INFORMATION ANALYSIS DIRECTORATE

Health Inequalities

Annual Report 2025

A product of the NI Health and Social Care Inequalities Monitoring System

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Health Inequalities

Annual Report 2025

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Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

Feedback

We invite you to feedback your comments on this publication to: healthinequalities@health-ni.gov.uk

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KEY FINDINGS - REGIONAL (NI)

- Deprivation gaps for male and female life expectancies at birth saw no change since 2017-19 with the most-least deprivation gaps stood at 7.3 years for males and 5.2 years for females in 2021-23. Following a downward trend in male and female life expectancies between 2017-19 and 2020-22 in NI and the most and least deprived areas, estimates have largely returned to pre-pandemic levels.

- Inequality gaps narrowed for both male and female disability-free life expectancies (DFLE) following improvements in the most deprived areas. While the inequality gap for female healthy life expectancy (HLE) narrowed since 2017-19, there was no change in the gap for males, with the most-least deprived gaps in HLE stood at 13.6 years for males and 14.0 years for females in 2021-23.

- Large inequality gaps continue to highlight markedly higher rates of premature mortality in the most deprived areas, with no changes in any of the inequality gaps analysed over the period. There were improvements observed across all areas for treatable mortality. The opposite was true for preventable mortality worsened over the period regionally, and in the most and least deprived areas.

- The rate of respiratory deaths in the most deprived areas among persons aged under 75 years was almost three and a half times the rate in the least deprived areas.

- Large inequality gaps continue to exist for mental health indicators. Prescription rates for mood and anxiety disorders increased regionally and for the most & least deprived areas between 2019 and 2023, with the rate in the most deprived areas two-thirds higher than in the least deprived areas.

- In 2021-23 the suicide mortality rate in the most deprived areas was almost three times the rate observed in the least deprived areas, with the gap widening over the analysed period.

- Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI. The deprivation gap for drug misuse deaths widened over the analysed period and showed the largest inequality gap, with mortality in the most deprived areas almost six times that of the least deprived.

- While improvements in smoking in pregnancy and the under 20 teenage birth rate were seen within all areas during the analysed period, the most-least deprived inequality gaps are still among the highest across all HSCIMS indicators. The rate of smoking in pregnancy in the most deprived areas was over six times the rate in the least deprived areas in 2023, representing a widening of the inequality gap.

- In 2023/24 the percentage of year 8 pupils in the most deprived areas affected by obesity was more than double that in the least deprived areas.

KEY FINDINGS – SUB-REGIONAL (HSC TRUST & LGD)

- Male and female life expectancies were lowest in the Belfast LGD (76.5 years and 80.6 years respectively). Male life expectancy was highest in Lisburn & Castlereagh LGD (80.9 years), and female life expectancy was highest in Ards & North Down and Mid Ulster LGDs (83.4 years).
- Similar to the regional picture, deprivation related inequality was most prominent in indicators relating to alcohol, drugs, self-harm, smoking during pregnancy and teenage births, which were among the five largest inequality gaps for the majority of Trusts and LGDs.
- Drug misuse mortality was the largest inequality gap in three of the five HSC Trusts. In the Belfast and Western Trusts, the rates in their most deprived areas were almost two and a half times (132% and 130%) their respective Trust averages.
- Drug related mortality was among the top five inequality gaps within three of the eleven LGDs. In the Mid & East Antrim LGD, the rate of drug related mortality within the 20% most deprived areas, was almost treble (193%) the LGD average.
- Large inequality gaps for alcohol related admissions also exist in the majority of Trusts and LGDs. The rate in the respective most deprived areas for the Western Trust (112%), Derry City & Strabane LGD (113%), and Mid & East Antrim LGD (122%) was more than double the Trust/LGD average.
- Alcohol specific mortality showed the largest gap for the Southern Trust (102%), Causeway Coast and Glens LGD (121%), Lisburn & Castlereagh LGD (135%) and Newry, Mourne & Down LGD (65%).
- The under 20 teenage birth rate was the largest inequality gap in the South Eastern Trust (109%) as well as the Armagh City, Banbridge & Craigavon LGD (139%).
- The drug related admissions inequality gap was the largest in the Ards & North Down (103%) and Mid Ulster (66%) LGDs.

INTRODUCTION

This annual publication is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS) and presents a comprehensive analysis of health outcomes and inequality gaps between the most and least deprived areas of NI, and within Health & Social Care (HSC) Trust and Local Government District (LGD) areas across a range of indicators. This report is an update of the Health Inequalities Annual Report 2024. While this report was initially planned for release in March 2025, it has been released at a later date due to a delay in the release of 2023 sub-regional population estimates published by NISRA.

The report is accompanied by downloadable data tables[1], which contain all figures, including urban and rural breakdowns. The most recent figures reported in this release typically include data from 2021 and 2022, and therefore reflect to an extent, the impact of the coronavirus (COVID-19) pandemic. In particular, figures related to hospital admissions, dental indicators and childhood obesity have been significantly impacted due to service reconfiguration and/or restrictions.

ACCOUNTABILITY STATEMENT

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly at healthinequalities@health-ni.gov.uk with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

OFFICIAL STATISTICS

This report is an official statistics publication. Official statistics are statistics produced by Crown bodies and other organisations listed within an Official Statistics Order, on behalf of the UK government or devolved administrations. They provide a factual basis for assessment and decisions on economic, social and environmental issues at all levels of society. This broad definition of official statistics means that the scope of official statistics can be adapted over time to suit changing circumstances.

FORMAT OF THE REPORT

This report is separated into two sections, the first focusing on regional health inequalities and the second presenting sub-regional analysis. The regional section contains separate chapters for each theme/topic area, with each section containing a summary of the key findings, followed by individual indicator analysis. For each indicator two charts are displayed (see page 13 for more detail). The sub-regional section presents a condensed summary of findings for each HSC Trust and LGD accompanied by downloadable data tables[1] which contain all figures.

[1] https://www.health-ni.gov.uk/articles/health-inequalities-statistics

ASSESSMENT OF CHANGE OVER TIME

In addition to the two charts, various symbols are provided that depict changes in the rates in the most deprived and least deprived areas as well at the NI level, and in the most-least deprived inequality gap (see below). How changes in health outcome based indicators are assessed differs from service activity based indicators. A change in the rate is only indicated when the change is statistically significant, or where there is a clear and consistent trend observed over the series. For a notable change in the inequality gap to have occurred, a significant change in at least one of the areas (most/least deprived) has to have been observed, or, where no statistically significant change is apparent then a change in the gap will have been deemed to have occurred if there is a clear and consistent trend in both the outcome/activity and the gap over the analysed period[2]. Tables 3 & 4 overleaf can be used as a reference to aid the reader in understanding how the symbols indicate a change in both the health outcome/service activity over time and the resultant inequality gap determination.[3]

Table 1: Indication of change to Indicator Rate[3]

Changes to indicator rate	
MD / LD	Most Deprived Areas / Least Deprived Areas
	Positive Change
	No Notable Change
	Negative Change
↑	Increase
—	No Change
↓	Decrease

Table 2: Indication of change in Inequality Gap over time

Changes in inequality gaps	
〈 〉	Widening of the gaps
〉 〈	Narrowing of the gaps
—	No notable change in the gap

It should be noted that inequality gaps for indicators can exist in either direction; however health outcomes generally tend to be worse in the most deprived areas than in the least deprived. For the purposes of this report, a positive value for the gap means that the health outcomes experienced in the most deprived areas were worse than in the least deprived and, a negative value for the gap means that the health outcomes experienced in the most deprived areas were better than in the least deprived.

[2] Indicated changes are based on a subjective assessment of the available data.

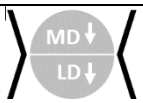
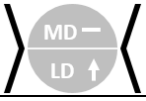
[3] Assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes. See 'Service-based indicators' note on Page 11.

Table 3: Understanding changes in the inequality gap – Health Outcome Indicators

	Change in Health Outcome		Inequality Gap
	Most Deprived Areas	**Least Deprived Areas**	**Symbol**
Gap Widens	Small Positive Change	Large Positive Change	
	Negative Change	Positive Change	
	Negative Change	No Notable Change	
	Large Negative Change	Small Negative Change	
	No Notable Change	Positive Change	
Gap Narrows	Large Positive Change	Small Positive Change	
	Positive Change	Negative Change	
	Positive Change	No Notable Change	
	Small Negative Change	Large Negative Change	
	No Notable Change	Negative Change	
No Notable Change	Positive Change	Positive Change	
	Negative Change	Negative Change	
	No Notable Change	No Notable Change	
	Small Negative Change (Red)/ Positive Change (Green)	No Notable Change	
	No Notable Change	Small Negative Change (Red)/ Positive Change (Green)	

Observed differences in the most and least deprived areas, as indicated by the symbol, does not always lead to a change in the gap. Where this has occurred, an explanation has been provided where appropriate.

Table 4: Understanding changes in the inequality gap – Service-based Indicators

	Change in Health Outcome		Inequality Gap
	Most Deprived Areas	**Least Deprived Areas**	**Symbol**
Gap Widens	Small Decrease	Large Decrease	
	Increase	Decrease	
	Increase	No Notable Change	
	Large Increase	Small Increase	
	No Notable Change	Decrease	
Gap Narrows	Large Decrease	Small Decrease	
	Decrease	Increase	
	Decrease	No Notable Change	
	Small Increase	Large Increase	
	No Notable Change	Increase	
No Notable Change	Decrease	Decrease	
	Increase	Increase	
	No Notable Change	No Notable Change	
	Small Increase / Decrease	No Notable Change	
	No Notable Change	Small Increase/ Decrease	

Assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes to health outcomes. This is due to difficulties in ascertaining whether any changes in rates are due to changes in demand (i.e., health of the population), or, as a result of changes in service provision.

Observed differences in the most and least deprived areas, as indicated by the symbol, does not always lead to a change in the gap. Where this has occurred, an explanation has been provided where appropriate.

NOTES FOR USER

- **Regional Inequality Gaps:** refer to the difference in health outcomes between the 20% most deprived and 20% least deprived areas of Northern Ireland.
- **Sub-regional Inequality Gaps:** refer to the difference between health outcomes for:
    - The 20% most deprived areas of an LGD or Trust and its overall average.
    - The Trust/LGD and the regional average.
- **Deprivation Measure:** the 20% most and least deprived areas are defined according to the Northern Ireland Multiple Deprivation Measure (NIMDM) 2017.[4]
- **Rounded Figures:** some individual figures have been rounded to either zero or one decimal place independently. As a result, the sum of component items may not therefore always add to the totals shown.
- **New Indicators:** Twelve new health indicators have been added to this year's report. These indicators have been sourced from the Health Survey Northern Ireland and include:

    1. Very Good / Good General Health
    2. Long-Term Conditions
    3. Limiting Long-Term Conditions
    4. High GHQ12 Score
    5. High Levels of Anxiety
    6. Loneliness
    7. Drinking Prevalence
    8. Drinking at Least Once a Week
    9. Drinking 3 or More Days a Week
    10. Smoking Prevalence
    11. E-Cigarette Use
    12. Five-a-Day

- **Additional Indicators:** figures relating to ten additional indicators such as Median Fire Response Times and Median Ambulance Response Times, which form part of the HSCIMS but are not contained in the main body of the report, can be found in Appendix C.
- **Service-based indicators:** assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes to health outcomes. This is due to difficulties in ascertaining whether any changes in rates are due to changes in demand (i.e., health of the population), or, as a result of changes in service provision. All figures relating to these indicators should be treated with caution as they may also be impacted by external factors that are not reflective of service demand. As unmet demand is not accounted for in the data, these indicators should therefore be viewed as indicators of service provision rather than demand. In addition, sub-regional comparisons for these indicators have been analysed and presented based on whether activity was higher or lower, rather than better or worse, as it is not possible to ascertain whether a sub-regional gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas.

[4] https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017

- **Further Analysis:** The appendix section included at the back of the report provides further analysis regarding the Social Gradient of Health (Appendix A) and the Population Attributable Risk (PAR) of Deprivation (Appendix B).
- **Urban/Rural Analysis:** In addition urban and rural figures for each indicator have been included within the accompanying downloadable tables, and a summary assessment of Urban-Rural gaps has been provided in Appendix D.
- **District Electoral Areas (DEAs):** figures are included within the accompanying downloadable tables.
- **Data limitations** mean that not all 70 health indicators analysed at a regional level can be analysed at Trust, LGD or DEA level. In this report, 53 health indicators have been presented at Trust and 51 at LGD level, with 38 reported at DEA level. A full list can be found in Table 5. For **further information** regarding the methodologies, indicator descriptions and sources of data used to produce the analyses throughout this report, please refer to Appendix E: Technical Notes & Definitions.

Understanding Gaps

Regional Level:
A positive inequality gap means that the health outcomes in the most deprived areas are worse than in the least deprived areas. For service-based indicators, a positive inequality gap means that activity in the most deprived areas is higher than in the least deprived areas.

Sub-regional Level:
A positive inequality gap between the Trust or LGD and its most deprived areas means that the health outcomes in the most deprived areas are worse than the Trust or LGD average. For service-based indicators, a positive inequality gap between the Trust or LGD and its most deprived areas means that activity in the most deprived areas is higher than the Trust or LGD average.

Similarly, a positive inequality gap between the Trust or LGD and NI means that the health outcomes in the Trust or LGD are worse than the NI average. For service-based indicators, a positive inequality gap between the Trust or LGD and NI means that the level of activity in the Trust or LGD is higher than the NI average.

Other routine reports in the HSCIMS series include:

Life Expectancy in Northern Ireland – presenting the latest official estimates of life expectancy in Northern Ireland and an examination of the causes that contribute to the change in life expectancy over time, as well as the differentials between genders and across Local Government Districts. The latest figures for life expectancy at 65, healthy life expectancy and disability-free life expectancy are also included. https://www.health-ni.gov.uk/articles/life-expectancy-northern-ireland.[5]

Making life better: monitoring the wider social determinants of health & wellbeing - key indicators – monitoring report for the key indicators of the wider social determinants of health & wellbeing, contained in Making Life Better, [6] the public health strategic framework for NI. https://www.health-ni.gov.uk/articles/social-determinants-health-statistics.

[5] Due to a delay in the publication of sub-regional population estimates for Northern Ireland, this latest report was limited to headline regional figures only and will be followed-up with a full report once sub-population estimates have been released.
[6] https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health

Regional Health Inequalities

Regional health inequalities refer to the difference in health outcomes between the 20% most deprived and 20% least deprived areas of Northern Ireland according to the Northern Ireland Multiple Deprivation Measure. This section contains separate chapters for each theme/topic area, with each chapter containing a summary of the key findings, followed by individual indicator analysis.

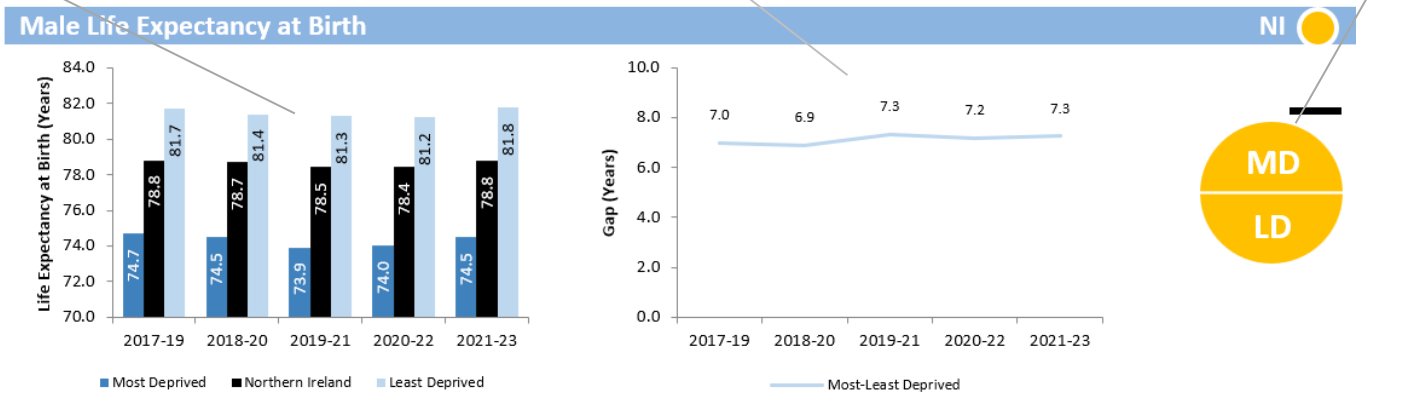
For each indicator two charts and two symbols are displayed. For ease of understanding, each theme is assigned a separate colour (for example blue is used for 'Life Expectancy and General Health'), with a deeper tone representing the 20% most deprived areas and a lighter tone the 20% least deprived.

An example of the health outcome indicator analysis, with guidance, can be seen below:

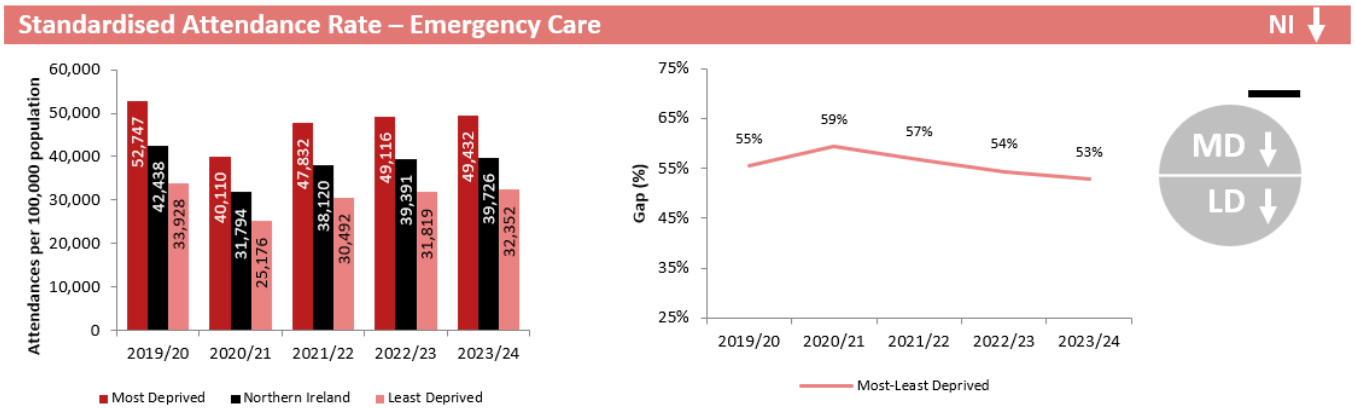
This chart shows trends in rates/outcomes over time for **Northern Ireland**, the **20% most deprived areas** and 20% least deprived areas.

This chart shows the trend for the most-least deprived inequality gap over the same period. The gap may be displayed as a discrete value e.g. years for life expectancies, or as a relative percentage

This symbol for assessment of change over time is explained on pages 7 to 9 of this report. Also shown is an indication of change at the Northern Ireland (NI) level.



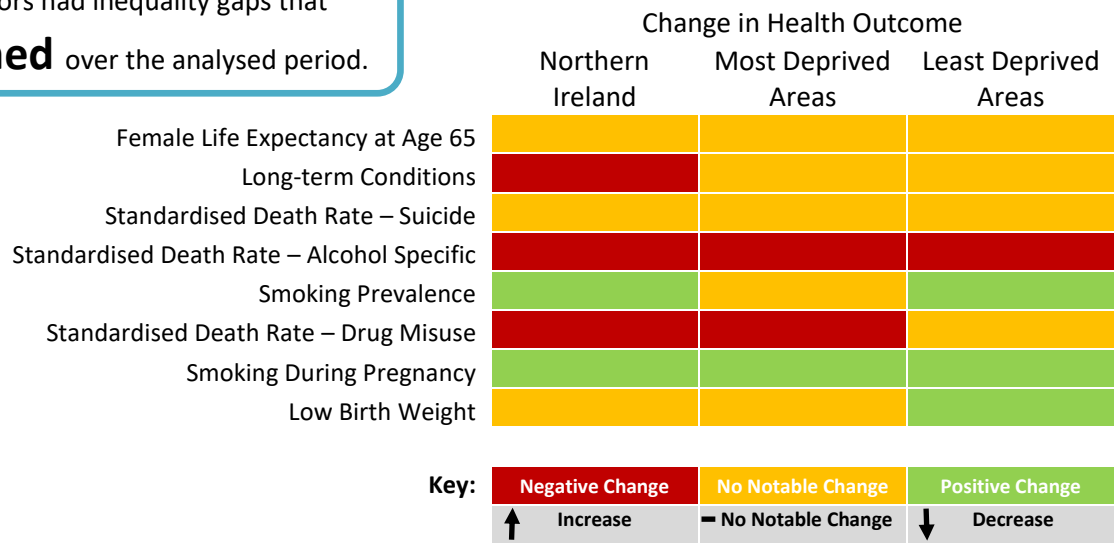
Analysis for service-based indicators are presented in the same way however the symbols for assessment of change are different from the example above and use arrows to indicate increase or decrease (as in the illustration below) rather than RAG colours to indicate improvement or decline. See pages 7 to 9 for further explanation.



SUMMARY OF CHANGES IN REGIONAL INEQUALITY GAPS OVER THE LAST 5 YEARS[7]

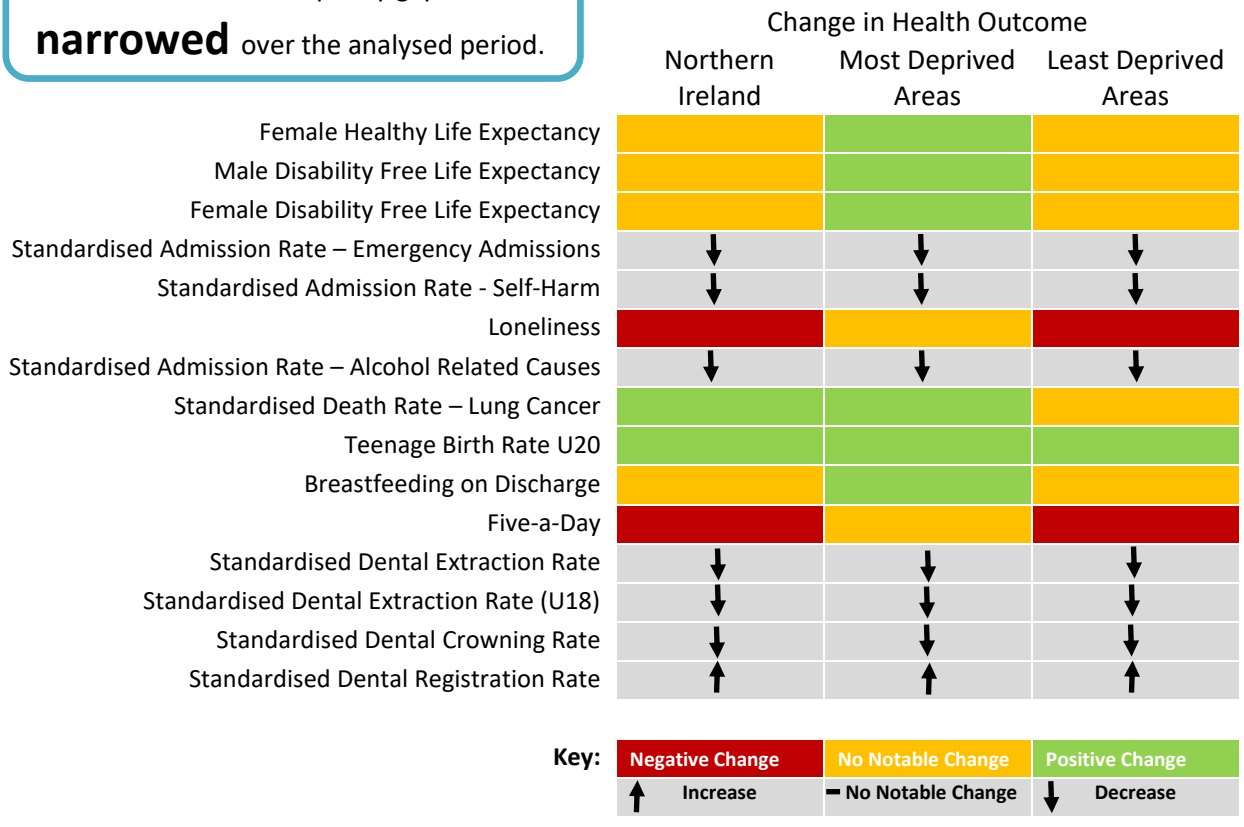
Most-Least Deprived Inequality Gaps that Widened over the Analysed Period

8 indicators had inequality gaps that **widened** over the analysed period.



Most-Least Deprived Inequality Gaps that Narrowed over the Analysed Period

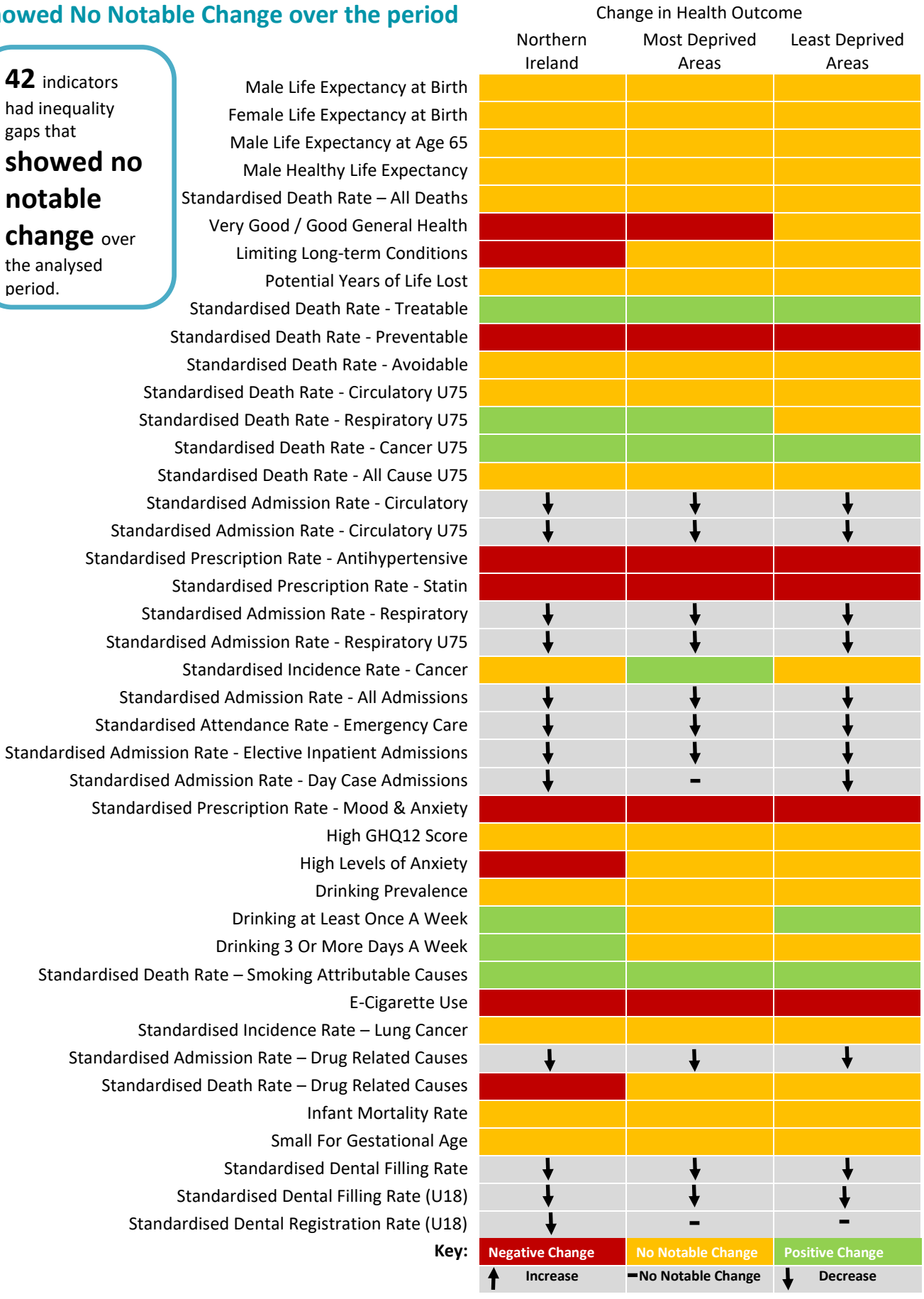
15 indicators had inequality gaps that **narrowed** over the analysed period.



