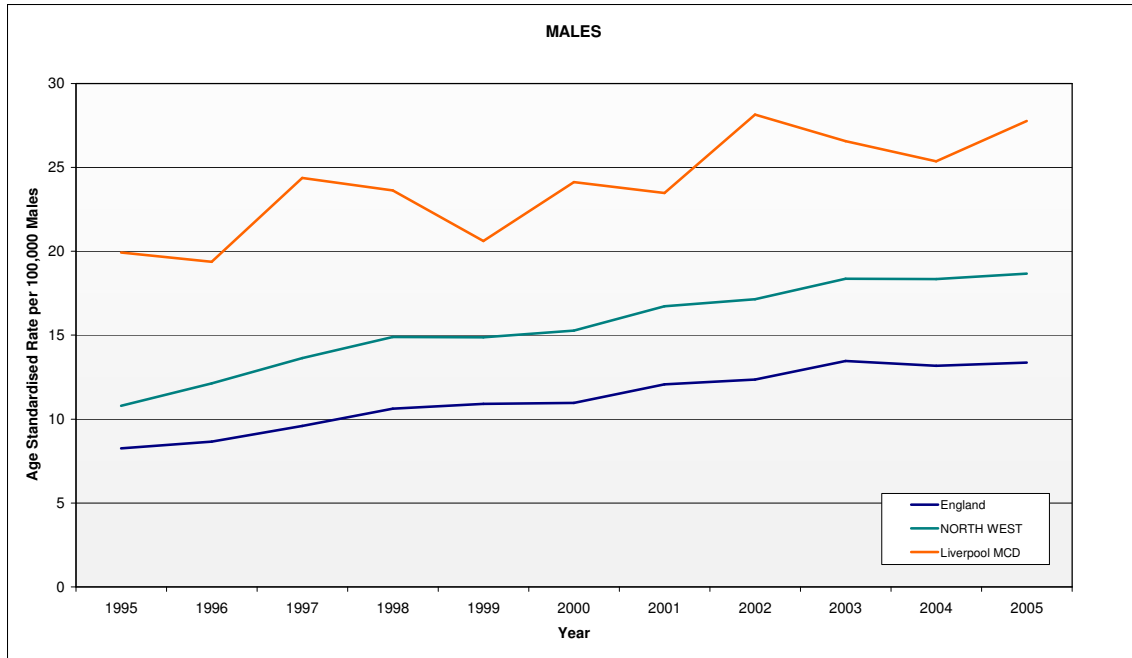
Cardiovascular disease (primarily coronary heart disease), cancer and respiratory disease account for about two thirds of the gap between Liverpool as part of the Spearhead Group and the national average, where addressing smoking prevalence will impact upon all three.

In Liverpool, although introducing high impact changes to reduce inequalities in these PSA target areas, increasing life expectancy is an even greater challenge locally where there has been a marked increase in premature death from chronic liver disease / cirrhosis of the liver (primarily related to excessive alcohol consumption), particularly females in the north of the city:

Appendix 3

Figure 6: Directly Age Standardised Mortality Rates per 100,000 Population for Chronic Liver Disease (inc. cirrhosis) for Males and Females All Ages

Source: *NCHOD Compendium of Clinical & Health Indicators 2006 (December 2006 release)*



Appendix 3

At the lower geographical Neighbourhood Management Area level, the increase in premature death from chronic liver disease and cirrhosis over the trend line is evident across the city, however a key concern in City & North NMA (where female deaths were recorded as young as 24 years old). Clearly, increasingly targeted interventions are required to educate younger people in this area around the harmful effects of excessive alcohol consumption increasingly leading to premature death.

(These NMA figures should be treated as indicative due to unavailability of historic population denominators along the trend line for earlier years).

Figure 7: Directly Age Standardised Mortality Rates per 100,000 Population for Chronic Liver Disease (inc. cirrhosis) for Males and Females All Ages by Liverpool Neighbourhood Management Area

Sources: ONS Annual Registered Death Extracts 1995-2005, Merseyside Information Services NMA Mid Year Population Estimates 2004 / 2005, Liverpool Public Health Intelligence Team (LPHIT)