[7] There are five indicators; four relating to Primary 1 and Year 8 BMI, in addition to SDR – COVID-19, for which regional assessments of change in the gap has not been carried out. This is due to an absence of data for previous years, meaning a full time series is not available.

Most-Least Deprived Inequality Gaps that showed No Notable Change over the period

42 indicators had inequality gaps that **showed no notable change** over the analysed period.



Life Expectancy & General Health

Of the twelve inequality gaps analysed, seven displayed no changes over the analysed period. While there were no changes in the most or least deprived areas for male and female life expectancies at birth, or at age 65, the inequality gap in female life expectancy at age 65 widened slightly. Inequality gaps for female healthy life expectancy (HLE) and, male and female disability free life expectancies (DFLE), narrowed over the analysed period due to improvements in the most deprived areas however despite the narrowing, the gaps remained notable, with the gap in female HLE between the 20% most and least deprived areas stood at 14.0 years in 2021-23. The inequality gap in the proportion of individuals reporting long term health conditions widened while the gap for limiting long term conditions saw no overall change. While there were improvements in the proportion of respondents reporting good or very good health in both the most and least deprived areas, there was no notable change in the associated inequality gap.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

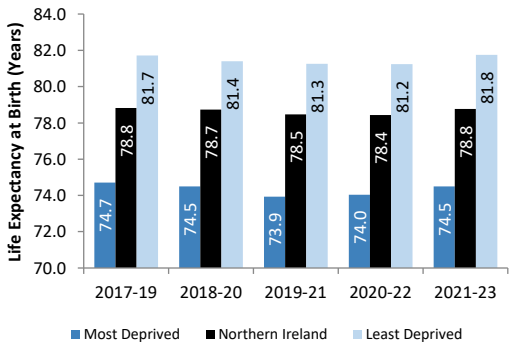
Narrowing of the Gap

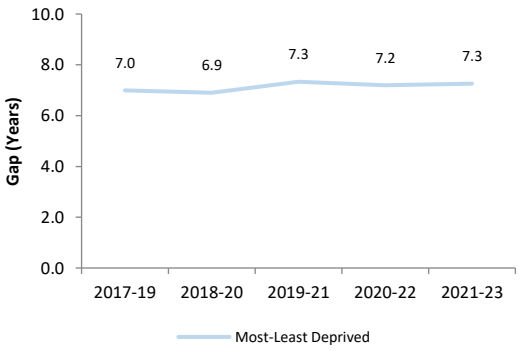
No Notable Change in the Gap

Widening of the Gap

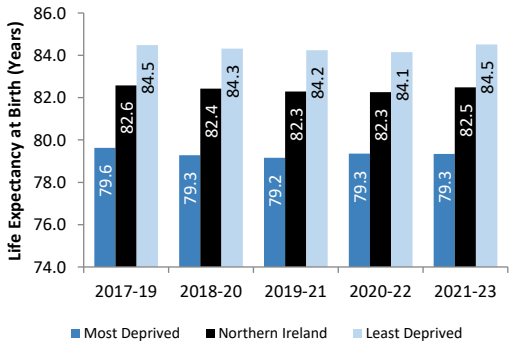
Northern Ireland: NI

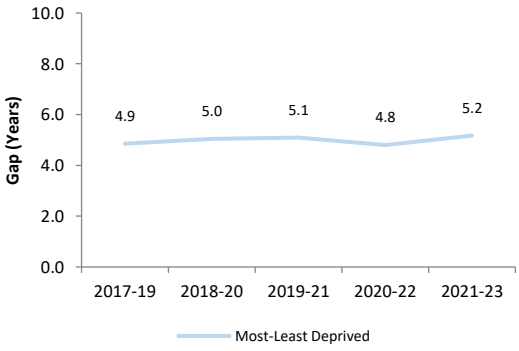
Male Life Expectancy at Birth





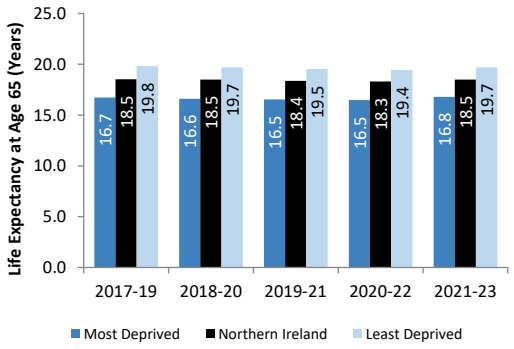
Female Life Expectancy at Birth

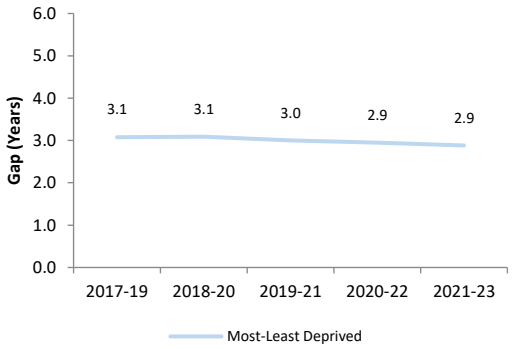




Male Life Expectancy at Age 65

NI





Female Life Expectancy at Age 65[8]

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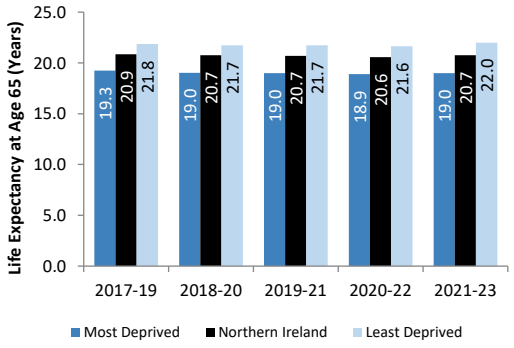

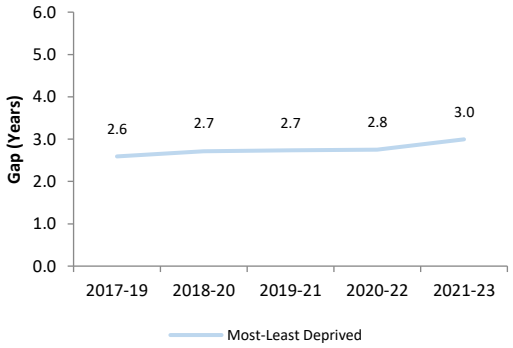

Male Healthy Life Expectancy [9]

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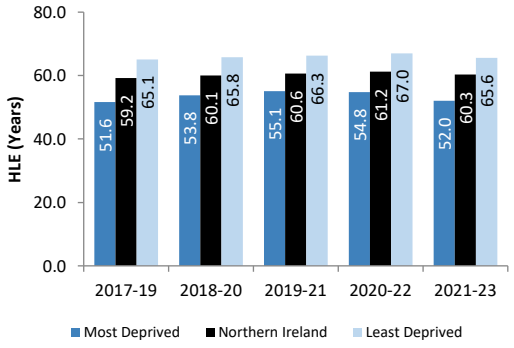

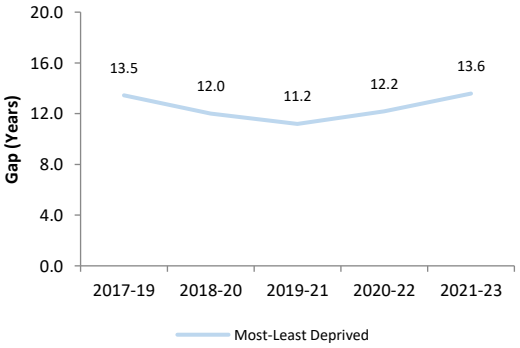

Female Healthy Life Expectancy [9]

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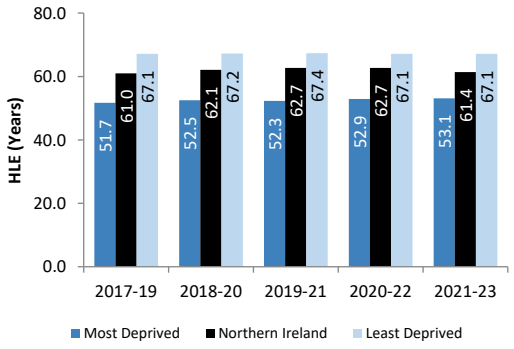
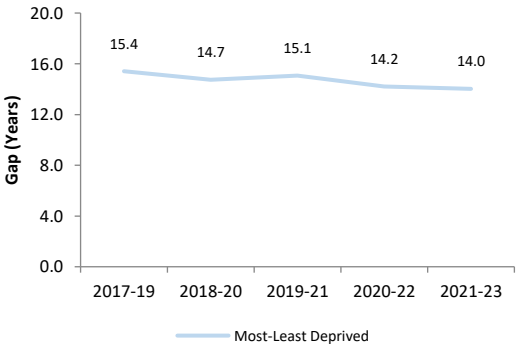
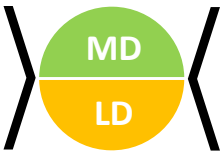




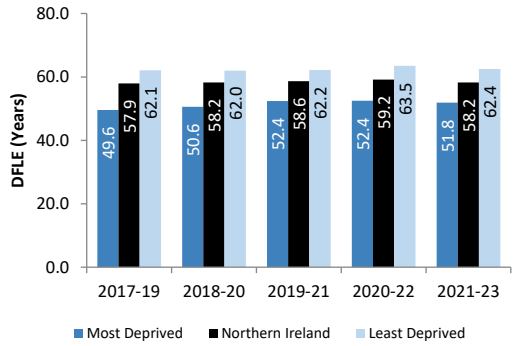


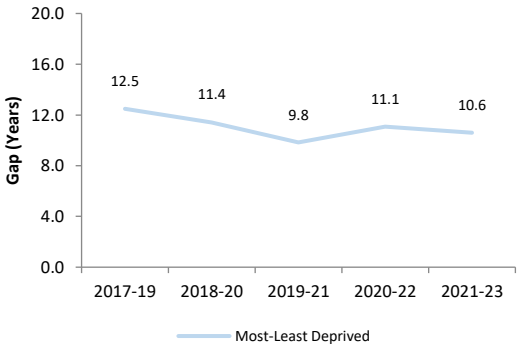
[8] Although there were no changes observed within the most and least deprived areas, a widening of the inequality gap has been indicated due to the year-on year increases.

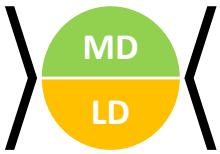
[9] Between 2020/21 and 2022/23, the Health Survey NI, from which HLE and DFLE estimates are produced, was telephone based using a smaller sample size, and did not include children. To ensure the figures remained as representative as possible of the entire population, data relating to children in 2019 was held constant from 2020 to 2022. This should be considered when assessing changes. Please see Appendix E for more detail.

Male Disability Free Life Expectancy [10]

NI







Female Disability Free Life Expectancy [10]

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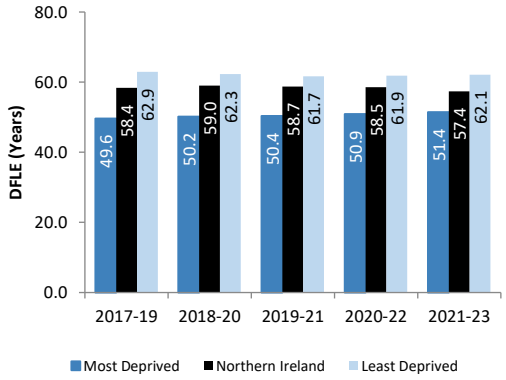
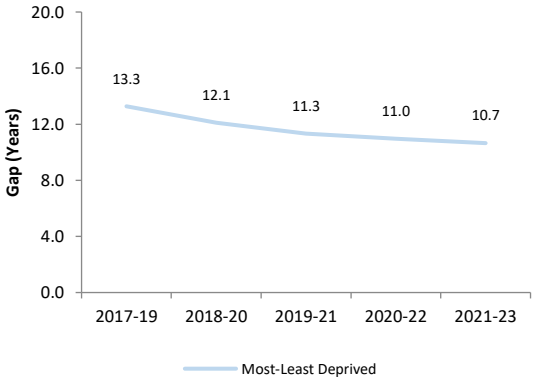
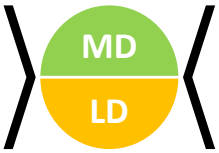
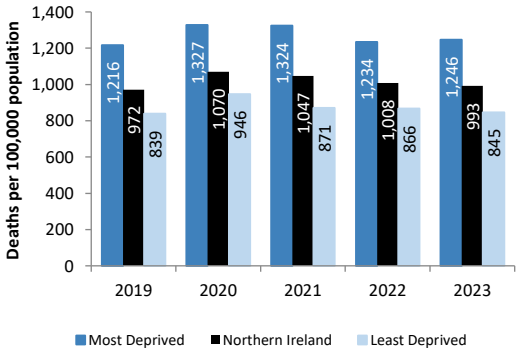


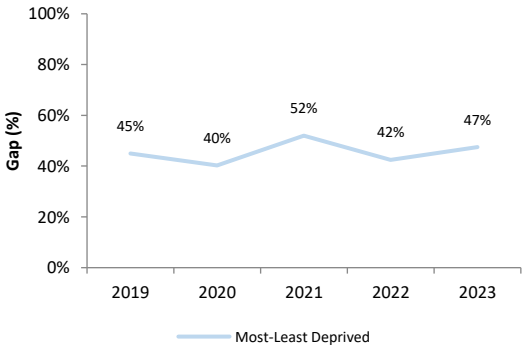




Standardised Death Rate – All deaths

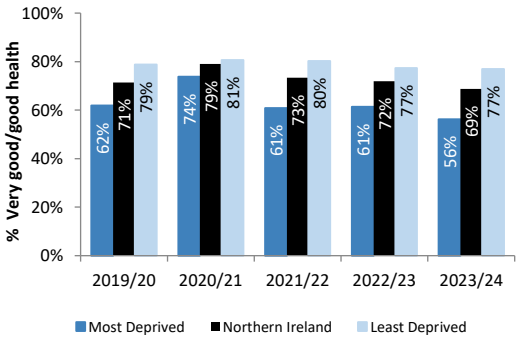
NI

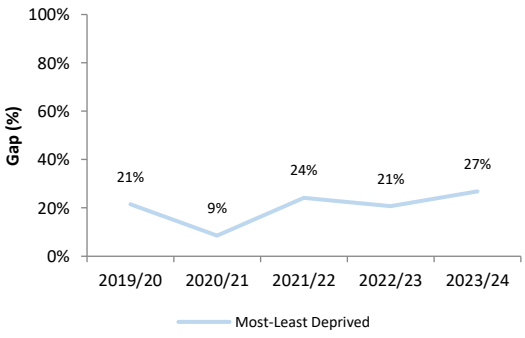


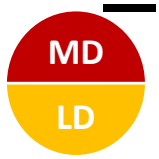


Very Good / Good General Heath

NI



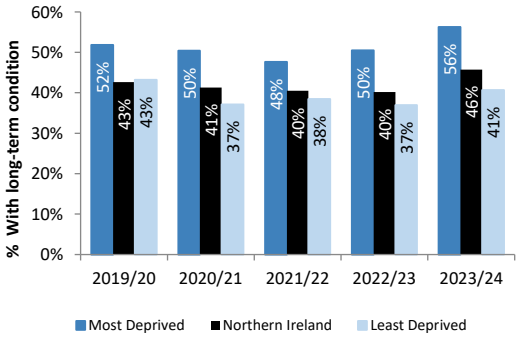


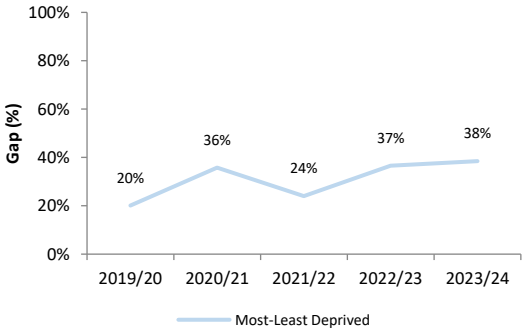


[10] Between 2020/21 and 2022/23, the Health Survey NI, from which HLE and DFLE estimates are produced, was telephone based using a smaller sample size, and did not include children. To ensure the figures remained as representative as possible of the entire population, data relating to children in 2019 was held constant from 2020 to 2022. This should be considered when assessing changes. Please see Appendix E for more detail.

Long-Term Conditions[11]

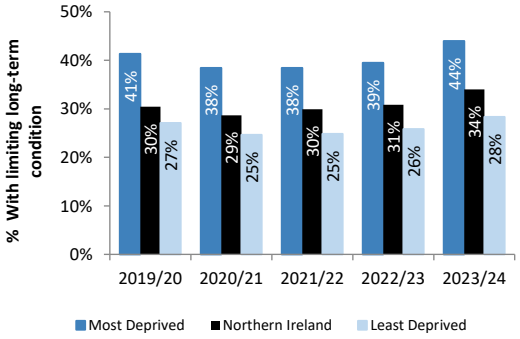
NI

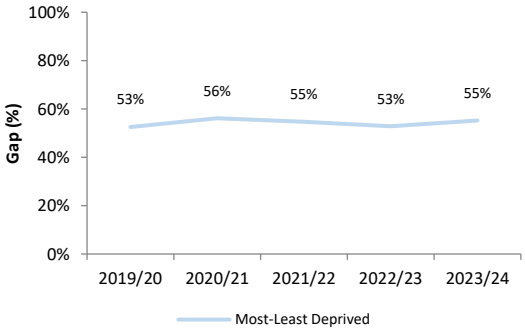




Limiting Long-Term Conditions

NI



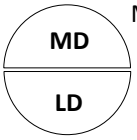


[11] Although there were no changes observed within the most and least deprived areas, a widening of the inequality gap has been indicated due to the widening gap trend observed over the period.

Premature Mortality

Large inequality gaps continue to highlight markedly higher rates of premature mortality in the most deprived areas, with no changes in any of the inequality gaps analysed over the period. There were improvements observed across all areas for treatable mortality. The opposite was true for preventable mortality which worsened over the period regionally, and in the most and least deprived areas and while the gap remained similar, preventable mortality in the most deprived areas was three times that in the least deprived areas. Improvements were noted within the standardised death rate of cancer in under 75s in all areas, and also within the under 75 respiratory mortality rate, both regionally and in the most deprived areas, however there were no notable changes in the assosciated most-least deprived inequality gaps. The largest inequality gap was seen for the under 75 respiratory death rate where the rate in the most deprived areas was almost three and a half times the rate in the least deprived areas.

Key:



Most Deprived Areas

Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

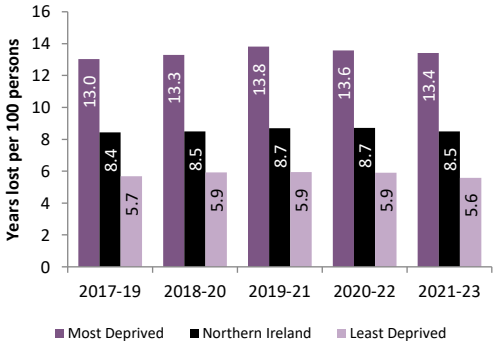
No Notable Change in the Gap

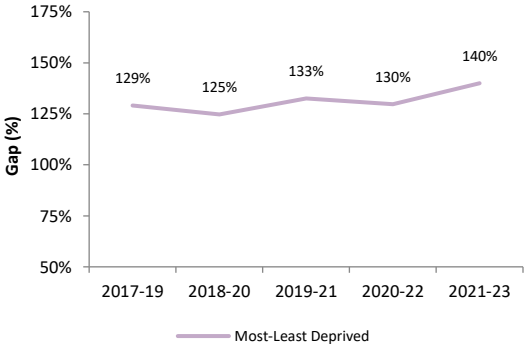
Widening of the Gap

Northern Ireland: NI

Potential Years of Life Lost

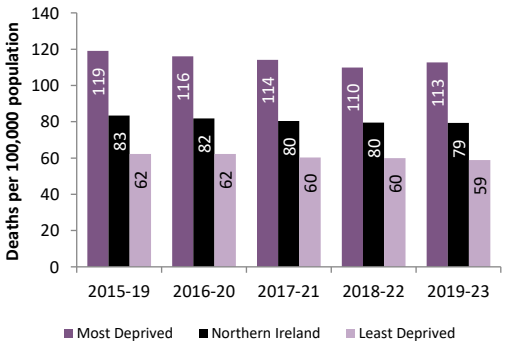
NI

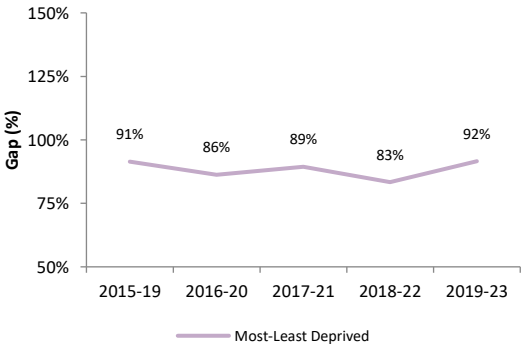




Standardised Death Rate – Treatable

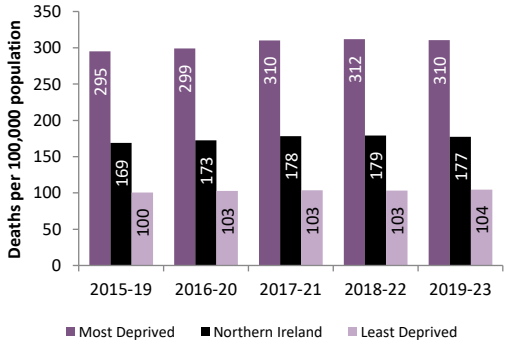
NI

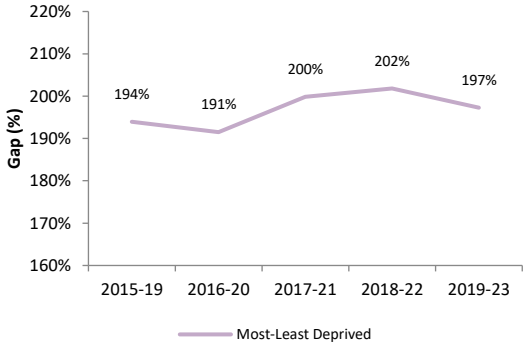


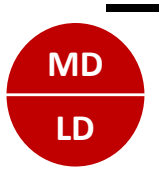


Standardised Death Rate – Preventable

NI







Standardised Death Rate – Avoidable

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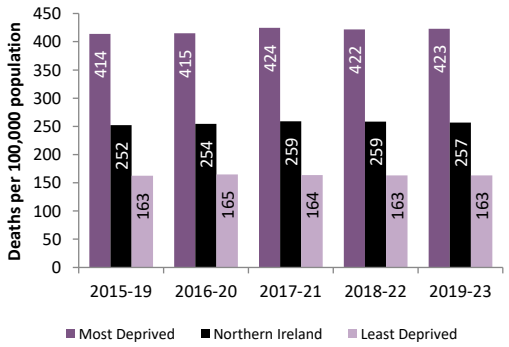

Standardised Death Rate – Circulatory U75

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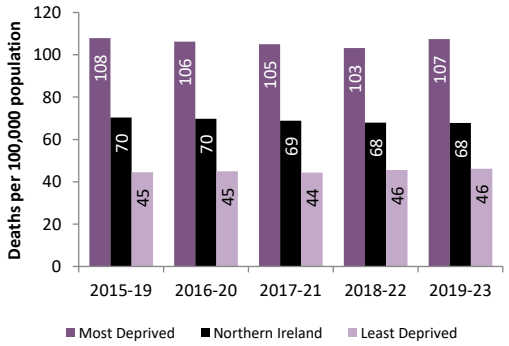

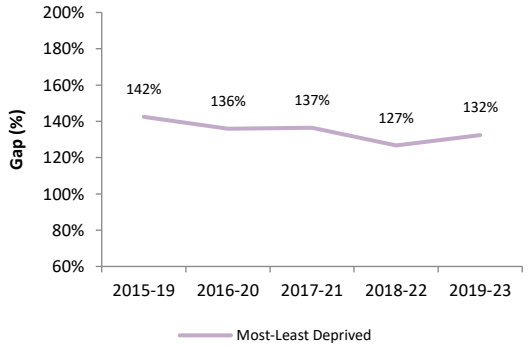

Standardised Death Rate – Respiratory U75

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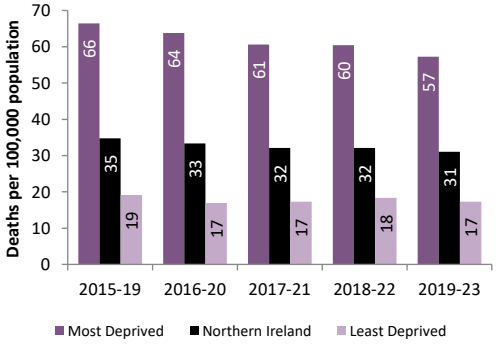
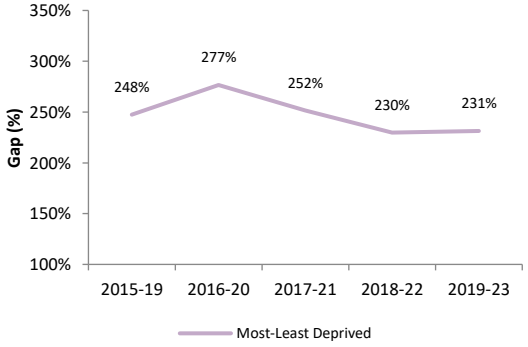
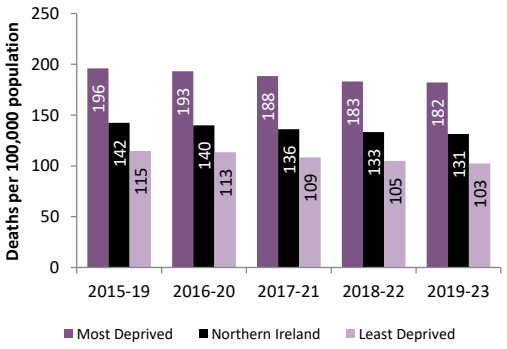
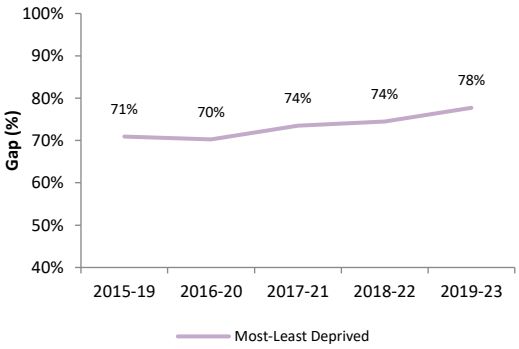




Standardised Death Rate – Cancer U75

NI



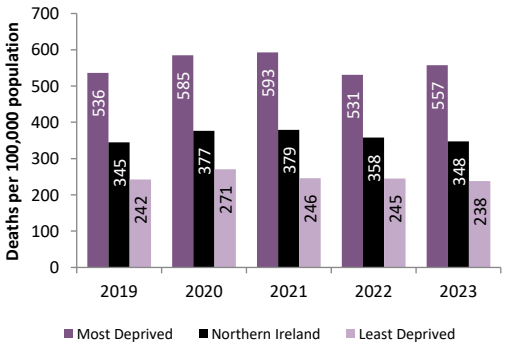


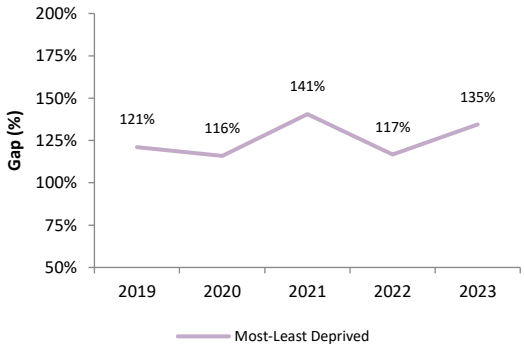
MD

LD

Standardised Death Rate – All Cause U75

NI





MD

LD

Major Diseases

Over the assessment period, no changes were found in any of the most-least deprived gaps for indicators of major disease. All admission indicators for major disease saw decreases in rates within the most and least deprived areas, as well as regionally, while antihypertensive and statin prescription rates increased in all areas. Although the standardised cancer incidence rate improved within the most deprived areas, there was no notable change in the inequality gap. The largest inequality gap was observed for admissions due to respiratory diseases among those aged under 75 years, where the rate in in the most deprived areas was double the rate in the least deprived areas.

Health Outcome Indicators

Key:

MD — Most Deprived Areas

LD — Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

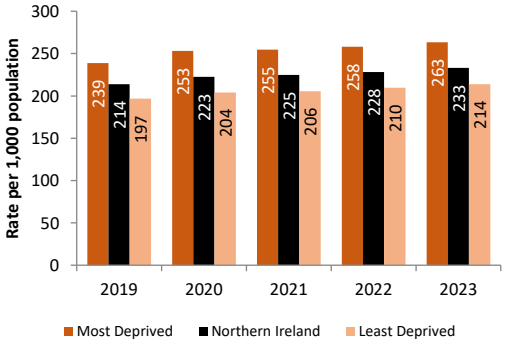
No Notable Change in the Gap

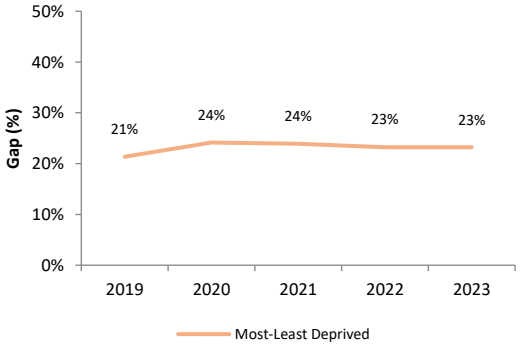
Widening of the Gap

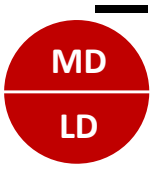
Northern Ireland: NI

Standardised Prescription Rate – Antihypertensive

NI

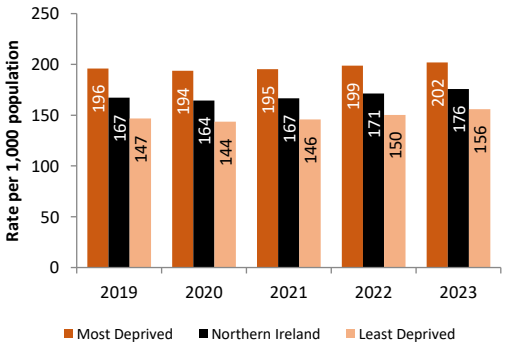


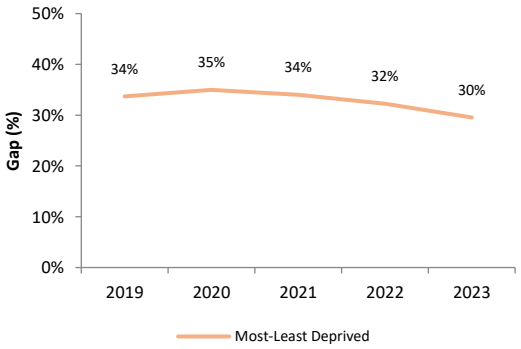




Standardised Prescription Rate – Statin

NI





Standardised Incidence Rate – Cancer

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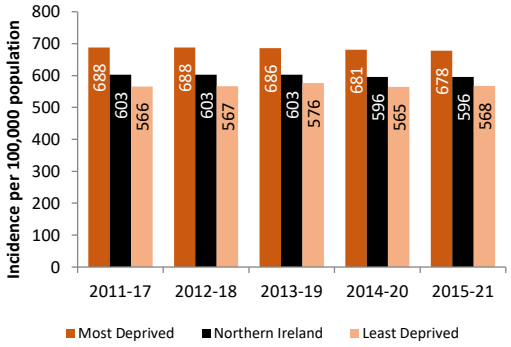
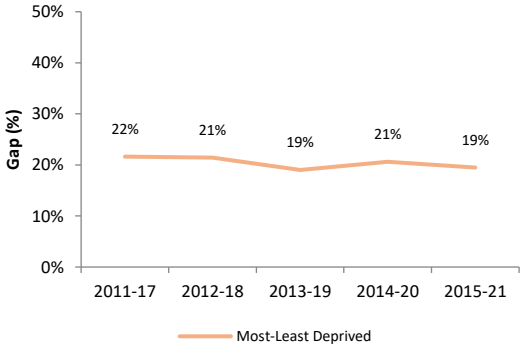
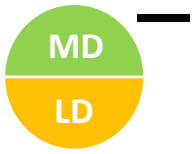
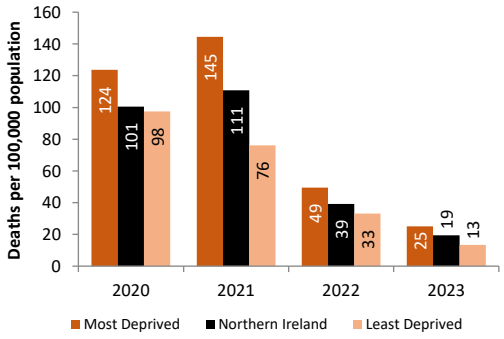
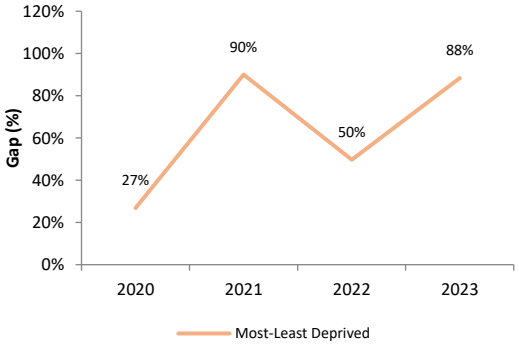




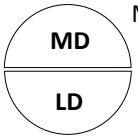


Standardised Death Rate – COVID-19 [12]





Service-based Indicators



Most Deprived Areas

Least Deprived Areas

Increase

No Notable Change

Decrease

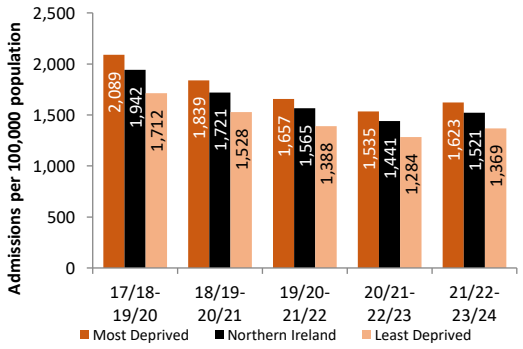
Narrowing of the Gap

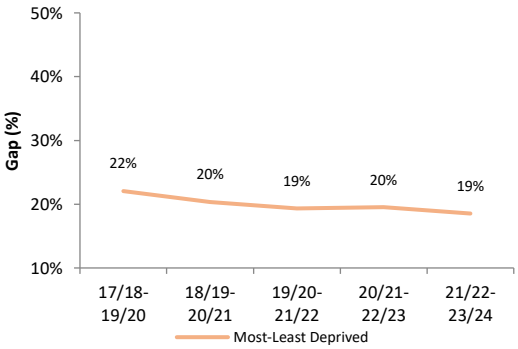
No Notable Change in the Gap

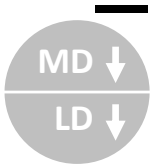
Widening of the Gap

Standardised Admission Rate – Circulatory [13] [14] [15]

NI







[12] As COVID-19 is an emergent disease, data is only available for 2020 to 2022, therefore only a limited time series is available. The 'Standardised Death Rate – COVID-19' is based on deaths due to COVID-19 that have been registered with the General Register Office (GRO). It does not include deaths reported to the PHA where the deceased has had a positive test for COVID-19 and died within 28 days, where subsequently COVID-19 was not registered on the death certificate as the cause of death.

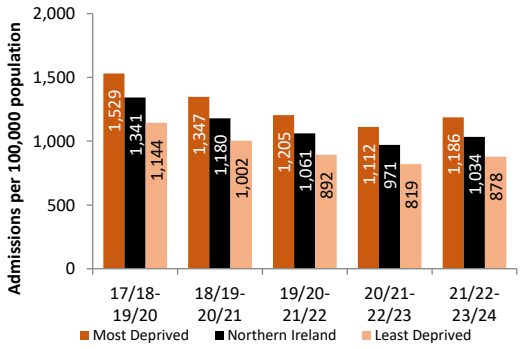
[13] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

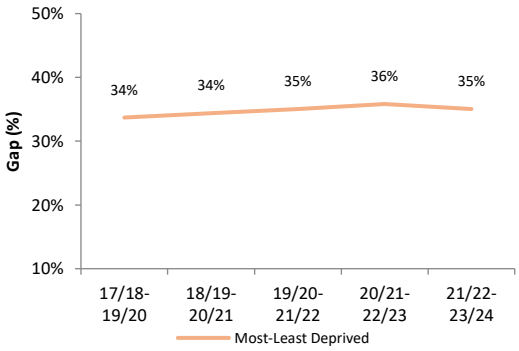
[14] Circulatory admissions have been identified based on primary diagnosis field only.

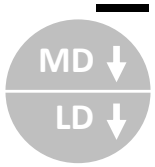
[15] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Standardised Admission Rate – Circulatory U75 [16] [17] [18]

NI ↓

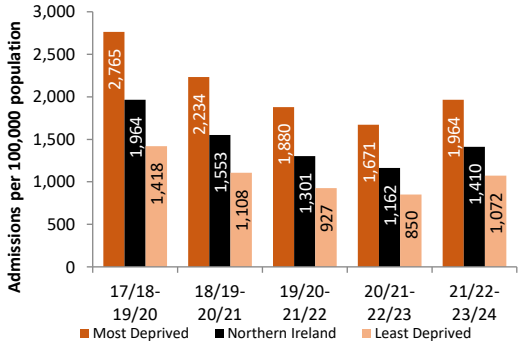


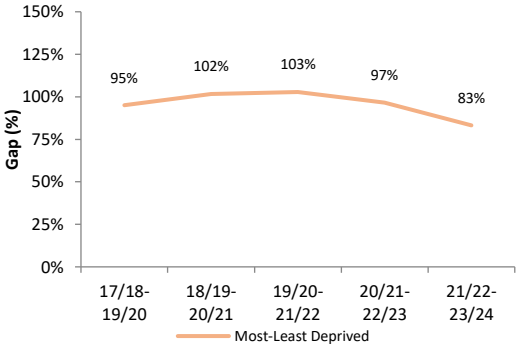


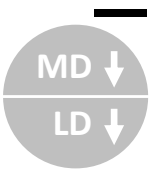


Standardised Admission Rate – Respiratory [16] [17] [18]

NI ↓

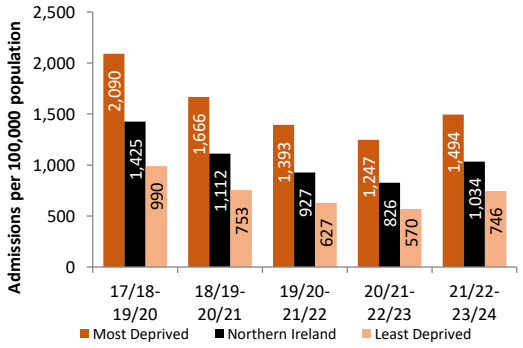


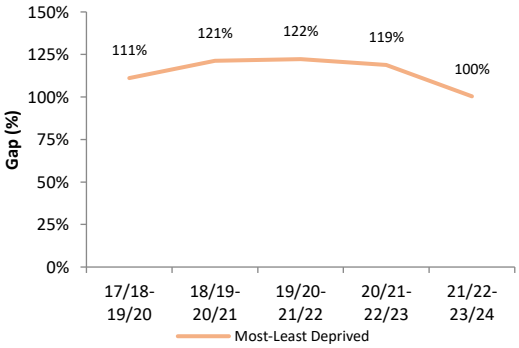


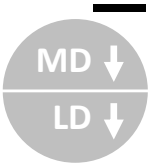


Standardised Admission Rate – Respiratory U75 [16] [17] [18]

NI ↓







[16] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.
[17] Respiratory admissions have been identified based on primary diagnosis field only.
[18] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Hospital Activity

Over the past five years, admission and attendance rates decreased for all indicators in the most and least deprived areas and in NI as a whole, with the exception of the standardised day case admission rate in the most deprived areas which seen no change. While the most-least deprived inequality gap for the standardised emergency admission rate narrowed slightly, there were no changes observed for any other indicator. The largest inequality gaps continue to persist with emergency attendances and emergency care admissions where the rates in the most deprived areas are over one and a half times the rates in the least deprived areas.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

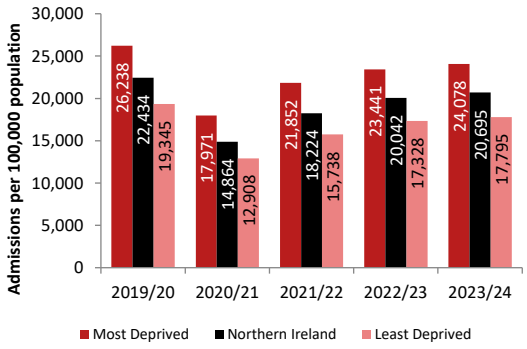
〉〈 Narrowing of the Gap

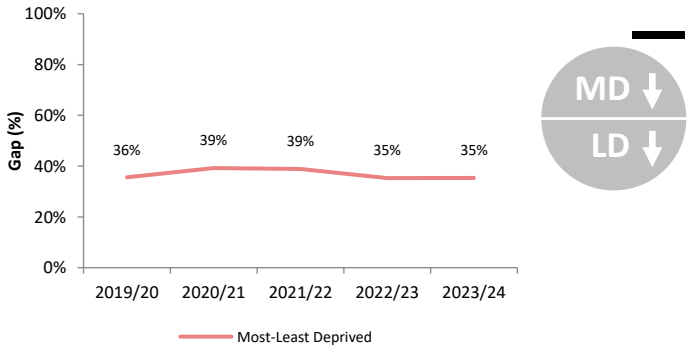
— No Notable Change in the Gap

〈〉 Widening of the Gap

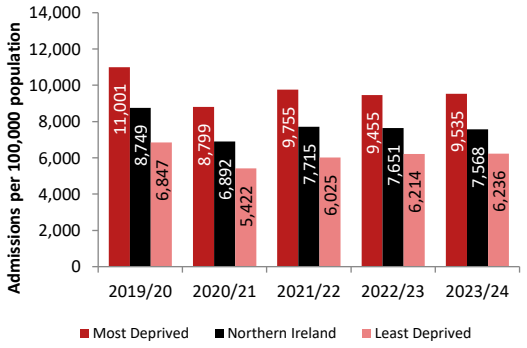
Northern Ireland: NI

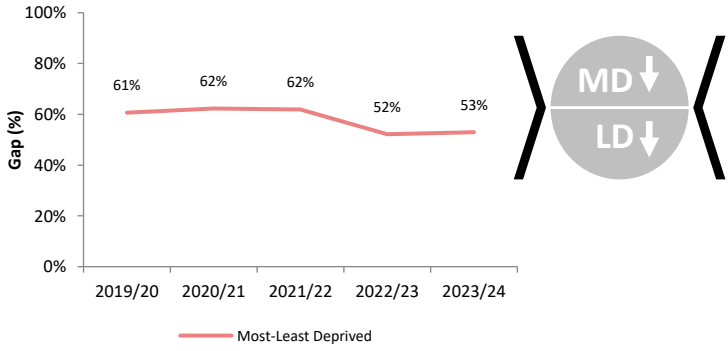
Standardised Admission Rate – All Admissions [19] [20] [21] NI ↓





Standardised Admission Rate – Emergency Admissions [19] [20] [21] NI ↓

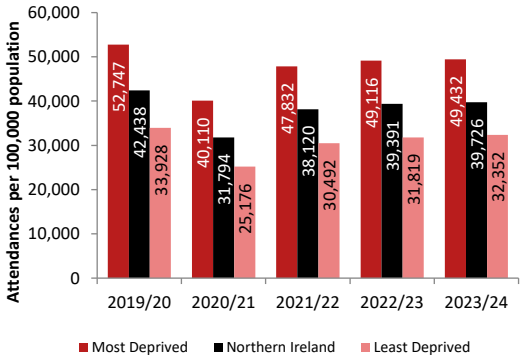


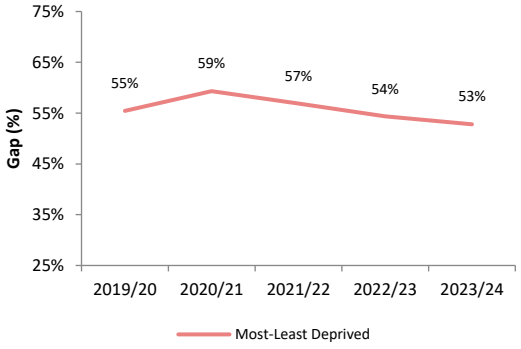


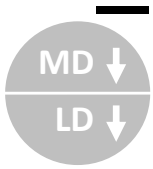
[19] Includes all admissions under the 'Acute Programme of Care' only.
[20] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.
[21] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Standardised Attendance Rate – Emergency Care [23]

NI ↓

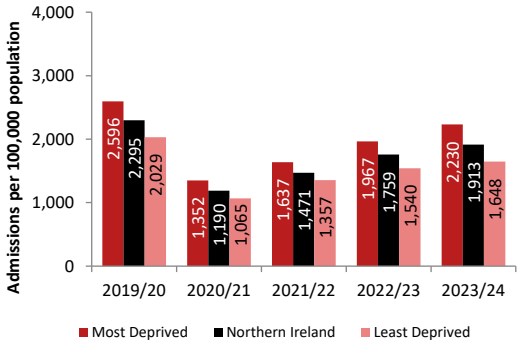


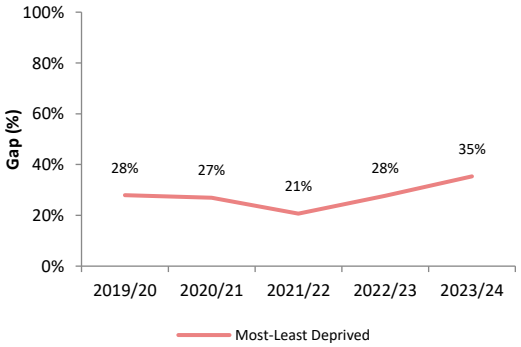


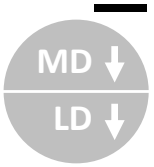


Standardised Admission Rate – Elective Inpatient Admissions [22] [23] [24]

NI ↓

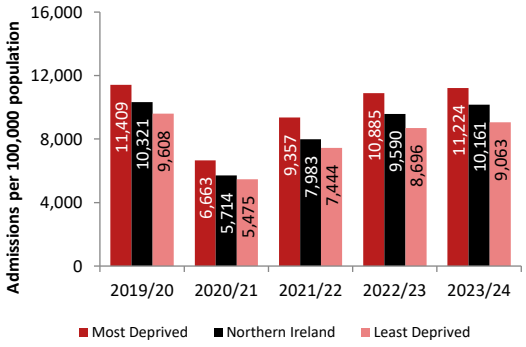


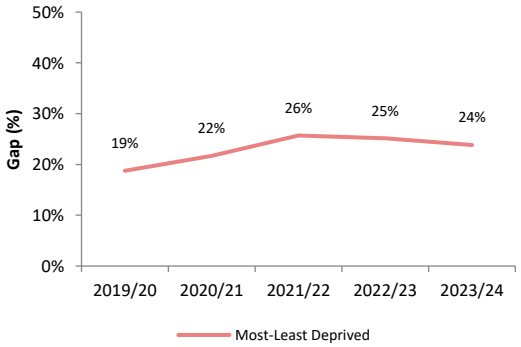


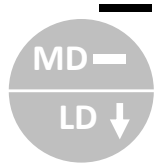


Standardised Admission Rate – Day Case Admissions [22] [23] [24]

NI ↓







[22] Includes all admissions under the 'Acute Programme of Care' only.
[23] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.
[24] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Mental Health

Large inequality gaps continue to exist for mental health indicators however, there was a narrowing of the inequality gap in self-harm admissions, with a decrease in rates regionally and in the most and least deprived areas, but the rate in the most deprived areas remained around two and a half times the rate in the least deprived areas. Prescription rates for mood and anxiety disorders showed a negative change over the period with rates increasing regionally and in the most and least deprived areas. In 2021-23 the suicide mortality rate in the most deprived areas was almost three times the rate observed in the least deprived areas, with the gap widening over the analysed period.

Health Outcome Indicators

Key:

MD — Most Deprived Areas

LD — Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

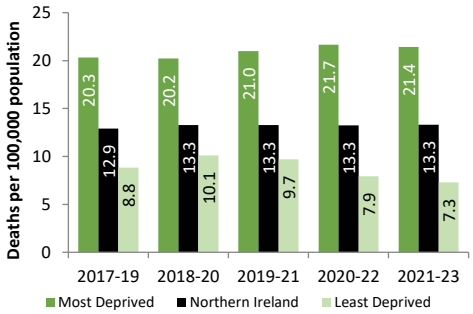
No Notable Change in the Gap

Widening of the Gap

Northern Ireland: NI

Standardised Death Rate - Suicide [25] [26]

NI

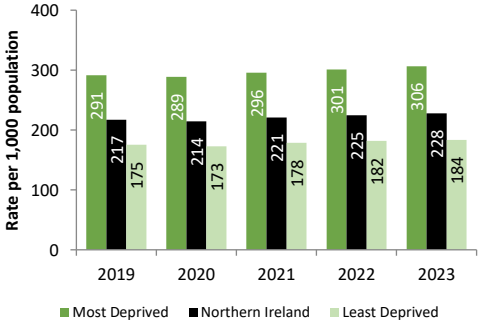


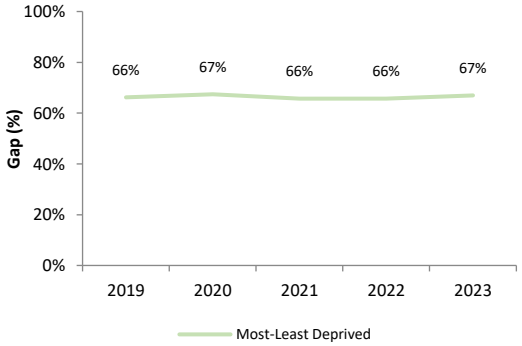
MD

LD

Standardised Prescription Rate – Mood & Anxiety

NI





MD

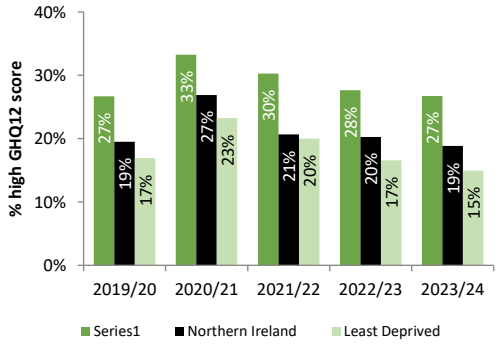
LD

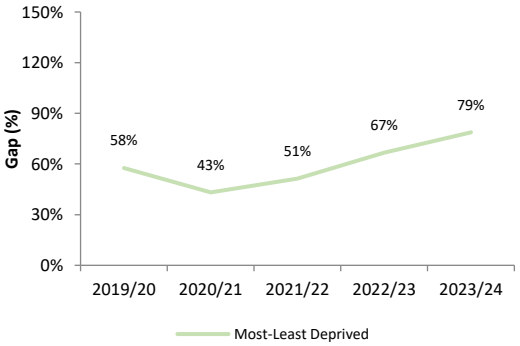
[25] It is important to note that registration-based figures build in delays arising from system wide processes which can drive annual fluctuations in the series. Events such as infant death, drug related deaths or suicide are usually referred to a coroner and this legal process can take some time.

[26] This indicator replaces the non-age standardised suicide death rate included in previous reports to bring it in line with the agreed UK definition for suicide, for further information see Appendix E. Although there were no changes observed within the most and least deprived areas, a widening of the inequality gap has been indicated due to widening trend in the gap over the analysed period.

High GHQ12 Score

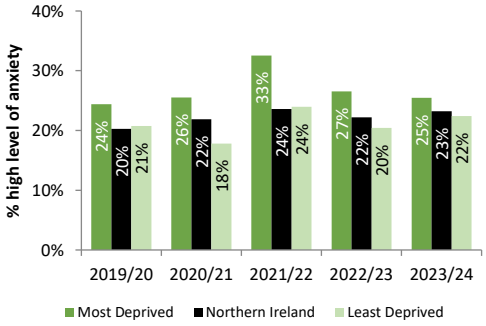
NI

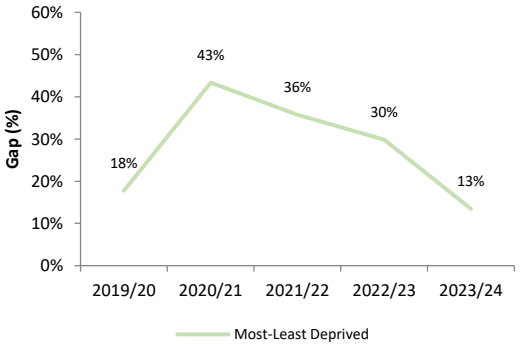




High Levels of Anxiety

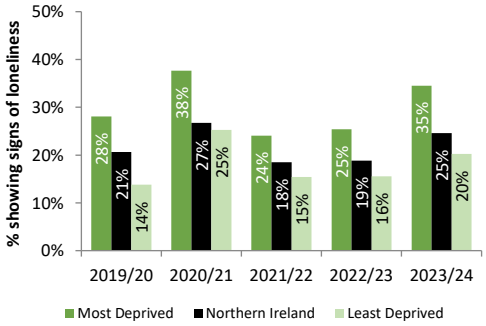
NI

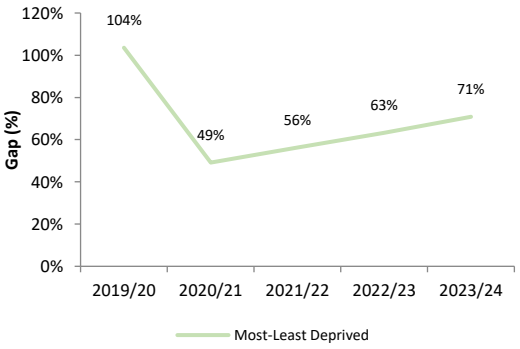


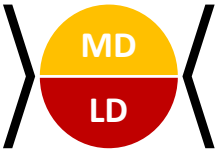


Loneliness

NI







Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

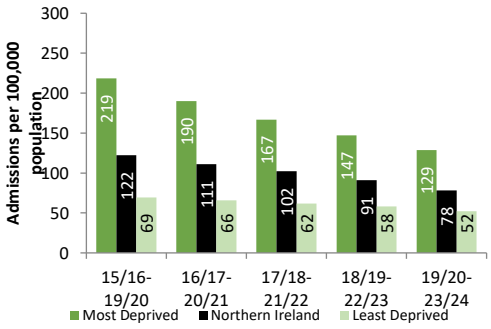
〉〈 Narrowing of the Gap

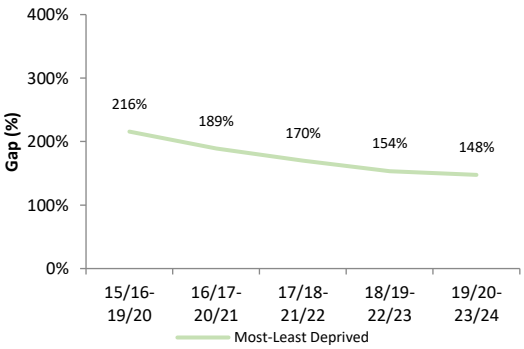
— No Notable Change in the Gap

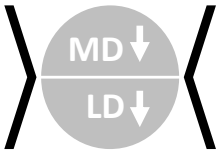
〈〉 Widening of the Gap

Northern Ireland: NI

Standardised Admission Rate – Self-Harm [27] [28] [29] NI ↓







[27] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

[28] Self-harm admissions have been identified based on primary diagnosis field or any of the first 6 secondary diagnoses fields, and includes admissions under the 'Acute Programme of Care' only.

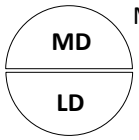
[29] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Alcohol, Smoking & Drugs

Alcohol, smoking and drugs related indicators continue to present some of the largest health inequalities in NI. The alcohol specific death rate worsened over the analysed period in all areas and the most-least deprived inequality gap widened, with the death rate in the most deprived areas now over four and a half times the rate in the least deprived areas. Inequality gaps for drinking prevalence, drinking at least once a week, and drinking three or more days a week, were all negative in that rates were higher among the least deprived than the most deprived. The gap for smoking attributable mortality seen no notable change over the analysed period however rates improved in the most and least deprived areas. The deprivation gap for drug misuse deaths widened over the analysed period and showed the largest inequality gap, where mortality in the most deprived areas was almost six times that of the least deprived.[30]

Health Outcome Indicators

Key:



Most Deprived Areas

Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

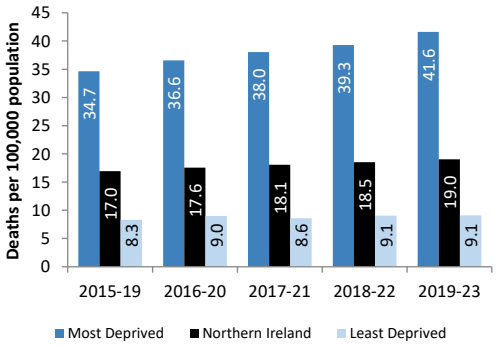
No Notable Change in the Gap

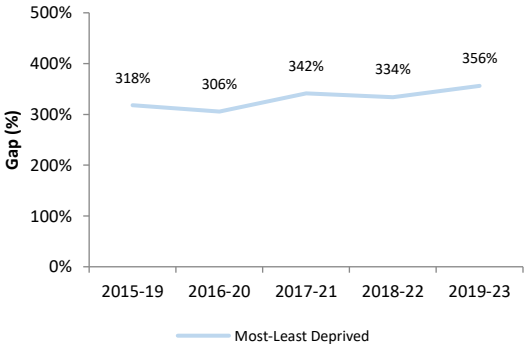
Widening of the Gap

Northern Ireland: NI

Standardised Death Rate – Alcohol Specific

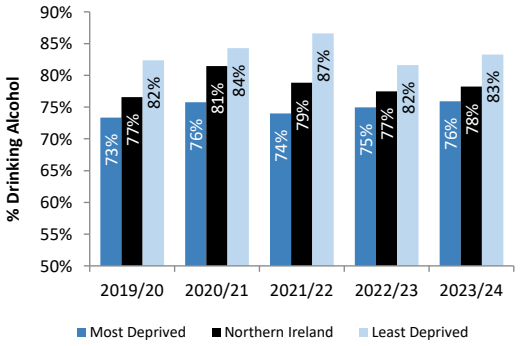
NI

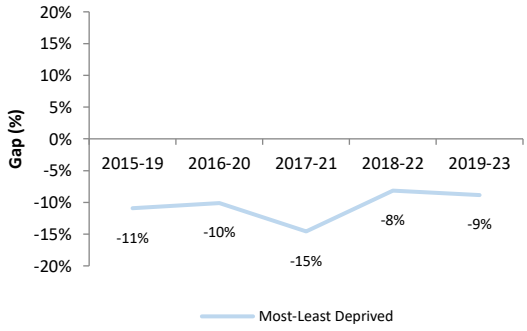




Drinking Prevalence

NI





[30] Please note that some observations may be due to changes in drug misuse behaviours among the population. For more information see Appendix E: Technical Notes & Definitions.

Drinking At Least Once A Week

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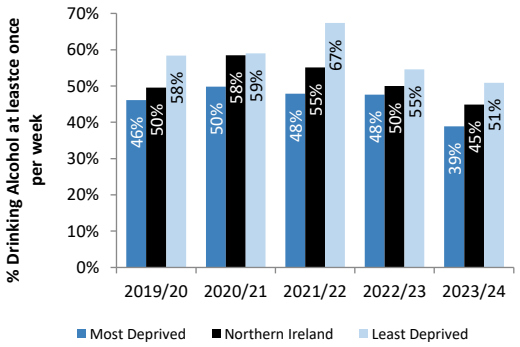

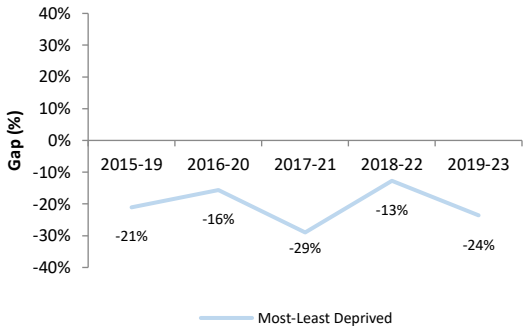

Drinking 3 Or More Days A Week

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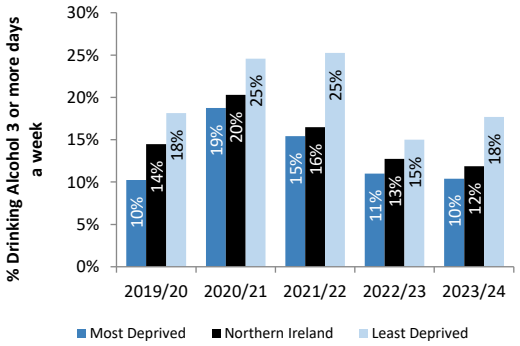
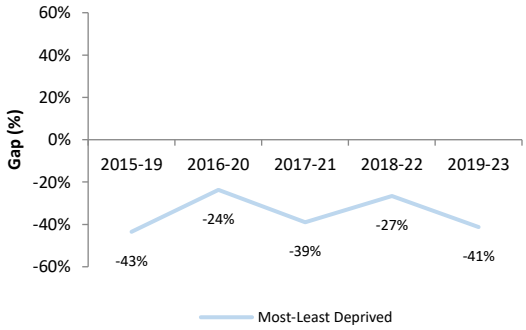
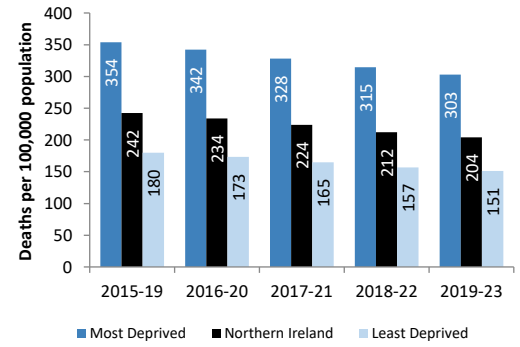
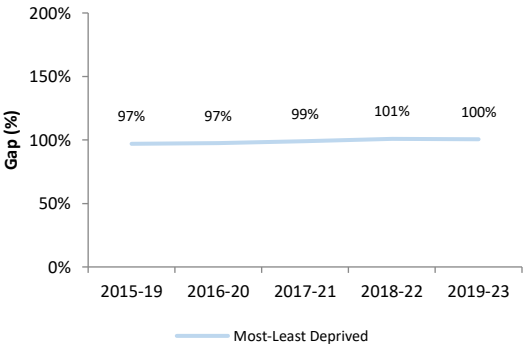


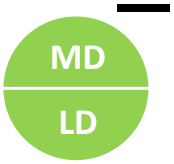


Standardised Death Rate – Smoking Attributable Causes

NI







Smoking Prevalence

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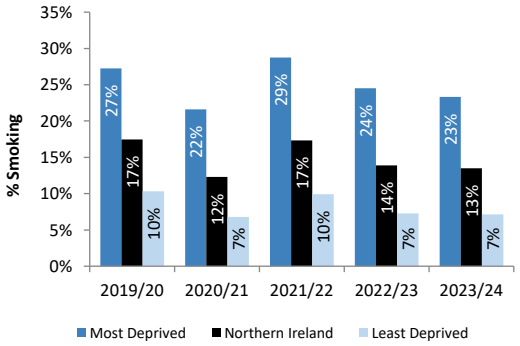

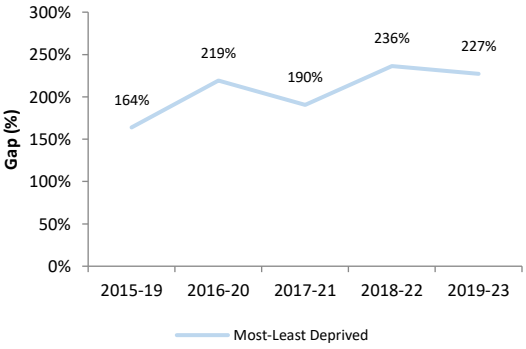

E-Cigarette Use

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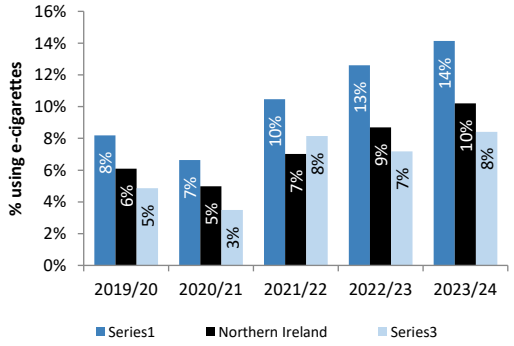

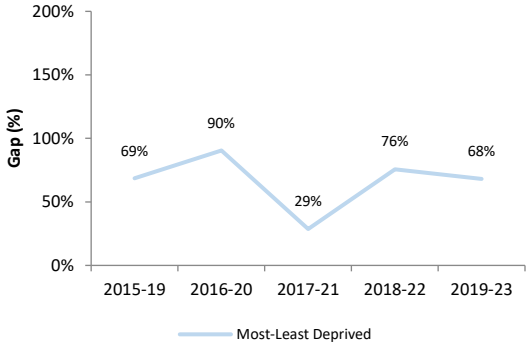

Standardised Incidence Rate – Lung Cancer

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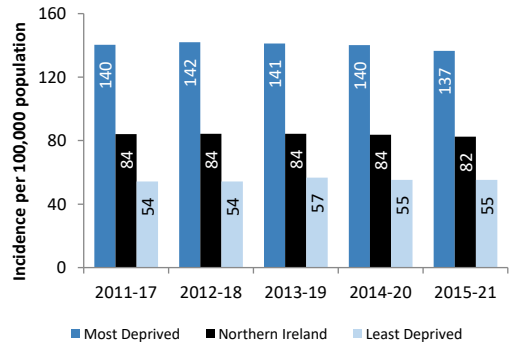
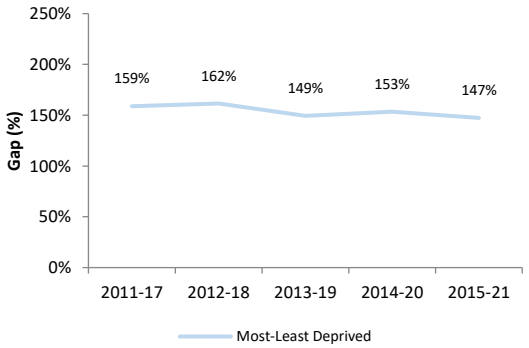
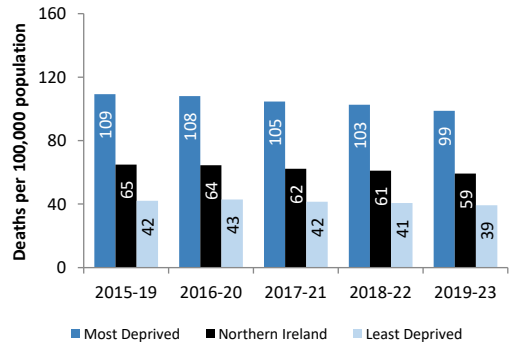
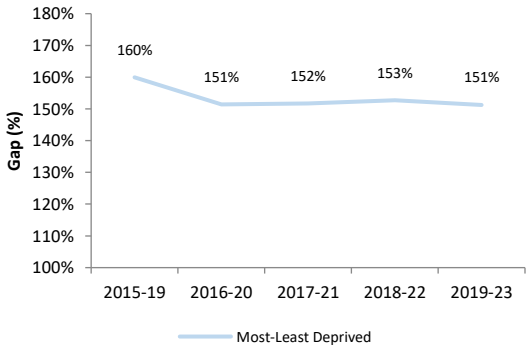


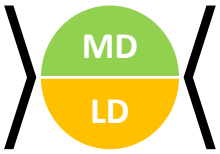


Standardised Death Rate – Lung Cancer

NI

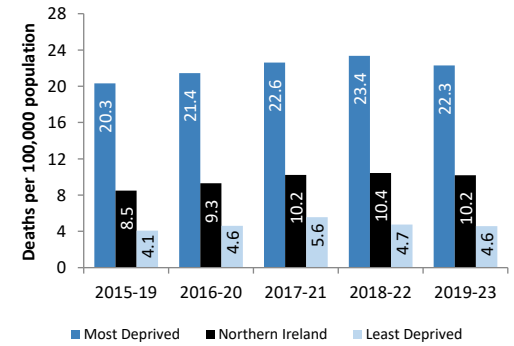


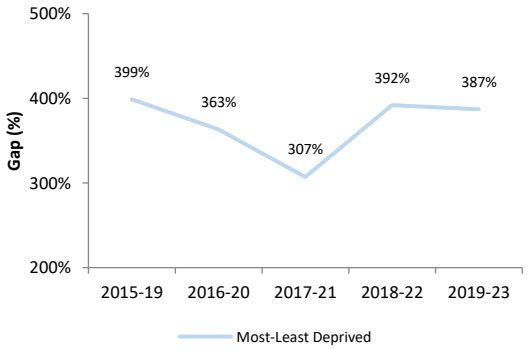




Standardised Death Rate – Drug Related Causes [31]

NI

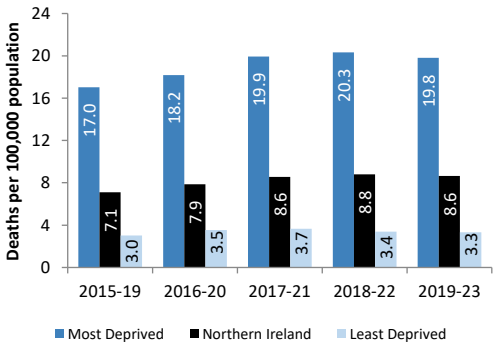


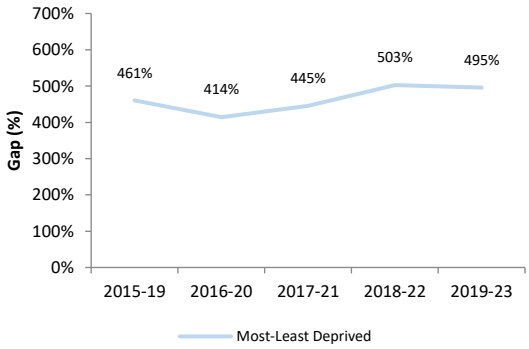


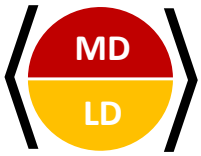
[31] It is important to note that registration-based figures build in delays arising from system wide processes which can drive annual fluctuations in the series. Events such as infant death, drug related deaths or suicide are usually referred to a coroner and this legal process can take some time.

Standardised Death Rate – Drug Misuse [32]

NI







Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

Narrowing of the Gap

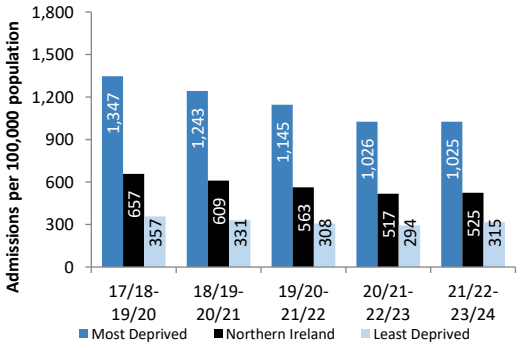
No Notable Change in the Gap

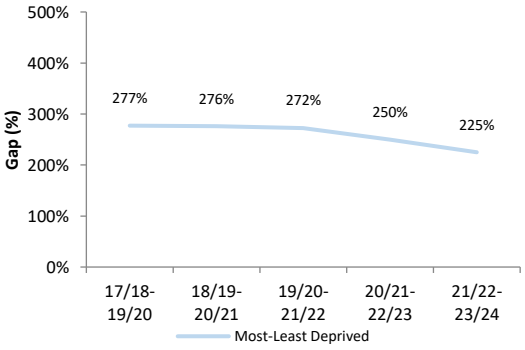
Widening of the Gap

Northern Ireland: NI

Standardised Admission Rate – Alcohol Related Causes [33] [34] [35]

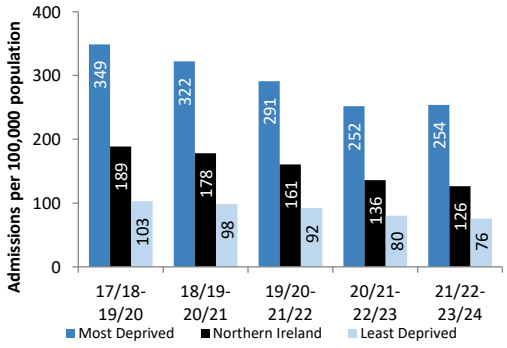
NI

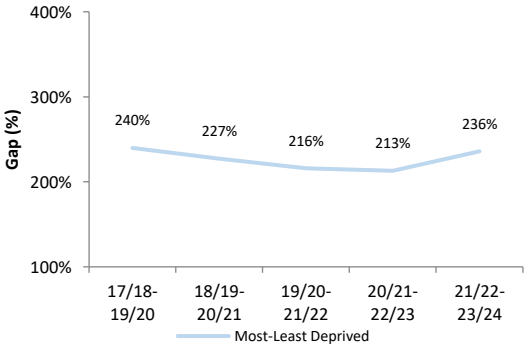


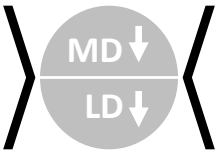


Standardised Admission Rate – Drug Related Causes [33] [34] [35]

NI







[32] It is important to note that registration-based figures build in delays arising from system wide processes which can drive annual fluctuations in the series. Events such as infant death, drug related deaths or suicide are usually referred to a coroner and this legal process can take some time.

[33] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

[34] Alcohol and drug related admissions have been identified based on primary diagnosis field or any of the first 6 secondary diagnoses fields and relates to admissions under the 'Acute Programme of Care' only.

[35] Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see Appendix E.

Pregnancy & Early Years

While improvements in smoking in pregnancy and the under 20 teenage birth rate were seen within all areas during the analysed period, the most-least deprived inequality gaps are still among the highest of all indicators. The rate of smoking in pregnancy in the most deprived areas was over six times the rate in the least deprived areas in 2023, representing a widening of the inequality gap. Coversely the under 20 teenage birth rate gap narrowed over the last five years from 514% in 2019 to 430% in 2023. There was an improvement in the gap for breastfeeding on discharge over the period.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

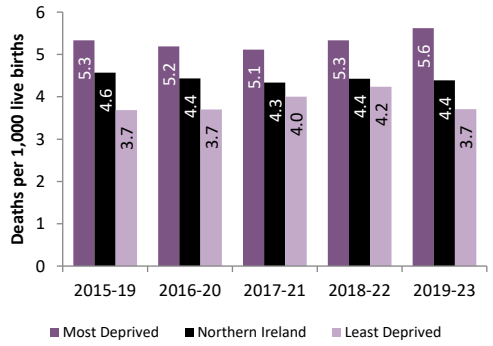
No Notable Change in the Gap

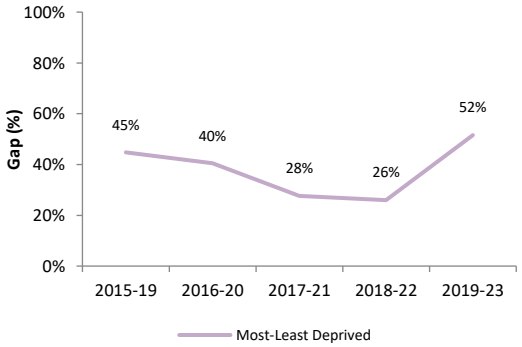
Widening of the Gap

Northern Ireland: NI

Infant Mortality Rate [36]

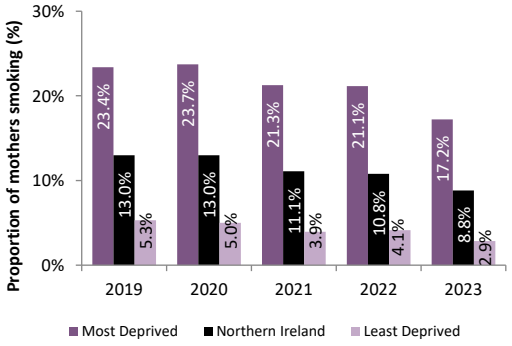
NI





Smoking During Pregnancy [37]

NI

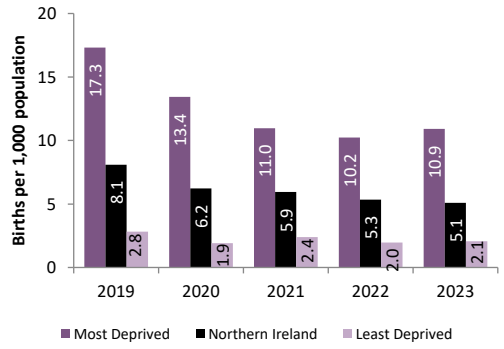


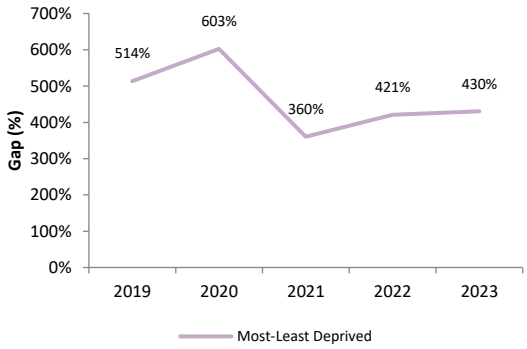
[36] As the underlying rates are relatively low (typically below 6 deaths per 1,000 live births), small annual changes can have a large impact on the resulting inequality gap. It is important to note that registration-based figures build in delays arising from system wide processes which can drive annual fluctuations in the series. Events such as infant death, drug related deaths or suicide are usually referred to a coroner and this legal process can take some time.

[37] While figures for 2023 include data for all five HSC Trusts, data relating to some Trusts is incomplete, for further information see Appendix E.

Teenage Birth Rate U20 [38]

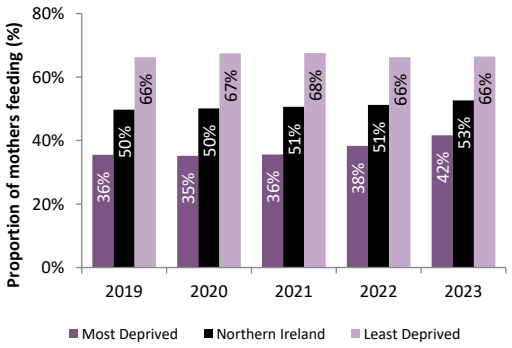
NI

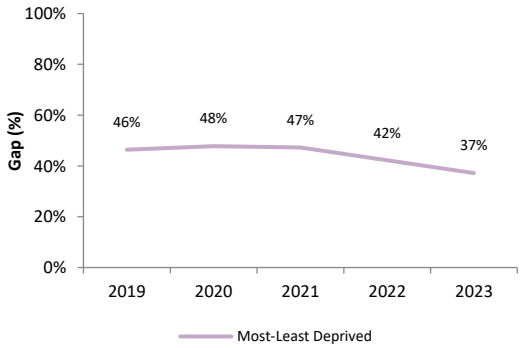


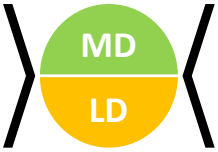


Breastfeeding on Discharge [38]

NI

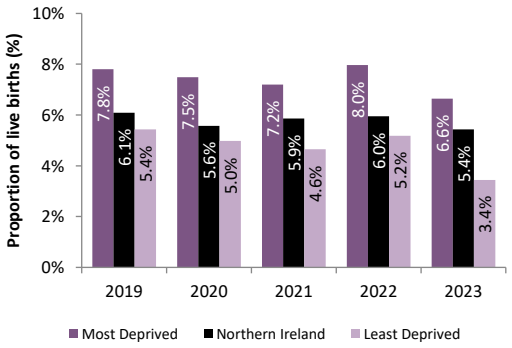


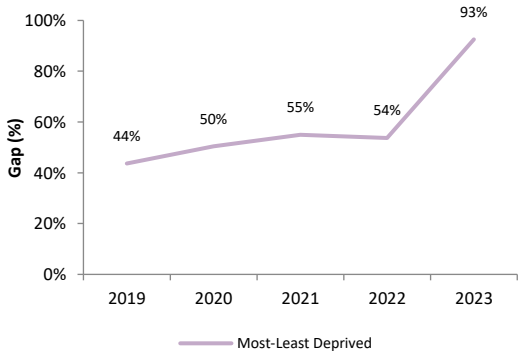


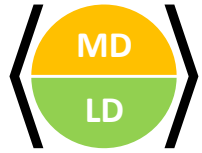


Low Birth Weight [38]

NI







Small for Gestational Age [38] [39]

NI

[38] While figures for 2023 include data for all five HSC Trusts, data relating to some Trusts is incomplete, for further information see Appendix E.

[39] No assessment of the inequality gap trend will be made until 5 years of data are available. Data is only presented for 2019 to 2023, due to insufficient recording levels prior to 2019. For further detail, please see Appendix E: Technical Notes & Definitions.

Diet & Dental Health

In 2023/24 the percentage of year 8 pupils in the most deprived areas affected by obesity was more than double the proportion in the least deprived areas. The inequality gap in primary 1 pupils affected by obesity was slightly lower, with the proportion in the most deprived areas almost double that in the least deprived areas. The inequality gaps for most of the dental indicators narrowed over the analysed period with the exception of dental filling rates. While the dental registration rate showed no inequality gap between the most and least deprived areas for all ages the gap between the most and least deprived for under 18 registrations stood at 11% in 2023/24.

Please note that BMI assessments are not available for 2019/20 and 2020/21 school years for Primary 1, and 2020/21 and 2021/22 school years for Year 8 BMI assessments, as the number of measurements recorded was negatively impacted by school closures due to the COVID-19 pandemic. An assessment of changes in the gap have therefore not been provided and caution should be taken with the assessments of change in the rates provided below.

In addition, Year 8 BMI data for 2019/20 does not include measurements across all HSC Trusts therefore figures for this year should be treated with caution.

Health Outcome Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

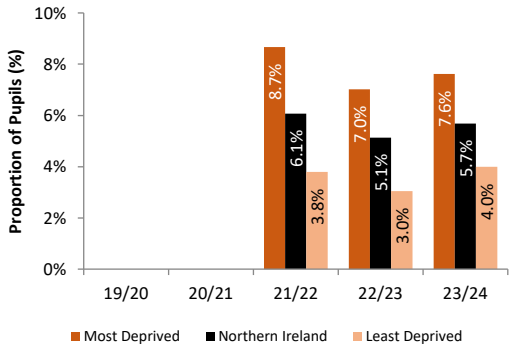
No Notable Change in the Gap

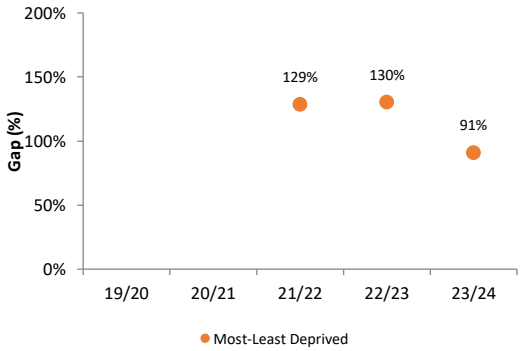
Widening of the Gap

Northern Ireland: NI

Primary 1 BMI: Obese [40]

NI

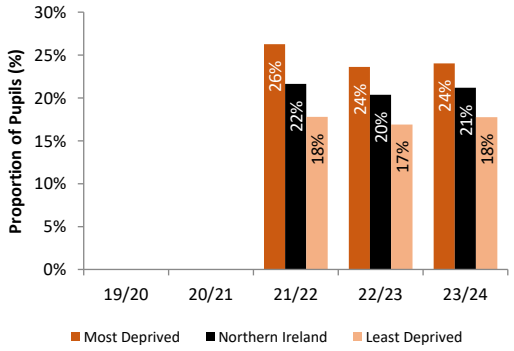


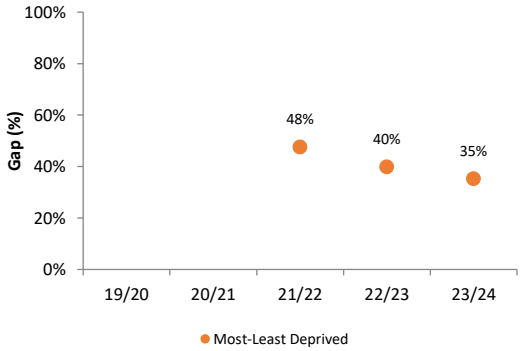


MD / LD

Primary 1 BMI: Overweight or Obese [40]

NI



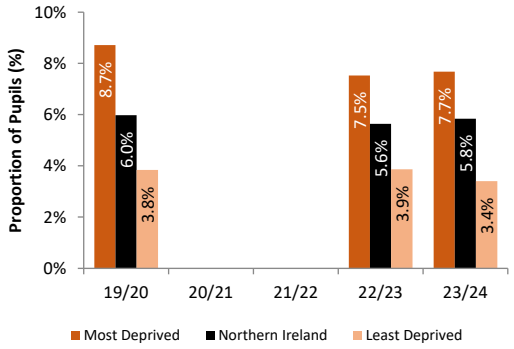


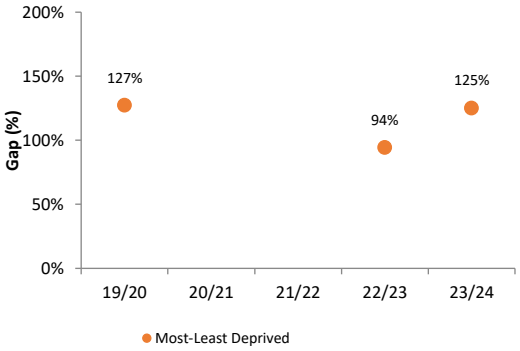
MD / LD

[40] Assessment of change in the inequality gap has not been provided due to limited data series as a result of the pandemic. See page 99 for further information.

Year 8 BMI: Obese [41]

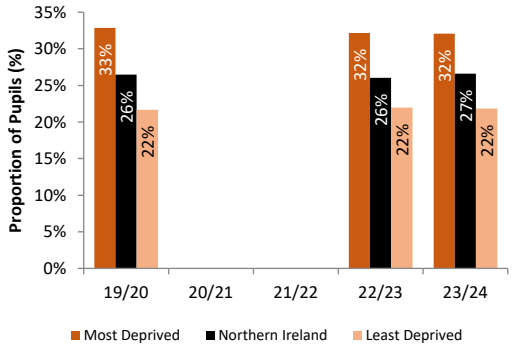
NI

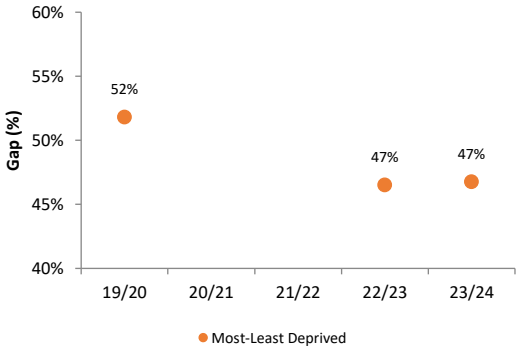




Year 8 BMI: Overweight or Obese [41]

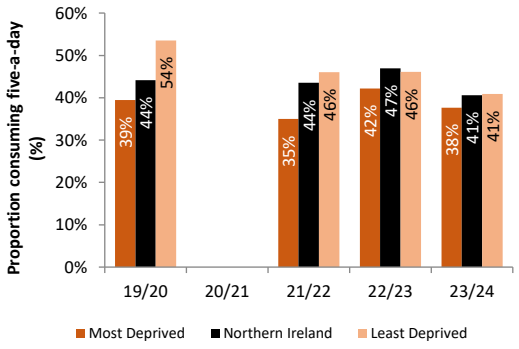
NI

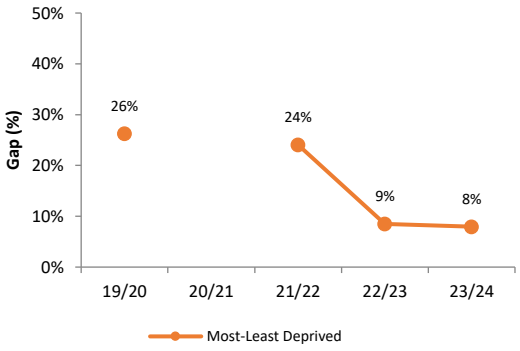


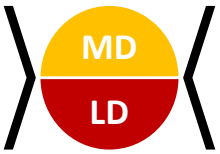


Five-a-Day

NI







[41] Assessment of change in the inequality gap has not been provided due to limited data series as a result of the pandemic. See page 99 for further information.

Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

〉〈 Narrowing of the Gap

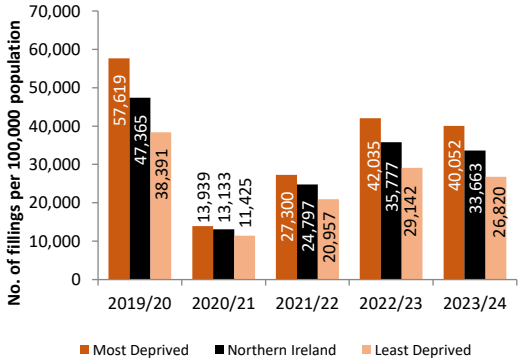
— No Notable Change in the Gap

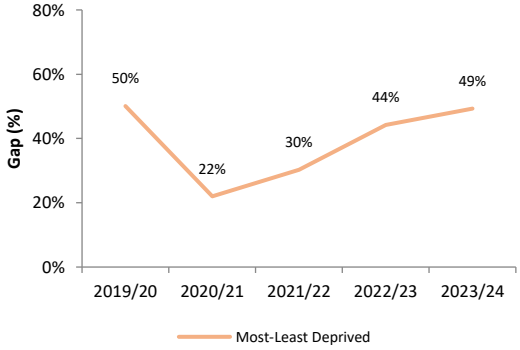
〈〉 Widening of the Gap

Northern Ireland: NI

Standardised Dental Filling Rate [42, 43]

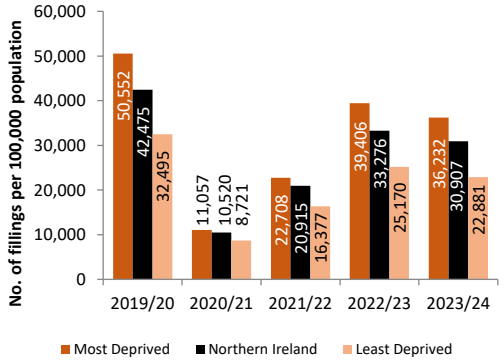
NI ↓

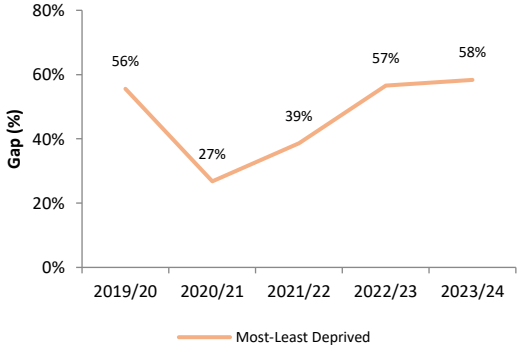


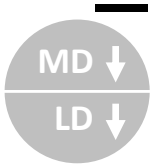


Standardised Dental Filling Rate (Under 18s) [42, 43]

NI ↓

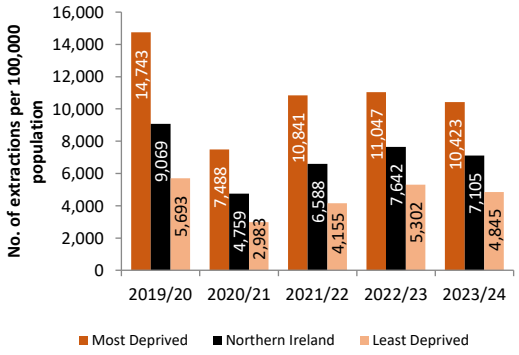


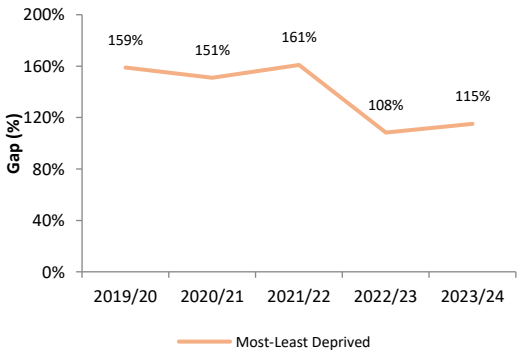


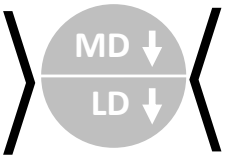


Standardised Dental Extraction Rate [42, 43]

NI ↓





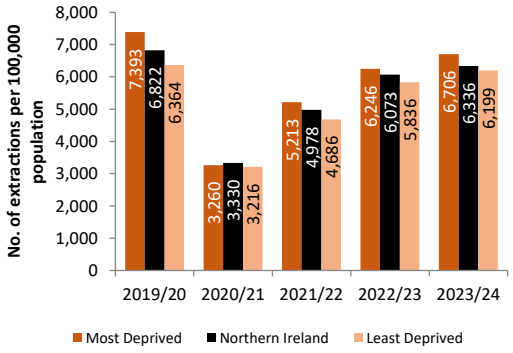


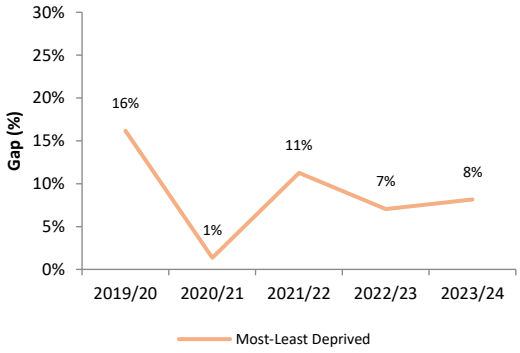
[42] Due to the major impact of the COVID-19 pandemic on dental services any changes in 2020/21, 2021/22 and 2022/23 should be interpreted with caution. It is also important to note that data does not include those who have paid privately for treatment.

[43] Figures relate to the total procedures' individuals have had carried out within the given period (i.e., includes multiple procedures for an individual where applicable). For 'number of individuals that have undergone at least one procedure' see 'additional indicators' section.

Standardised Dental Extraction Rate (Under 18s) [44, 45]

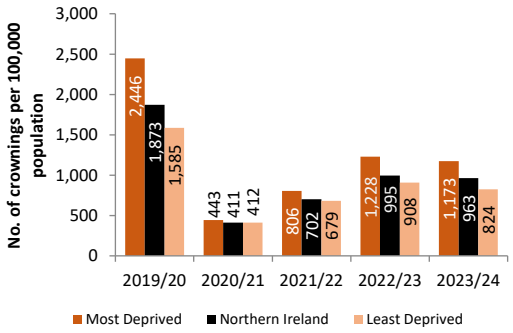
NI ↓

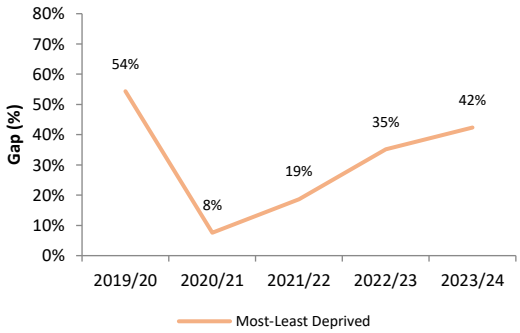




Standardised Dental Crowning Rate [44, 45]

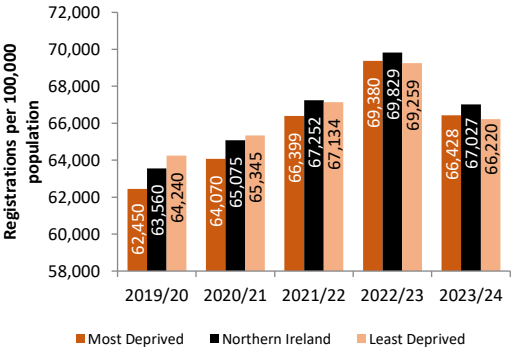
NI ↓

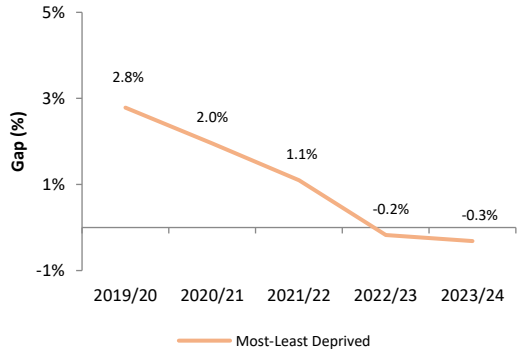




Standardised Dental Registration Rate

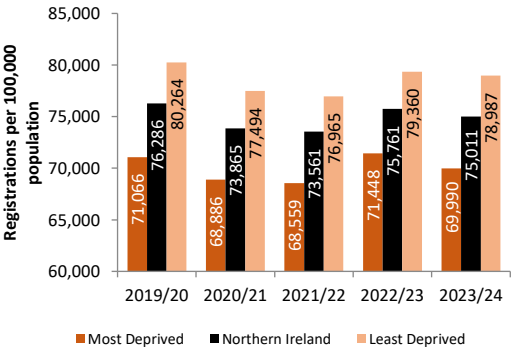
NI ↑

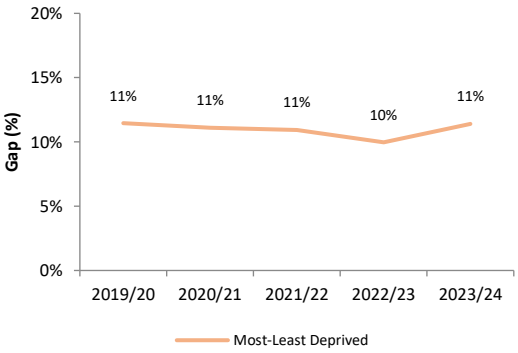


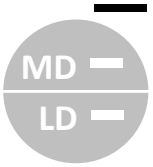


Standardised Dental Registration Rate (Under 18s)

NI ↑







[44] Due to the major impact of the COVID-19 pandemic on dental services any changes in 2020/21, 2021/22 and 2022/23 should be interpreted with caution. It is also important to note that data does not include those who have paid privately for treatment.

[45] Figures relate to the total procedures' individuals have had carried out within the given period (i.e., includes multiple procedures for an individual where applicable). For 'number of individuals that have undergone at least one procedure' see 'additional indicators' section.

Sub-regional Health Inequalities

There are two aspects to the analysis of sub-regional health inequalities in this section. The analysis for each sub-regional area includes both the difference in health outcomes between the **Trust/LGD and the regional (NI) average** and the **20% most deprived areas within a Trust LGD and the Trust/LGD average**.

Each chapter is a summary of findings only. All figures for HSC Trusts and LGDs, including a range of indicators that are also available at District Electoral Area (DEA), are included within downloadable tables at:

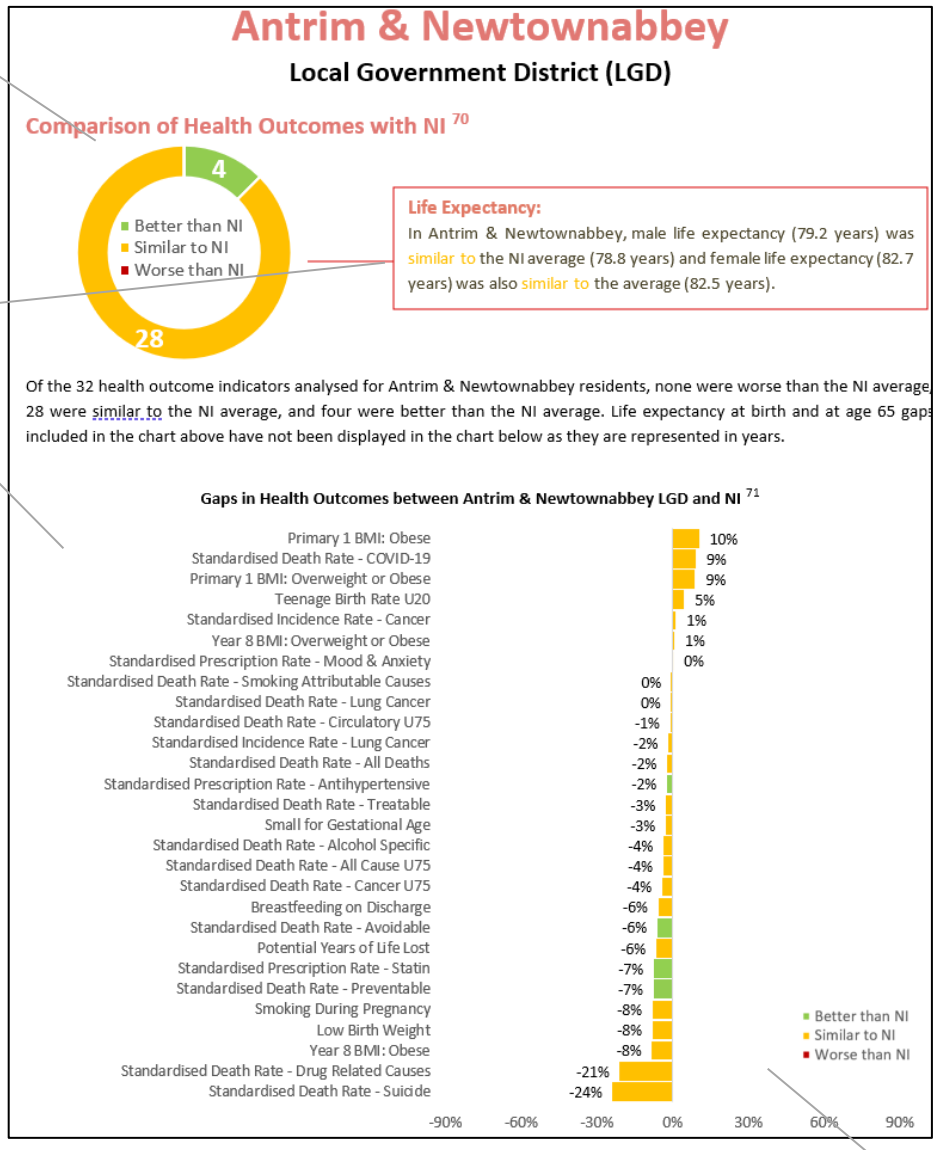
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

An example of a sub-regional analysis, with guidance, can be seen below:

Each chapter contains a comparison of the Trust/LGD health outcomes against the regional average.

This text box details life expectancy at birth in the Trust/LGD and how it compares with the NI average.

This area shows how each health outcome indicator for the Trust/LGD compares with the NI average. An amber-coloured bar indicates that the gap (percentage difference) in the outcome between the Trust/LGD and the NI average is not statistically significant and is therefore categorised as 'similar to'. A green bar indicates that the health outcome is significantly better in the Trust/LGD than the NI average, and a red bar indicates that the outcome is significantly worse in the LGD/Trust. Male and female life expectancy at birth and at age 65 gaps are not included in this chart as they are represented in years.



Outcomes relating to **service-based indicators**, including hospital admissions, are **not presented** here as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users' Page 11.

The second page of the profile summarises the difference in health outcomes between the 20% most deprived areas within a Trust/LGD and the Trust/LGD average:

This chart is a stacked bar chart showing a scaled comparison of male and female life expectancies at birth between the 20% most deprived areas of the LGD/Trust, and the LGD/Trust average.

Comparison with LGD Most Deprived Areas

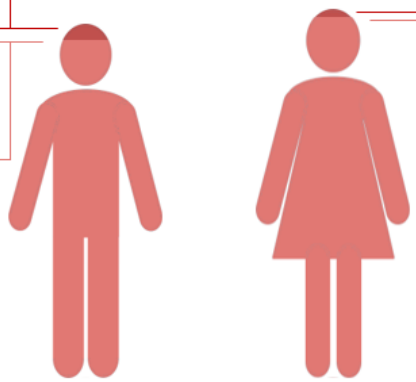
Inequality gaps between the Antrim Newtownabbey LGD and Antrim & Newtownabbey's 20% most deprived areas:

Male Life Expectancy Antrim & Newtownabbey: 79.2 Years

Male Life Expectancy Antrim & Newtownabbey Most Deprived: 75.6 Years

Female Life Expectancy Antrim & Newtownabbey: 82.7 Years

Female Life Expectancy Antrim & Newtownabbey Most Deprived Most Deprived: 80.7 Years



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.7 years for males and 2.0 years for females.

This table shows the five largest health inequality gaps between the 20% most deprived areas of the LGD/Trust, and the LGD/Trust average. Gaps that are not statistically significant are not included in this ranking.

Largest Inequality Gaps within Antrim & Newtownabbey LGD [72]

Across the 51 indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Antrim & Newtownabbey LGD when compared with the Antrim & Newtownabbey LGD average. Exceptions include under 75 circulatory and cancer death rates, deaths due to covid, day case admissions, suicide rate, under 20 teenage birth rate, drug related death rate, low birth weight, babies born small for gestational age, under 18 dental extraction rate, all age dental registration rate, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. The largest inequality gaps observed in the latest year were[73]:

Alcohol Specific Death Rate (106%)	Under 20 Teenage Birth Rate (102%)	Self-Harm Admission Rate (97%)	Drug Related Admission Rate (88%)	Smoking During Pregnancy (85%)

Outcomes relating to **service-based indicators**, including hospital admissions, **are included** here. For further information see 'Notes for users' Page 11.

COMPARISON OF TRUST HEALTH OUTCOMES AGAINST THE REGIONAL AVERAGE

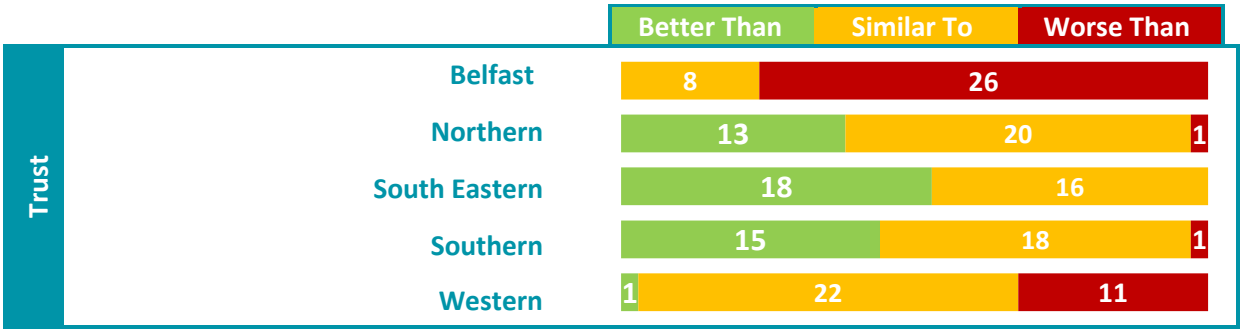
The following Trusts had a majority of health outcomes that were better than the NI average:

- South Eastern HSC Trust

The following Trusts had a majority of health outcomes that were worse than the NI average:

- Belfast HSC Trust

Note: Outcomes relating to service-based indicators, including hospital admissions, have not been presented here due to difficulties in ascertaining whether any differences in rates are due to differences in demand (i.e., health of the population), or, because of access difficulties (For further information see 'Notes for users' Page 11).



Largest Deprivation Inequality Gaps in each HSC Trust Area

The table below indicates the five largest deprivation inequality gaps in each Health & Social Care Trust (HSCT) between the Trust's 20% most deprived areas and the Trust average. [46, 47]

Belfast HSCT	Drug Misuse Death Rate (132%)	Drug Related Death Rate (123%)	Under 75 Respiratory Death Rate (108%)	Drug Related Admissions (105%)	Under 20 Teenage Birth Rate (103%)
Northern HSCT	Drug Misuse Death Rate (124%)	Drug Related Death Rate (123%)	Drug Related Admissions (115%)	Smoking during Pregnancy (101%)	Self-Harm Admission Rate (96%)
South Eastern HSCT	Under 20 Teenage Birth Rate (109%)	Alcohol Specific Death Rate (109%)	Drug Misuse Death Rate (105%)	Drug Related Admission Rate (99%)	Smoking during Pregnancy (99%)
Southern HSCT	Alcohol Specific Death Rate (102%)	Drug Related Admission Rate (97%)	Alcohol Related Admission Rate (96%)	Under 20 Teenage Birth Rate (95%)	Smoking During Pregnancy (82%)
Western HSCT	Drug Misuse Death Rate (130%)	Drug Related Death Rate (115%)	Alcohol Related Admission Rate (112%)	Under 20 Teenage Birth Rate (107%)	Alcohol Specific Death Rate (107%)

[46] Includes all indicators including outcomes relating to service-based indicators, which should be treated with caution. For further information see 'Notes for users', Page 11.

[47] Excludes gaps that were not statistically significant.

Belfast

Health & Social Care Trust (HSCT)

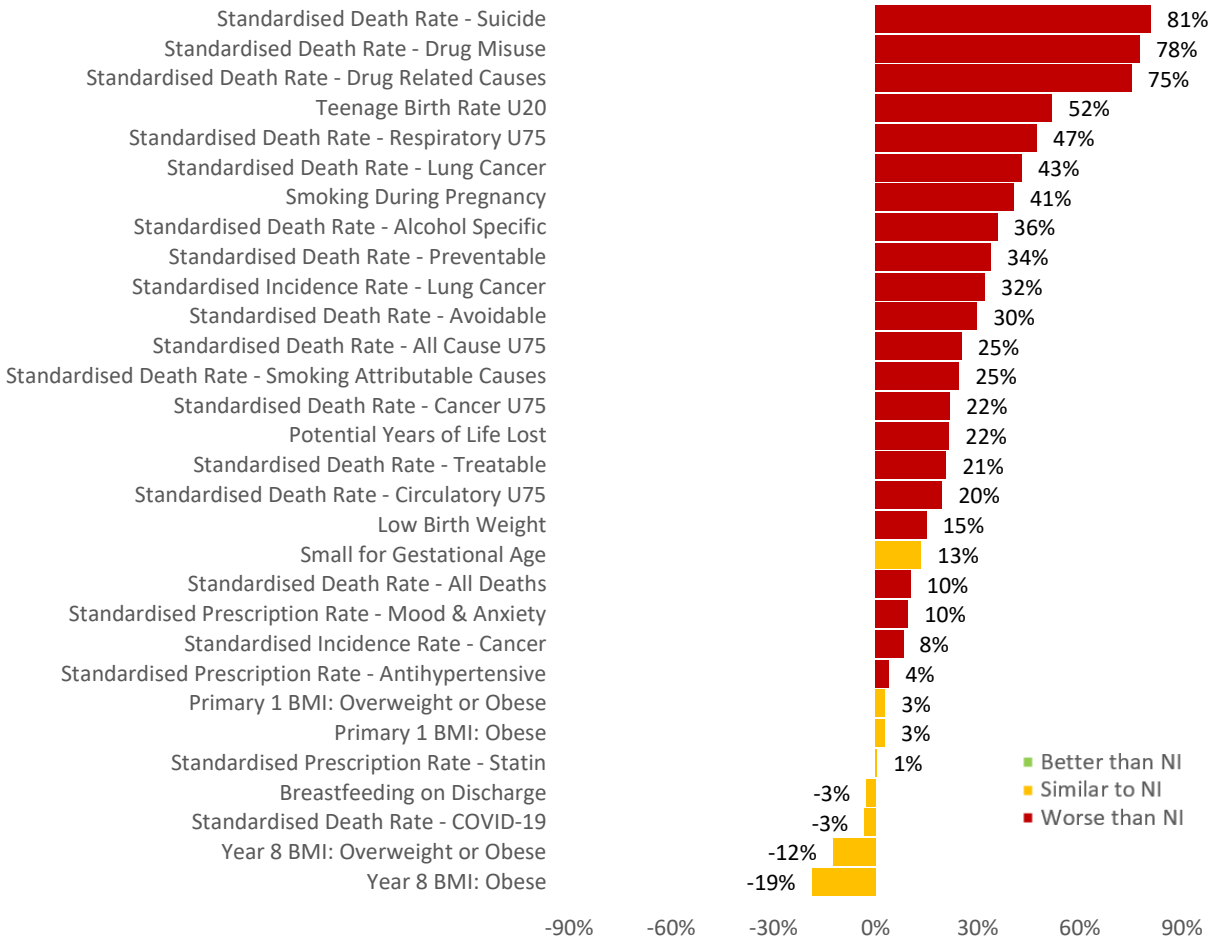
Comparison of Health Outcomes with NI [48]

Life Expectancy:

In the Belfast Trust, male life expectancy (77.1 years) was 1.6 years less than the NI average (78.8 years) and female life expectancy (81.1 years) was 1.4 years less than the average (82.5 years).

Of the 34 health outcome indicators analysed for Belfast Trust residents, 26 were worse than the NI average, eight were similar to the NI average, and none of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Belfast Trust and NI [49]

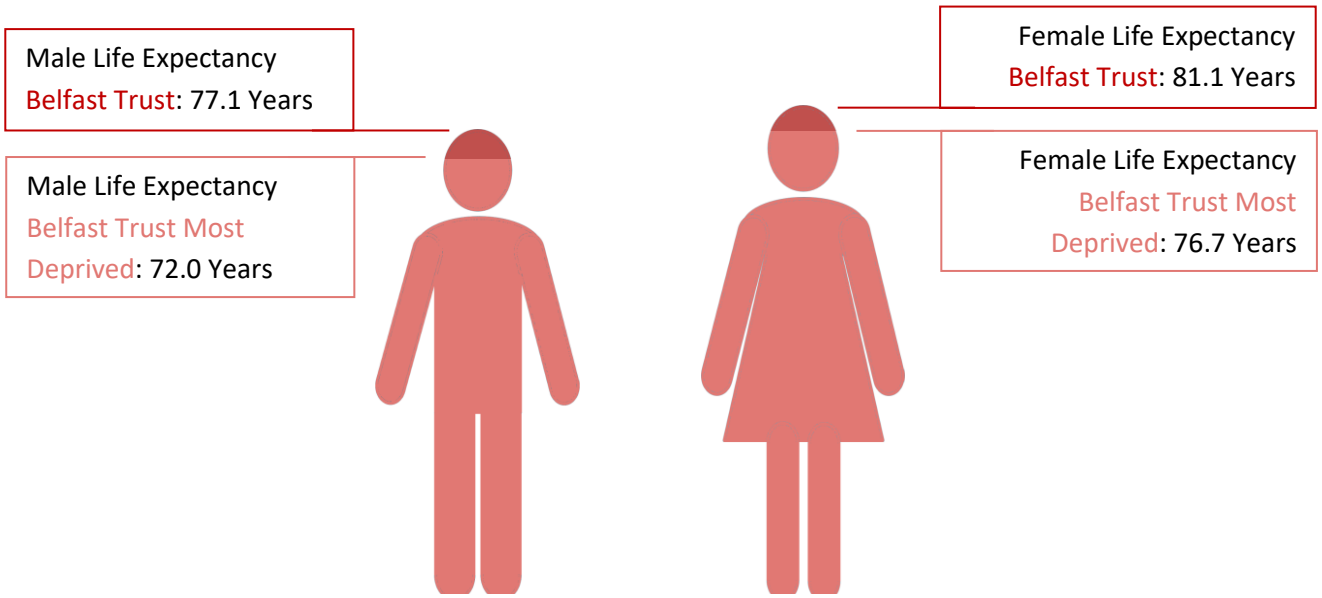


[48] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[49] As confidence intervals vary across indicators, some gaps between the Trust and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with Trust Most Deprived Areas

Inequality gaps between the Belfast Trust and Belfast Trust's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the Trust and its 20% most deprived areas was 5.1 years for males and 4.4 years for females.

Largest Inequality Gaps within Belfast Trust [50]

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Belfast Trust when compared with the Belfast Trust average. Exceptions include deaths due to suicide, deaths due to covid-19, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Belfast Trust for all 19 service-based indicators when compared with the Belfast Trust average. The largest inequality gaps observed in the latest year were[51]:

Drug Misuse Death Rate (132%)	Drug Related Death Rate (123%)	Under 75 Respiratory Death Rate (108%)	Drug Related Admissions (105%)	Under 20 Teenage Birth Rate (103%)

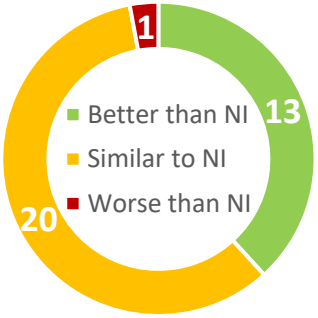
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[50] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[51] Excludes gaps that were not statistically significant.

Northern

Health & Social Care Trust (HSCT)

Comparison of Health Outcomes with NI [52]

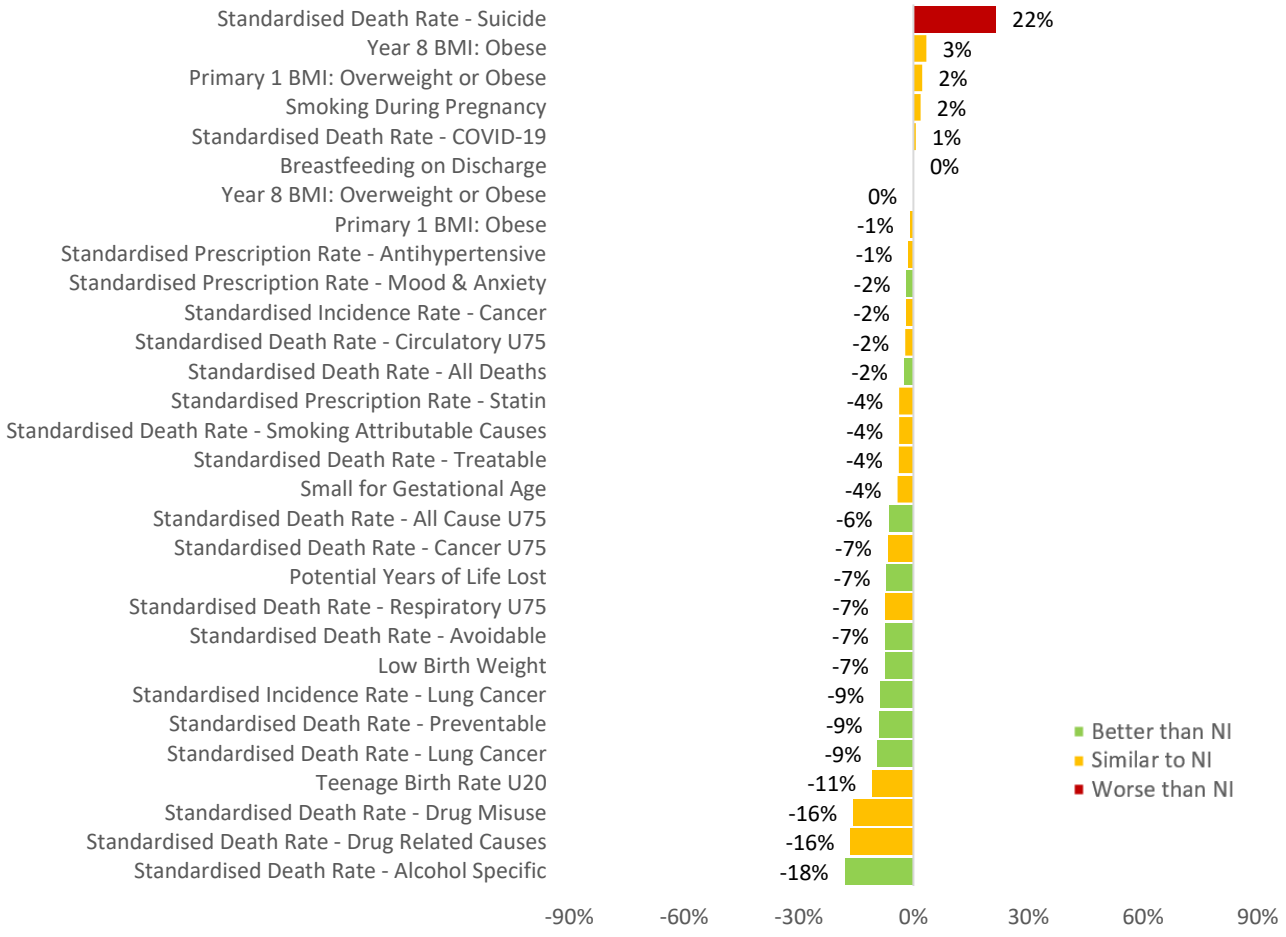


Life Expectancy:

In the Northern Trust, female life expectancy (83.0 years) was 0.6 years higher than the NI average (82.5 years) and male life expectancy (79.1 years) was similar to the average (78.8 years).

Of the 34 health outcome indicators analysed for Northern Trust residents, one was worse than the NI average, 20 were similar to the NI average, and 13 of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Northern Trust and NI [53]

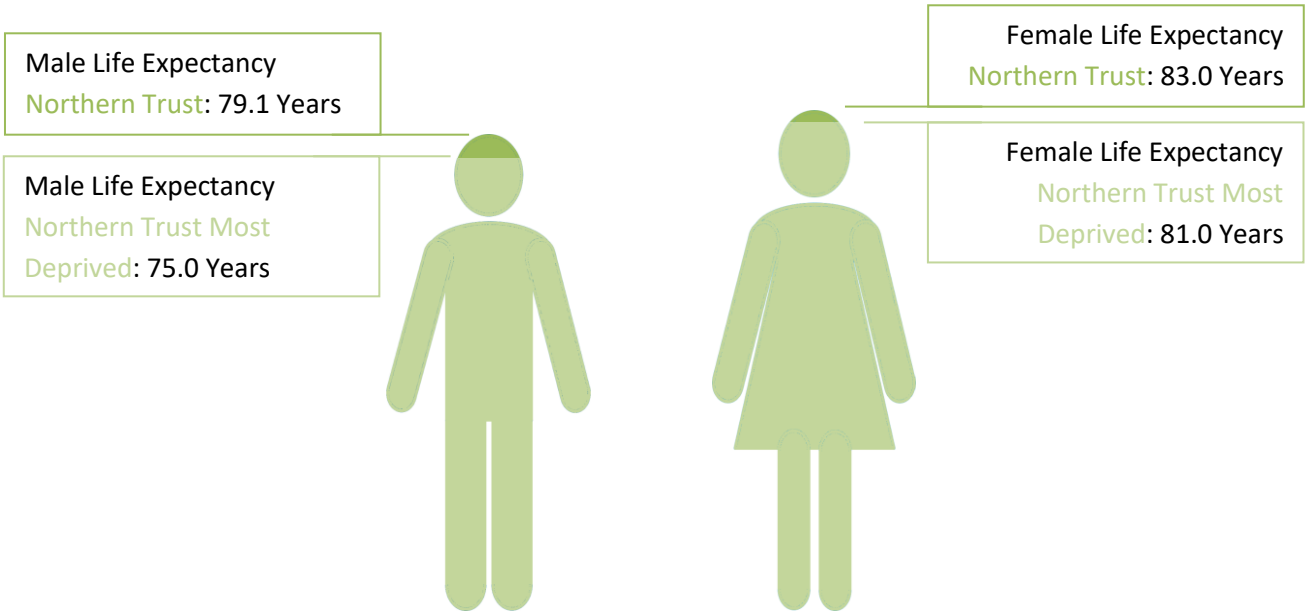


[52] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[53] As confidence intervals vary across indicators, some gaps between the Trust and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with Trust Most Deprived Areas

Inequality gaps between the Northern Trust and Northern Trust's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the Trust and its 20% most deprived areas was 4.1 years for males and 2.0 years for females.

Largest Inequality Gaps within Northern Trust [54]

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Northern Trust when compared with the Northern Trust average. Exceptions include deaths due to suicide, deaths due to covid-19, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Northern Trust for all 19 service-based indicators when compared with the Northern Trust average, apart from under 18 dental extractions. The largest inequality gaps observed in the latest year were[55]:

Drug Misuse Death Rate (124%)	Drug Related Death Rate (123%)	Drug Related Admissions (115%)	Smoking during Pregnancy (101%)	Self-Harm Admission Rate (96%)

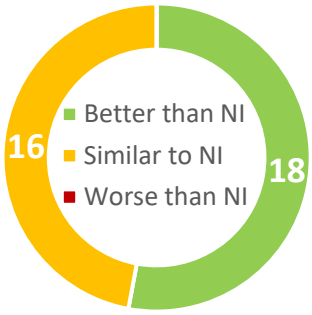
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[54] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[55] Excludes gaps that were not statistically significant.

South Eastern

Health & Social Care Trust (HSCT)

Comparison of Health Outcomes with NI [56]

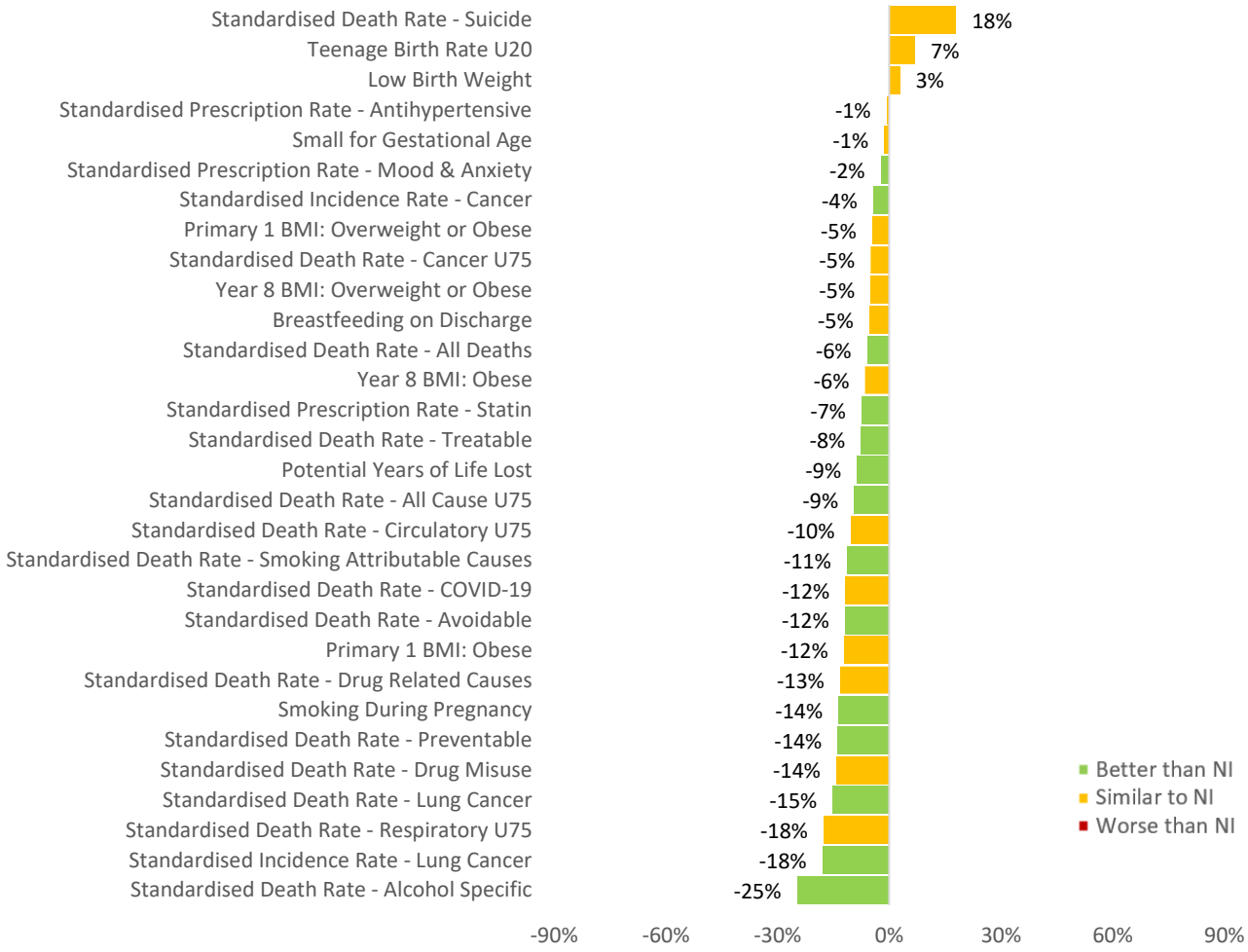


Life Expectancy:

In the South Eastern Trust, male life expectancy (79.8 years) was 1.0 years higher than the NI average (78.8 years) and female life expectancy (83.0 years) was 0.5 years higher than the average (82.5 years).

Of the 34 health outcome indicators analysed for South Eastern Trust residents, none were worse than the NI average, 16 were similar to the NI average, and 18 analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between South Eastern Trust and NI [57]

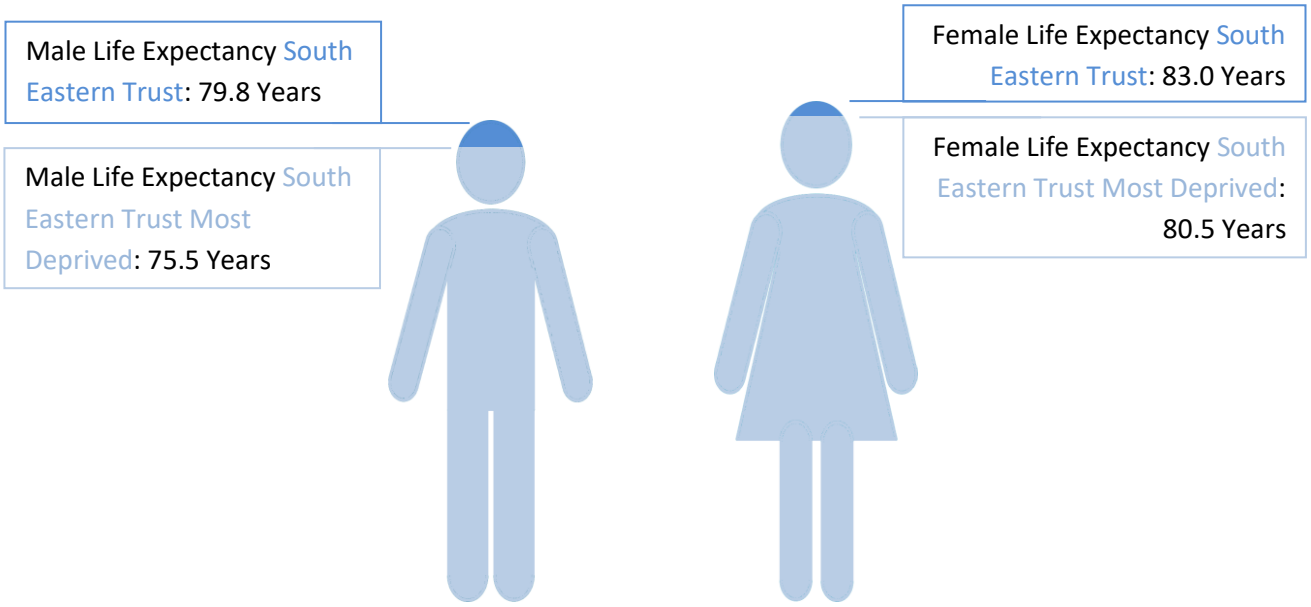


[56] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[57] As confidence intervals vary across indicators, some gaps between the Trust and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with Trust Most Deprived Areas

Inequality gaps between the South Eastern Trust and South Eastern Trust's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the Trust and its 20% most deprived areas was 4.3 years for males and 2.5 years for females.

Largest Inequality Gaps within South Eastern Trust [58]

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of South Eastern Trust when compared with the South Eastern Trust average. Exceptions include deaths due to covid-19, deaths due to suicide, low birth weight, babies born small for gestational age and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of South Eastern Trust for all 19 service-based indicators when compared with the South Eastern Trust average, apart from under 18 dental extractions, all age dental registrations, and elective inpatient admissions. The largest inequality gaps observed in the latest year were[59]:

Under 20 Teenage Birth Rate (109%)	Alcohol Specific Death Rate (109%)	Drug Misuse Death Rate (105%)	Drug Related Admission Rate (99%)	Smoking during Pregnancy (99%)

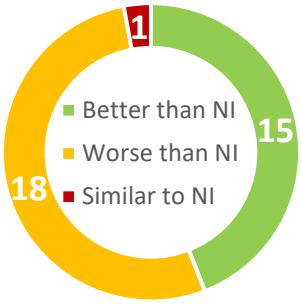
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[58] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[59] Excludes gaps that were not statistically significant.

Southern

Health & Social Care Trust (HSCT)

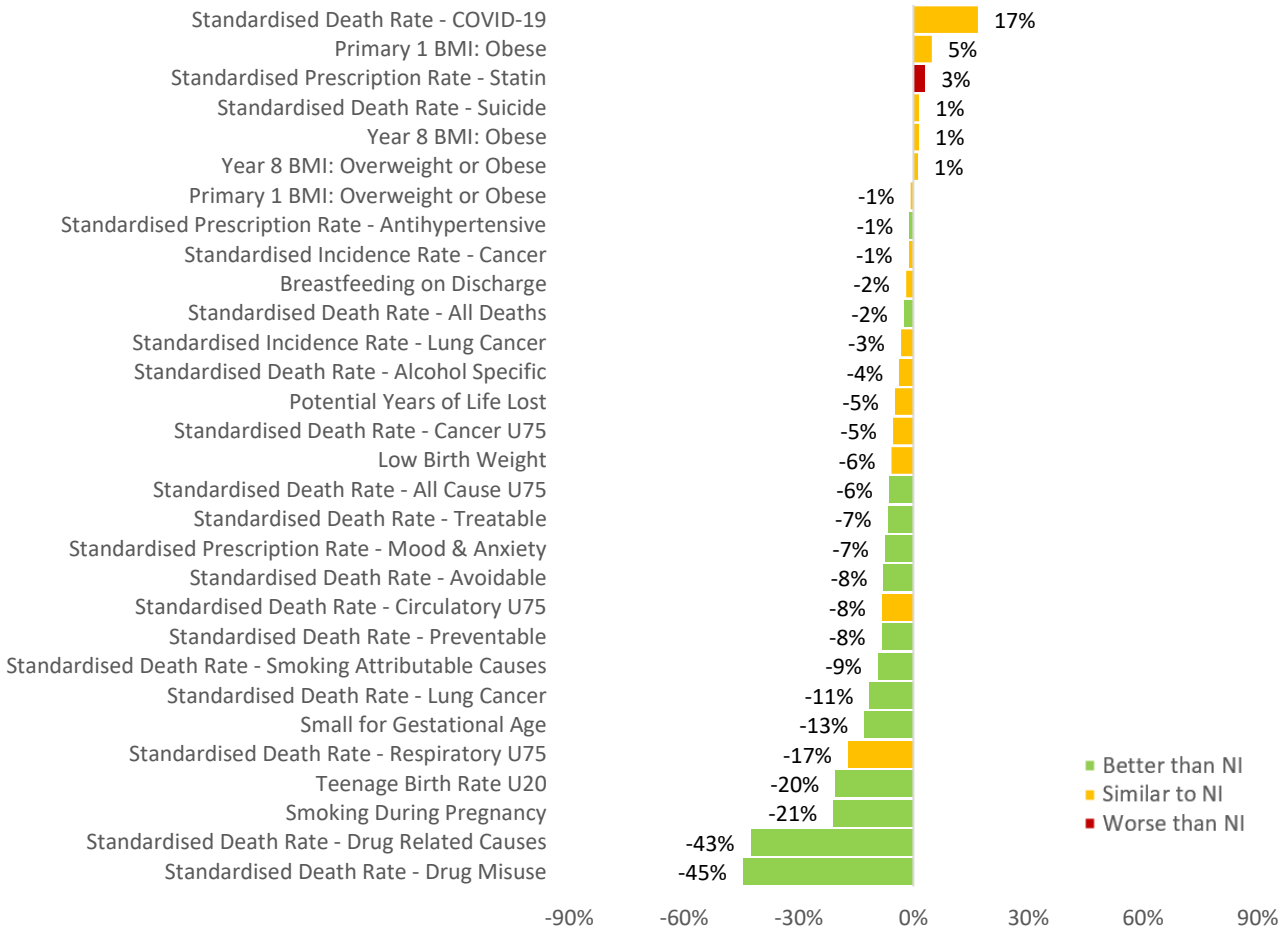
Comparison of Health Outcomes with NI [60]



Life Expectancy:
In the Southern Trust, male life expectancy (79.1years) was similar to the NI average (78.8 years) and female life expectancy (83.0 years) was 0.5 years higher than the average (82.5 years).

Of the 34 health outcome indicators analysed for Southern Trust residents, one was worse than the NI average, 18 were similar to the NI average, and 15 of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Southern Trust and NI [61]

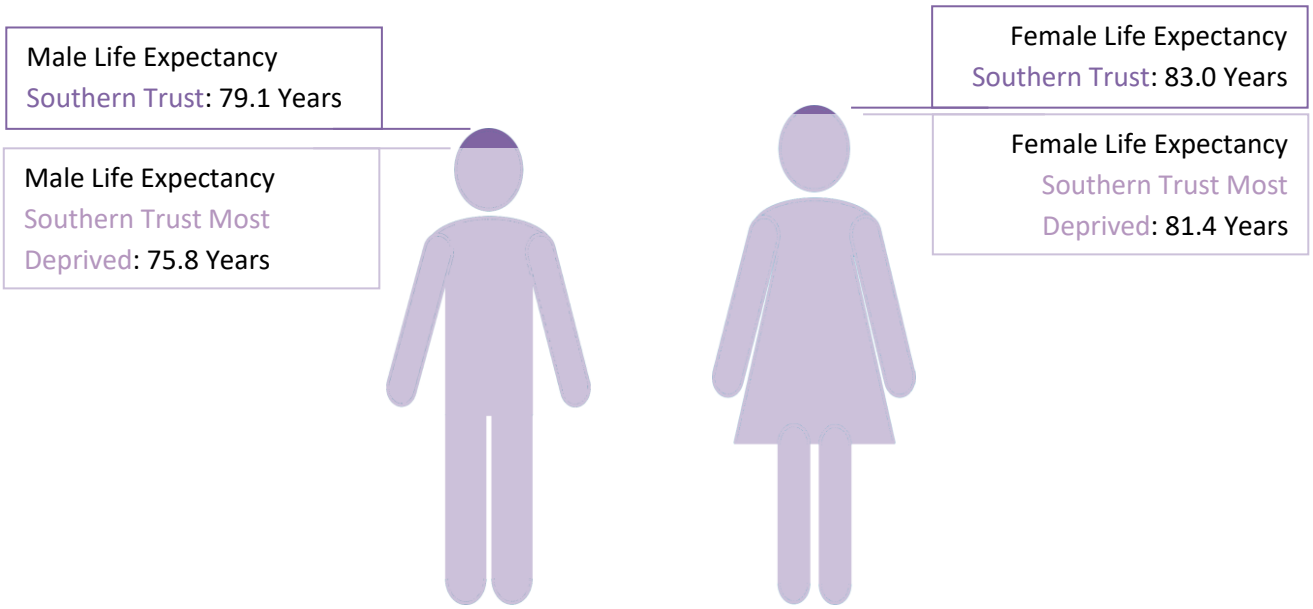


[60] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[61] As confidence intervals vary across indicators, some gaps between the Trust and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with Trust Most Deprived Areas

Inequality gaps between the Southern Trust and Southern Trust's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the Trust and its 20% most deprived areas was 3.2 years for males and 1.6 years for females.

Largest Inequality Gaps within Southern Trust [62]

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Southern Trust when compared with the Southern Trust average. Exceptions include under 75 cancer death rate, deaths due to covid, suicide rate, drug related and drugs misuse death rates, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of the Southern Trust for all 19 service-based indicators when compared with the Southern Trust average, apart from standardised dental filling and crowning rates and the under 18 dental extraction rate. The largest inequality gaps observed in the latest year were[63]:

Alcohol Specific Death Rate (102%)	Drug Related Admission Rate (97%)	Alcohol Related Admission Rate (96%)	Under 20 Teenage Birth Rate (95%)	Smoking During Pregnancy (82%)

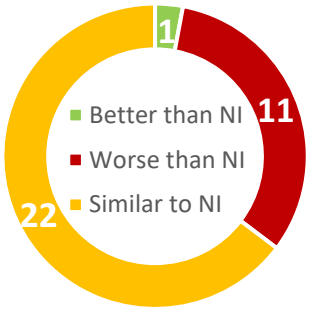
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[62] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[63] Excludes gaps that were not statistically significant.

Western

Health & Social Care Trust (HSCT)

Comparison of Health Outcomes with NI [64]

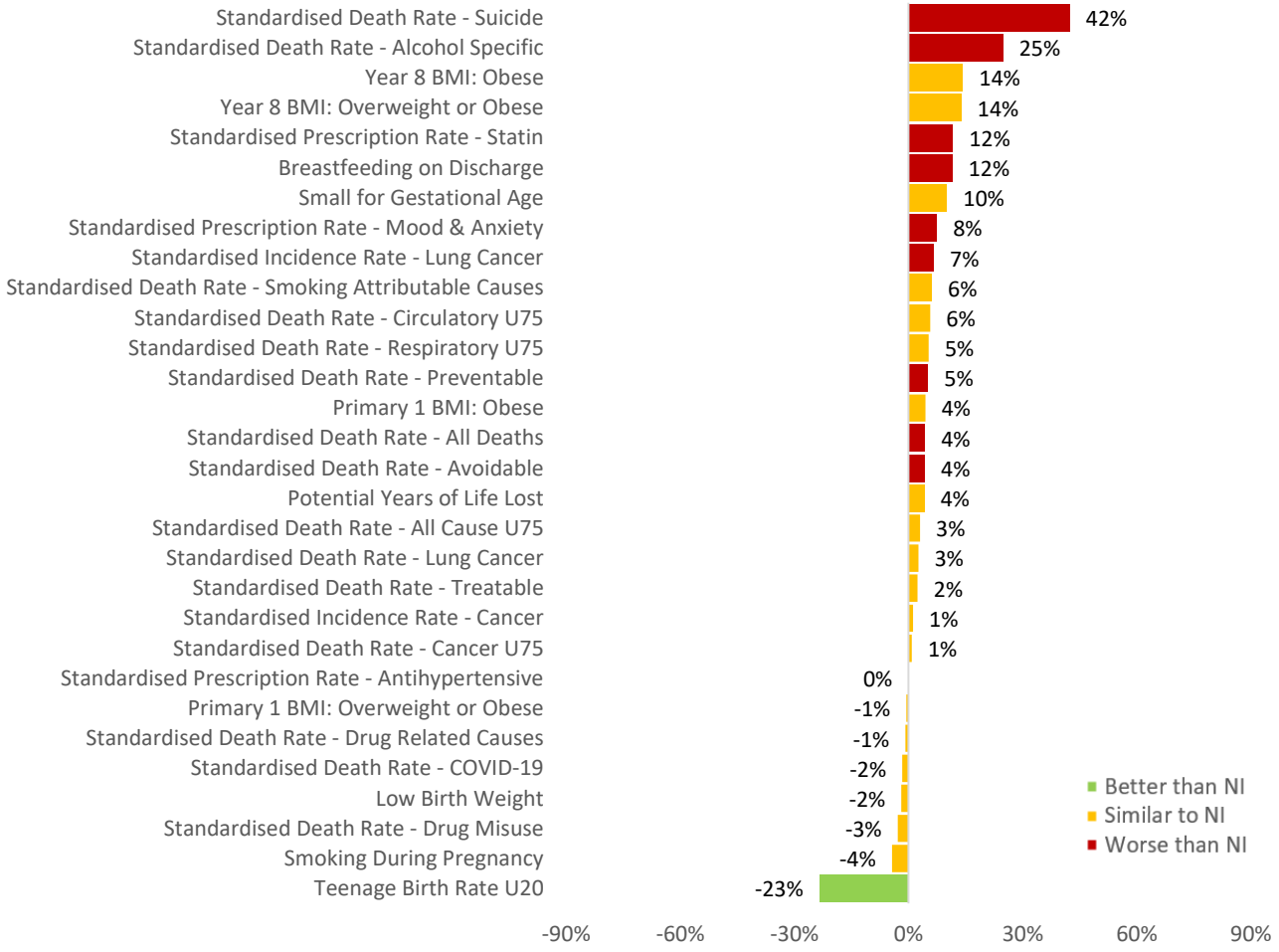


Life Expectancy:

In the Western Trust, male life expectancy (78.4 years) was similar to the NI average (78.8 years) and female life expectancy (82.0 years) was 0.5 years less than the average (82.5 years).

Of the 34 health outcome indicators analysed for Western Trust residents, six were worse than the NI average, 27 were similar to the NI average, and one of the health outcomes analysed was better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Western Trust and NI [65]

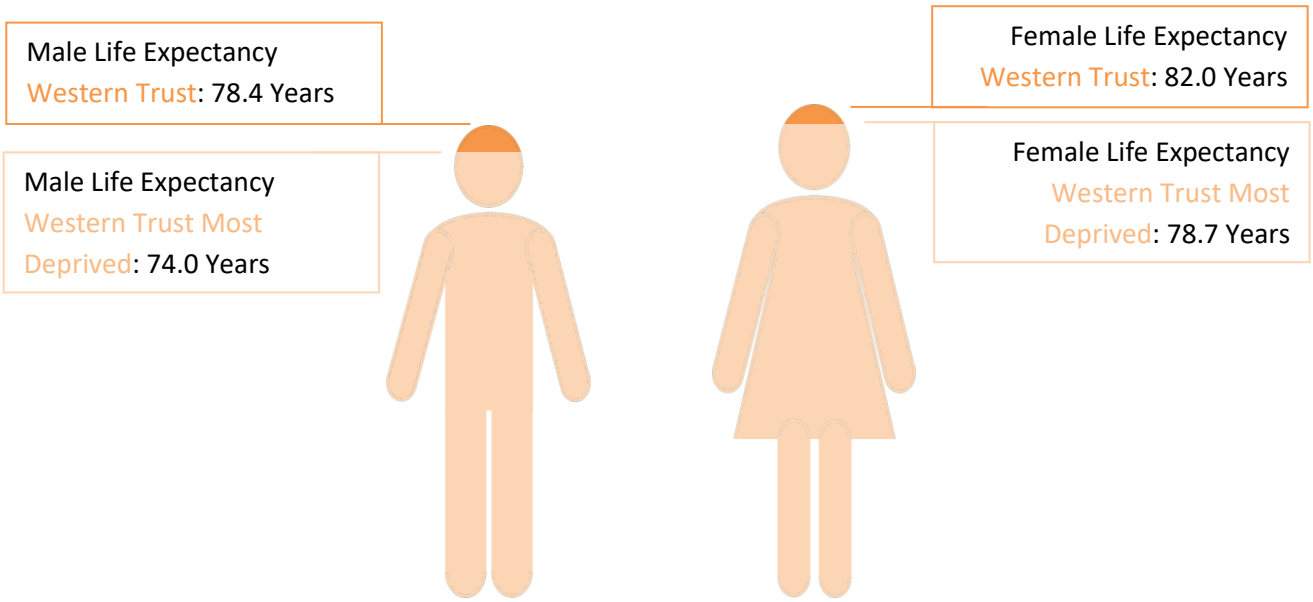


[64] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether a Trust-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[65] As confidence intervals vary across indicators, some gaps between the Trust and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with Trust Most Deprived Areas

Inequality gaps between the Western Trust and Western Trust's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the Trust and its 20% most deprived areas was 4.5 years for males and 3.3 years for females.

Largest Inequality Gaps within Western Trust [66]

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Western Trust when compared with the Western Trust average. Exceptions include deaths due to covid, low birth weight, suicide death rate, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of the Western Trust for all 19 service-based indicators when compared with the Western Trust average, apart from under 18 dental extraction rate. The largest inequality gaps observed in the latest year were[67]:

Drug Misuse Death Rate (130%)	Drug Related Death Rate (115%)	Alcohol Related Admission Rate (112%)	Under 20 Teenage Birth Rate (107%)	Alcohol Specific Death Rate (107%)

This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[66] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[67] Excludes gaps that were not statistically significant.

COMPARISON OF LGD HEALTH OUTCOMES AGAINST THE REGIONAL AVERAGE

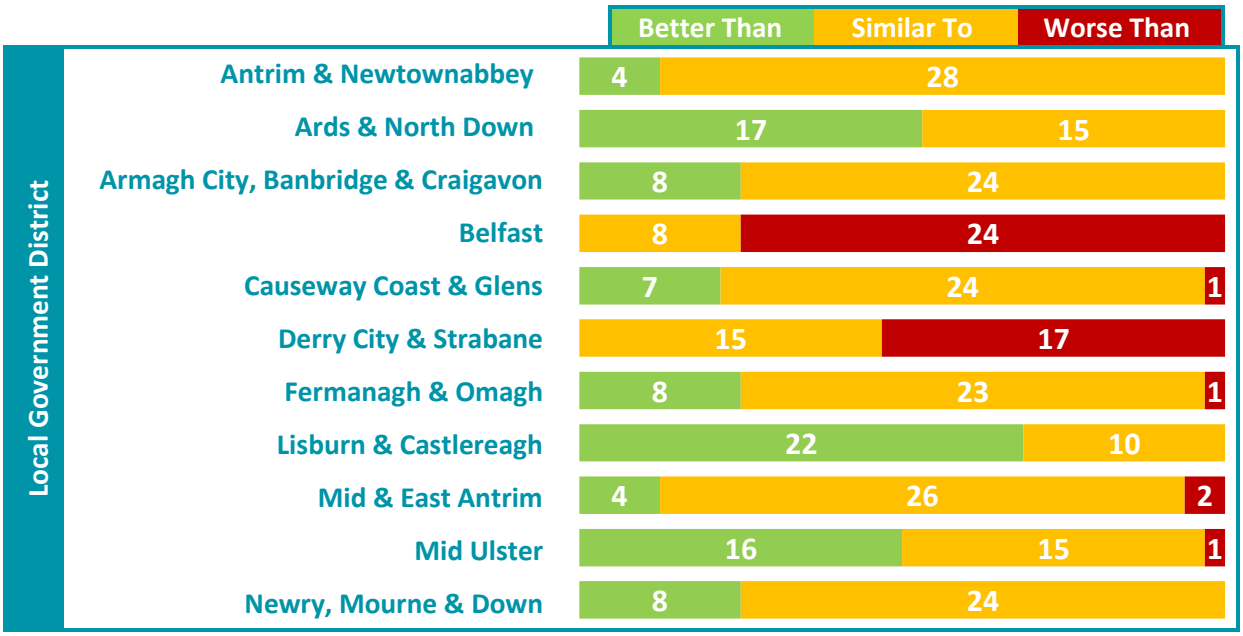
The following LGDs had a majority of health outcomes that were better than the NI average:

- Ards & North Down LGD
- Lisburn & Castlereagh LGD

The following LGDs had a majority of health outcomes that were worse than the NI average:

- Belfast LGD
- Derry & Strabane LGD

Note: Outcomes relating to service-based indicators, including hospital admissions, have not been presented here due to difficulties in ascertaining whether any differences in rates are due to differences in demand (i.e., health of the population), or, because of access difficulties (For further information see 'Notes for users' Page 11).



Largest Deprivation Inequality Gaps in each LGD Area

The table below indicates the five largest deprivation inequality gaps in each Local Government District (LGD) between the LGD's 20% most deprived areas and the LGD average. [68, 69]

Antrim & Newtownabbey LGD	Alcohol Specific Death Rate (106%)	Under 20 Teenage Birth Rate (102%)	Self-Harm Admission Rate (97%)	Drug Related Admission Rate (88%)	Smoking During Pregnancy (85%)
Ards & North Down LGD	Drug Related Admission Rate (103%)	Under 20 Teenage Birth Rate (92%)	Smoking During Pregnancy (81%)	Alcohol Related Admission Rate (72%)	Alcohol Specific Death Rate (71%)
Armagh City, Banbridge & Craigavon LGD	Under 20 Teenage Birth Rate (139%)	Smoking During Pregnancy (111%)	Alcohol Specific Death Rate (97%)	Alcohol Related Admission Rate (95%)	Drug Related Admission Rate (92%)
Belfast LGD	Drug Related Death Rate (105%)	Under 20 Teenage Birth Rate (90%)	Alcohol Specific Death Rate (89%)	Preventable Death Rate (82%)	Alcohol Related Admission Rate (81%)
Causeway Coast & Glens LGD	Alcohol Specific Death Rate (121%)	Smoking During Pregnancy (96%)	Drug Related Admission Rate (89%)	Alcohol Related Admission Rate (64%)	Preventable Death Rate (51%)
Derry City & Strabane LGD	Drug Related Death Rate (146%)	Alcohol Specific Death Rate (127%)	Alcohol Related Admission Rate (113%)	Drug Related Admission Rate (100%)	Under 20 Teenage Birth Rate (96%)
Fermanagh & Omagh LGD	Alcohol Related Admission Rate (70%)	Drug Related Admission Rate (60%)	Self-Harm Admission Rate (58%)	Lung Cancer Incidence Rate (50%)	Potential Years of Life Lost (36%)
Lisburn & Castlereagh LGD	Alcohol Specific Death Rate (135%)	Under 20 Teenage Birth Rate (134%)	Smoking During Pregnancy (101%)	Alcohol Related Admission Rate (96%)	Drug Related Admission Rate (96%)
Mid & East Antrim LGD	Drug Related Death Rate (193%)	Drug Related Admission Rate (158%)	Self-Harm Admission Rate (139%)	Smoking During Pregnancy (137%)	Alcohol Related Admission Rate (122%)
Mid Ulster LGD	Drug Related Admission Rate (66%)	Alcohol Related Admission Rate (53%)	Potential Years of Life Lost (31%)	All Cause Under 75 Death Rate (23%)	Avoidable Death Rate (22%)
Newry, Mourne & Down LGD	Alcohol Specific Death Rate (65%)	Self-Harm Admission Rate (51%)	Drug Related Admission Rate (51%)	Alcohol Related Admission Rate (46%)	Preventable Death Rate (35%)

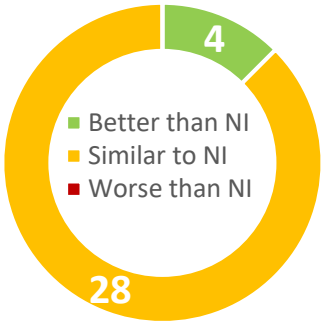
[68] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.

[69] Excludes gaps that were not statistically significant.

Antrim & Newtownabbey

Local Government District (LGD)

Comparison of Health Outcomes with NI [70]

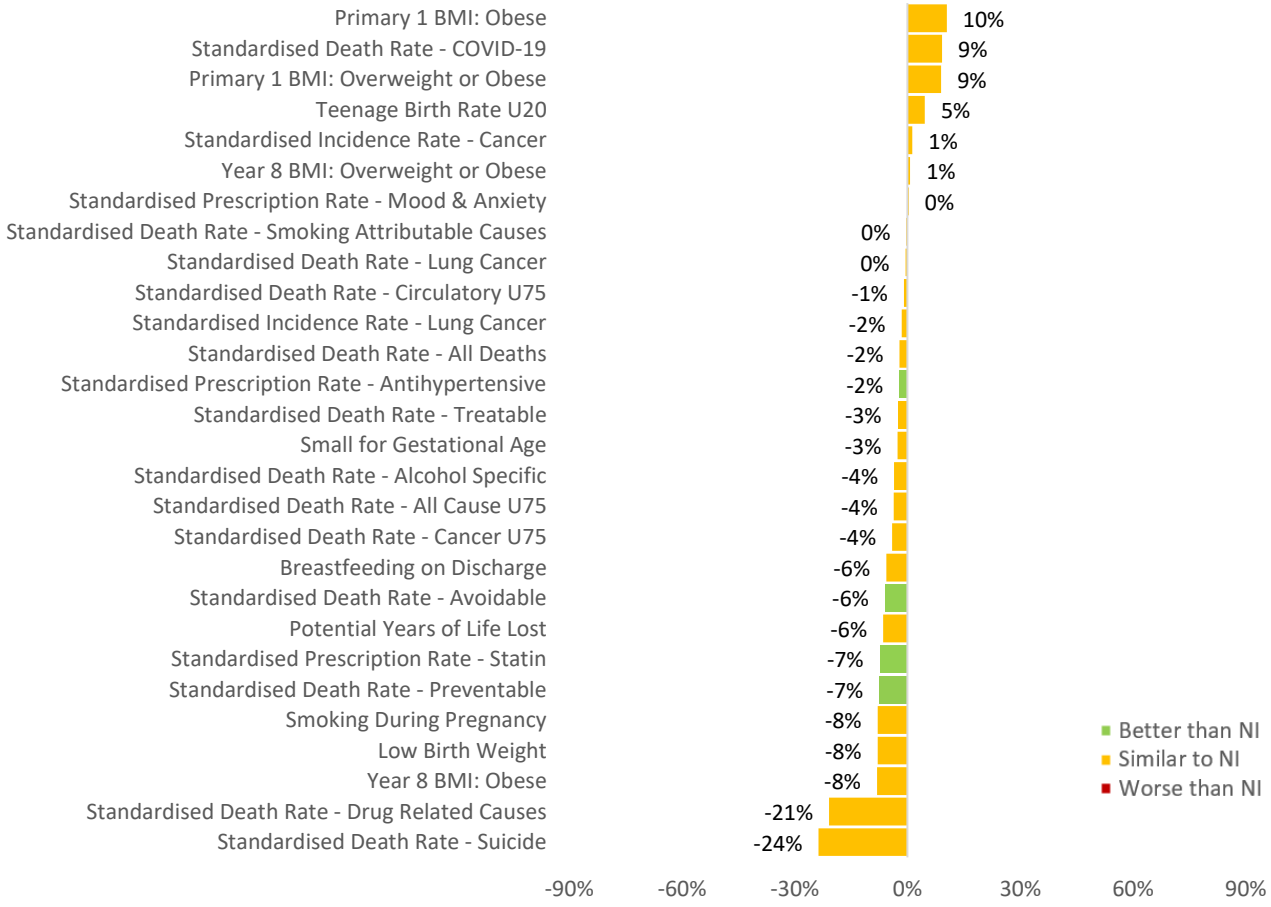


Life Expectancy:

In Antrim & Newtownabbey, male life expectancy (79.2 years) was similar to the NI average (78.8 years) and female life expectancy (82.7 years) was also similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Antrim & Newtownabbey residents, none were worse than the NI average, 28 were similar to the NI average, and four were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Antrim & Newtownabbey LGD and NI [71]

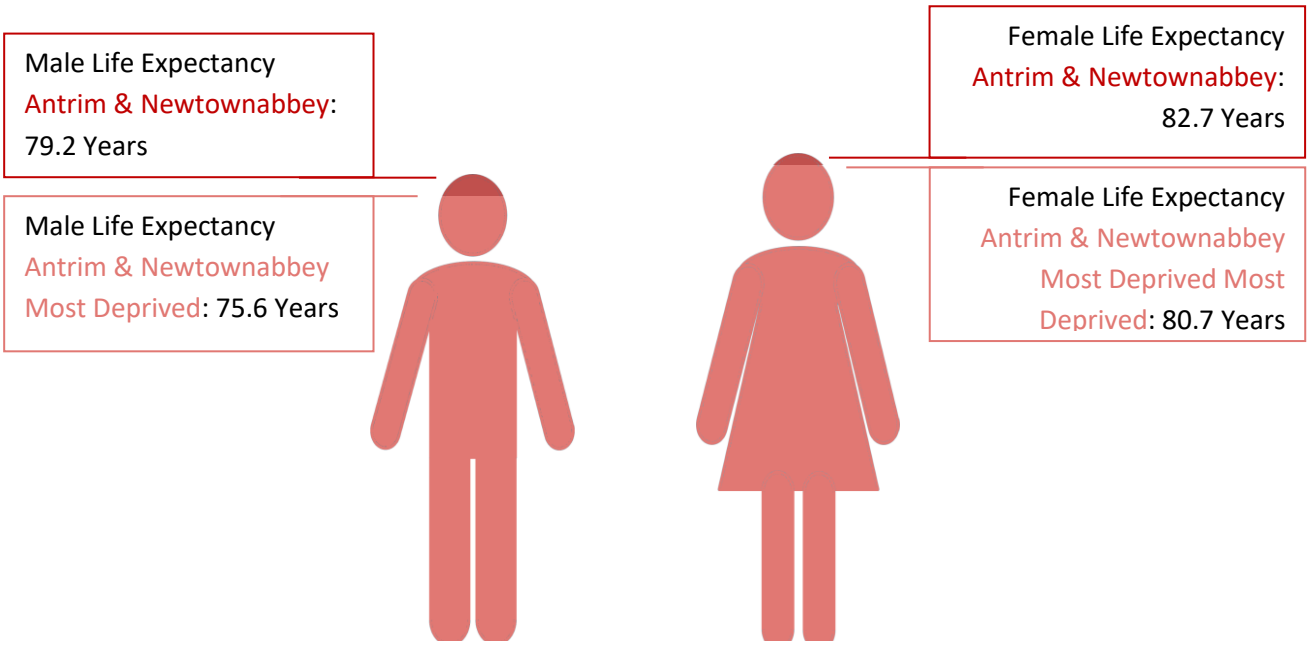


[70] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[71] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Antrim Newtownabbey LGD and Antrim & Newtownabbey's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.7 years for males and 2.0 years for females.

Largest Inequality Gaps within Antrim & Newtownabbey LGD [72]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Antrim & Newtownabbey LGD when compared with the Antrim & Newtownabbey LGD average. Exceptions include under 75 circulatory and cancer death rates, deaths due to covid, suicide rate, under 20 teenage birth rate, drug related death rate, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Antrim & Newtownabbey LGD for all 19 service-based indicators when compared with the Antrim & Newtownabbey LGD average, apart from day case admissions, under 18 dental extractions, and the all age dental registration rate. The largest inequality gaps observed in the latest year were[73]:

Alcohol Specific Death Rate (106%)	Under 20 Teenage Birth Rate (102%)	Self-Harm Admission Rate (97%)	Drug Related Admission Rate (88%)	Smoking During Pregnancy (85%)

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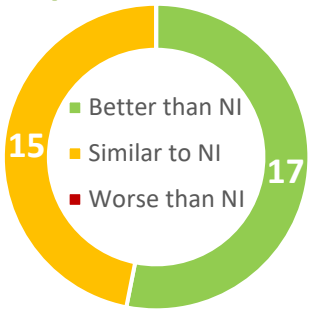
[72] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[73] Excludes gaps that were not statistically significant.

Ards & North Down

Local Government District (LGD)

Comparison of Health Outcomes with NI [74]

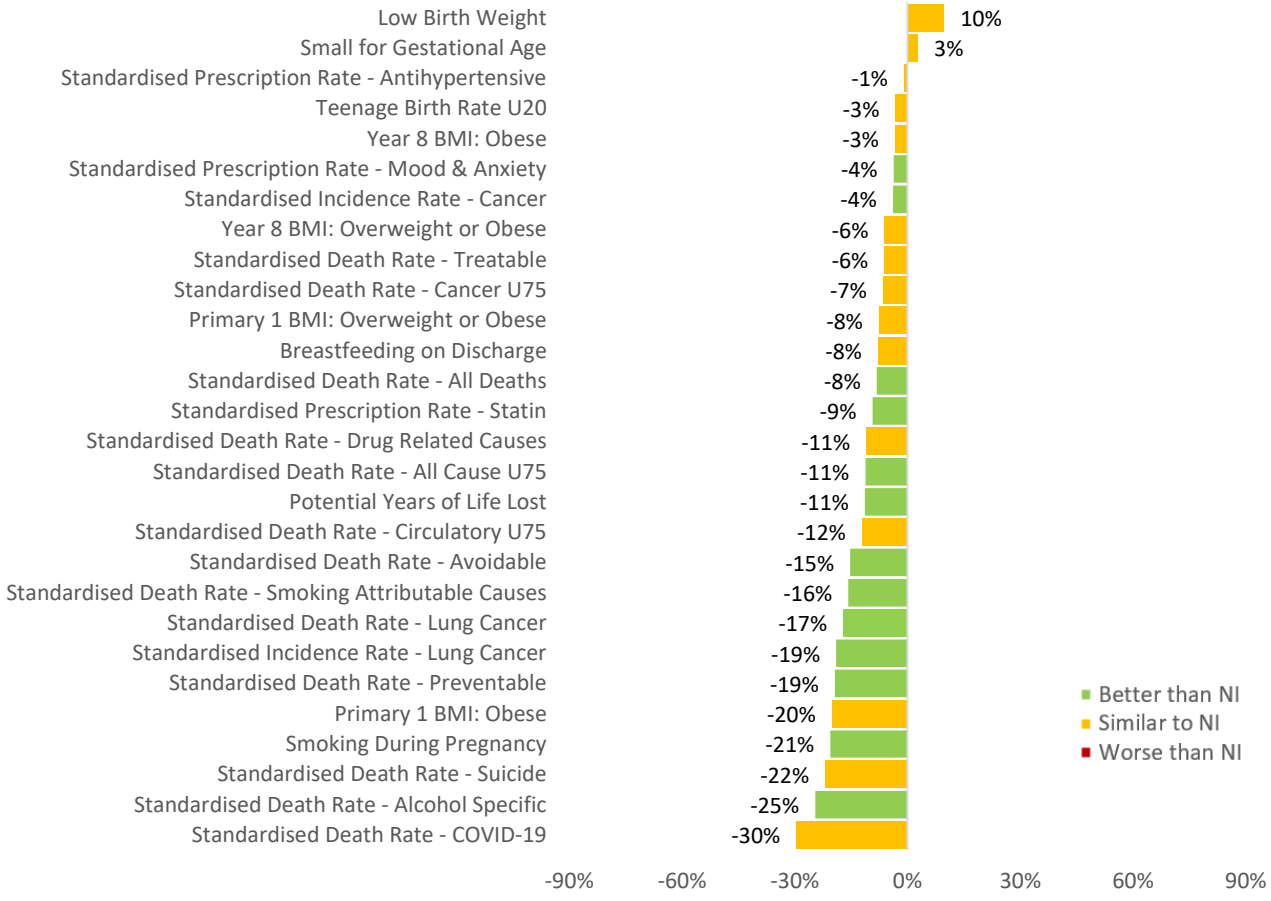


Life Expectancy:

In Ards & North Down, male life expectancy (79.9 years) was 1.1 years higher than the NI average (78.8 years) and female life expectancy (83.4 years) was 0.9 years higher than the average (82.5 years).

Of the 32 health outcome indicators analysed for Ards & North Down residents, none were worse than the NI average, 15 were similar to the NI average, and 17 were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Ards & North Down LGD and NI [75]

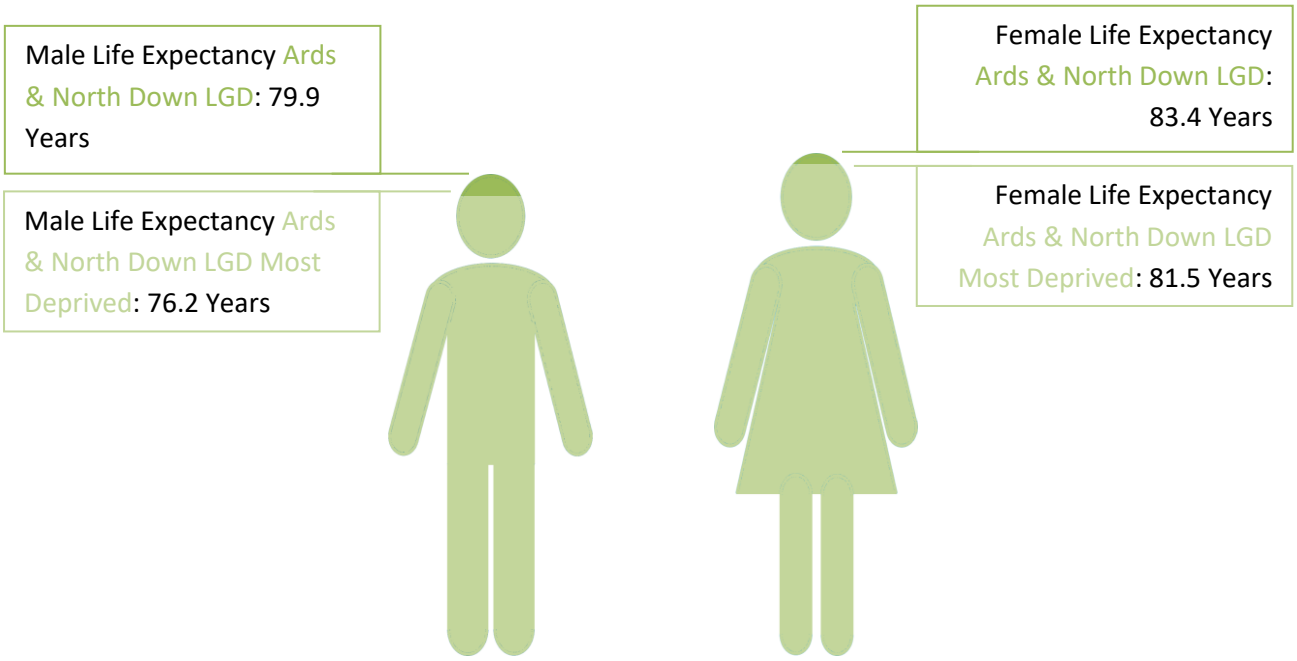


[74] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[75] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Ards & North Down and Ards & North Down's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.7 years for males and 1.9 years for females.

Largest Inequality Gaps within Ards & North Down LGD [76]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Ards & North Down LGD when compared with the Ards & North Down LGD average. Exceptions include female life expectancy at age 65, under 75 circulatory and cancer mortality, deaths due to covid, suicide rate, drug related deaths, breastfeeding on discharge, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Ards & North Down LGD for all 19 service-based indicators when compared with the Ards & North Down LGD average, apart from circulatory admissions, elective inpatient admissions, and the under 18 dental extraction rate. The largest inequality gaps observed in the latest year were[77]:

Drug Related Admission Rate (103%)	Under 20 Teenage Birth Rate (92%)	Smoking During Pregnancy (81%)	Alcohol Related Admission Rate (72%)	Alcohol Specific Death Rate (71%)

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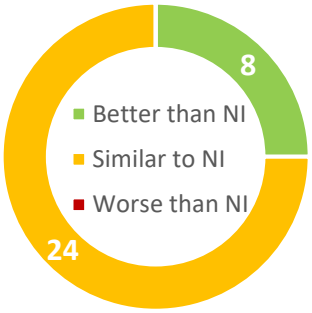
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[76] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[77] Excludes gaps that were not statistically significant.

Armagh City, Banbridge & Craigavon

Local Government District (LGD)

Comparison of Health Outcomes with NI [78]

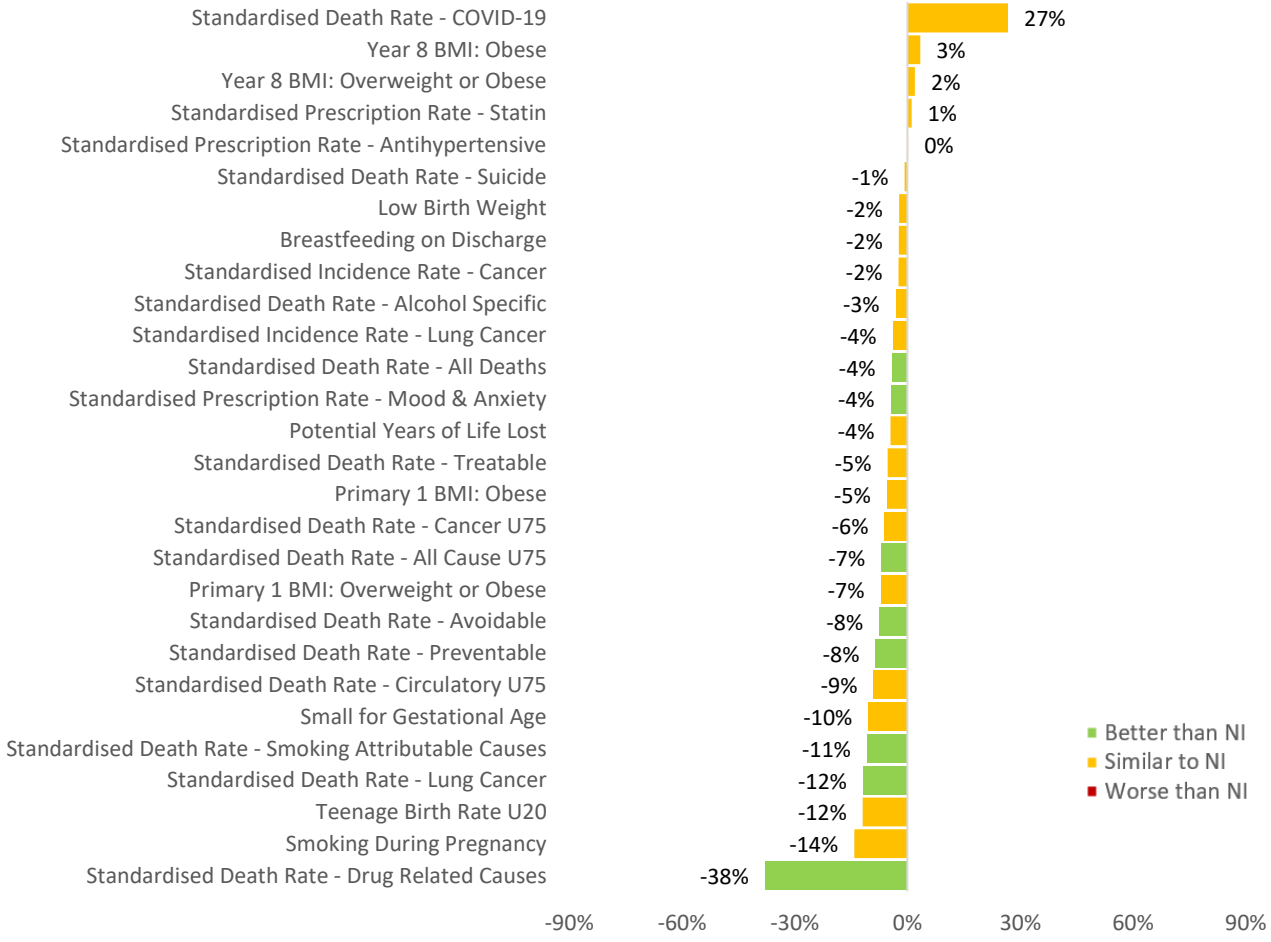


Life Expectancy:

In Armagh City, Banbridge & Craigavon, male life expectancy (79.2 years) was similar to the NI average (78.8 years) and female life expectancy (83.0 years) was similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Armagh City, Banbridge & Craigavon residents, none were worse than the NI average, 24 were similar to the NI average, and eight were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Armagh City, Banbridge & Craigavon LGD and NI [79]

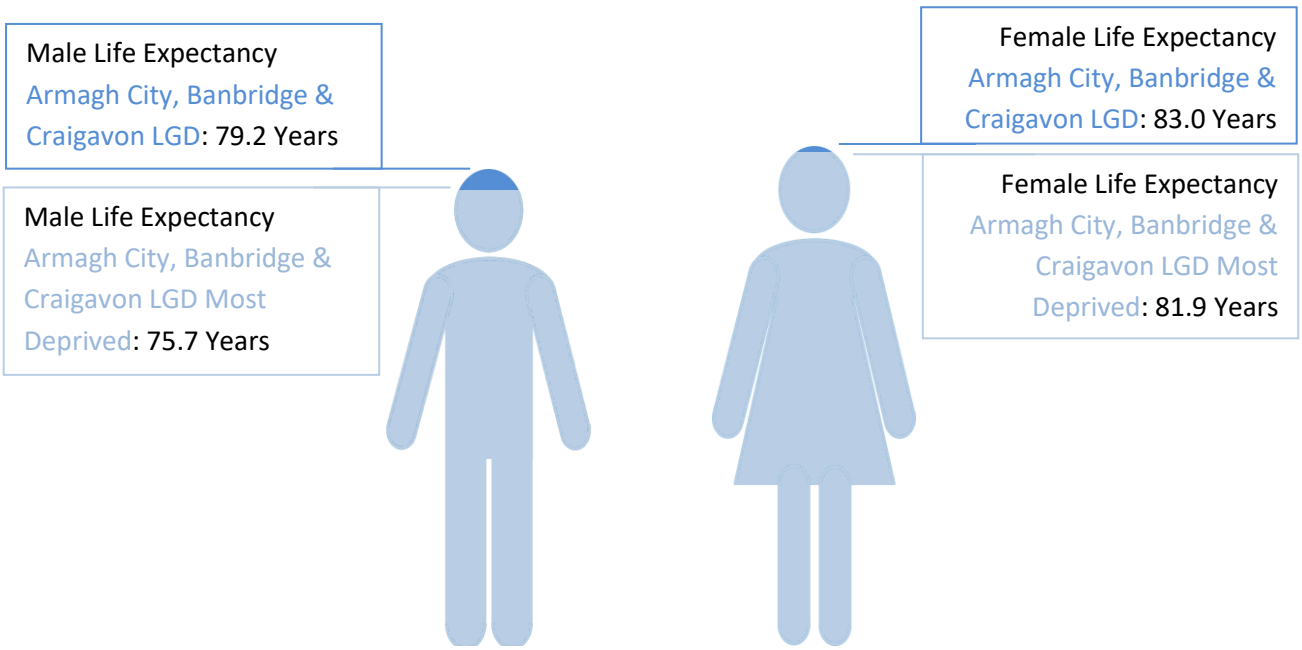


[78] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[79] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Armagh City, Banbridge & Craigavon LGD and Armagh City, Banbridge & Craigavon LGD's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.4 years for males and 1.1 years for females.

Largest Inequality Gaps within Armagh City, Banbridge & Craigavon LGD [80]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Armagh City, Banbridge & Craigavon LGD when compared with the Armagh City, Banbridge & Craigavon average. Exceptions include female life expectancy at birth and at age 65, under 75 cancer mortality, deaths due to covid, suicide rate, drug related mortality, breastfeeding on discharge, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Armagh City, Banbridge & Craigavon LGD for all 19 service-based indicators when compared with the Armagh City, Banbridge & Craigavon LGD average, apart from the circulatory admission rate, elective inpatient admission rate, day case admission rate, under 18 dental extraction rate, and dental crowning rate. The largest inequality gaps observed in the latest year were[81]:

Under 20 Teenage Birth Rate (139%)	Smoking During Pregnancy (111%)	Alcohol Specific Death Rate (97%)	Alcohol Related Admission Rate (95%)	Drug Related Admission Rate (92%)

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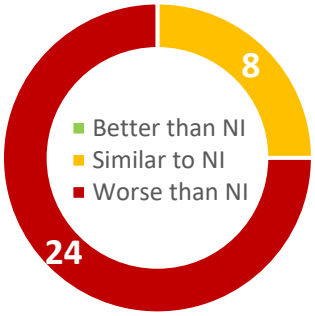
[80] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[81] Excludes gaps that were not statistically significant.

Belfast

Local Government District (LGD)

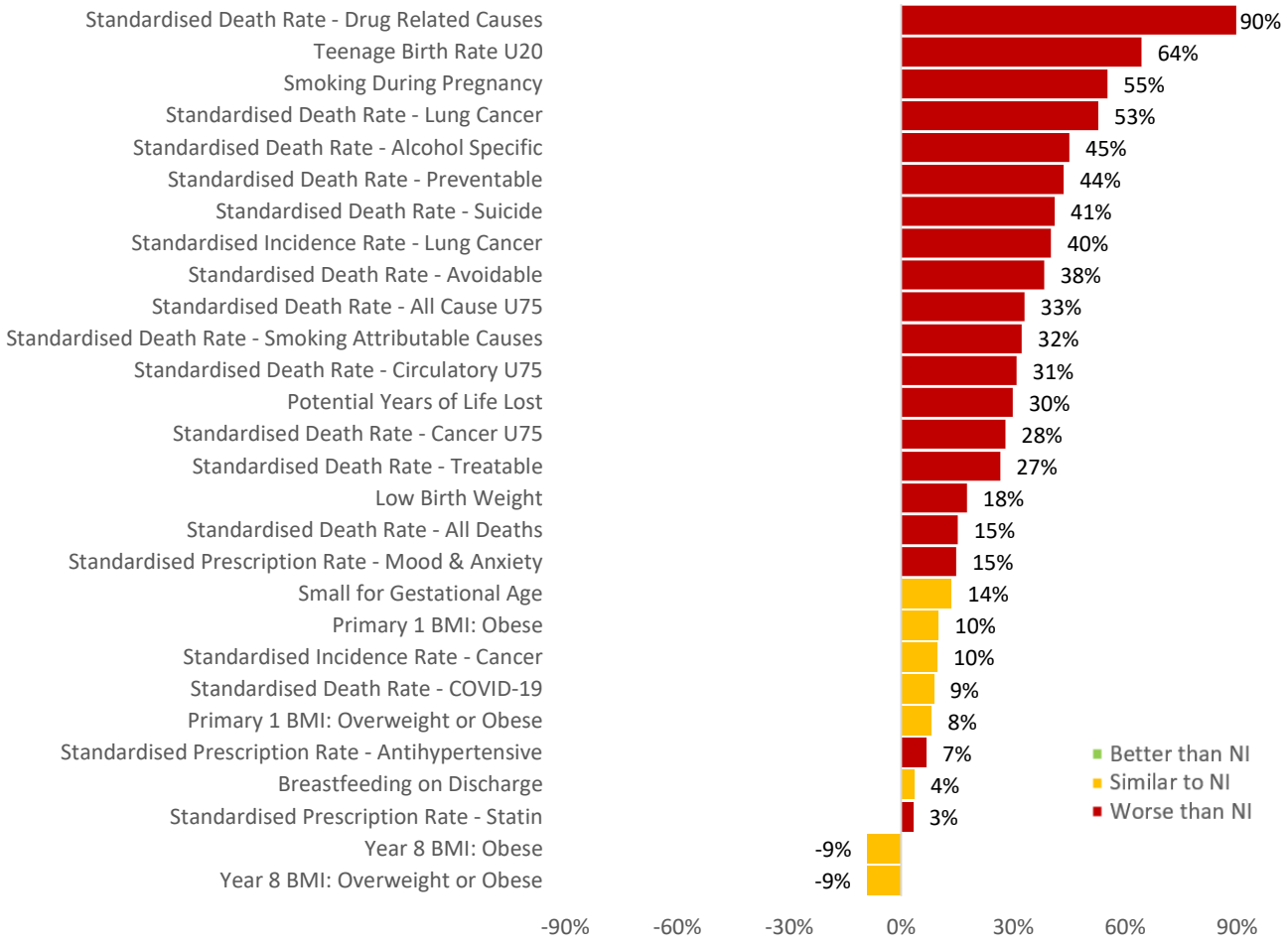
Comparison of Health Outcomes with NI [82]



In the Belfast LGD, male life expectancy (76.5 years) was 2.2 years less than the NI average (78.8 years) and female life expectancy (80.6 years) was 1.9 years less than the average (82.5 years).

Of the 32 health outcome indicators analysed for Belfast LGD residents, 24 were worse than the NI average, eight were similar to the NI average, and none of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Belfast LGD and NI [83]

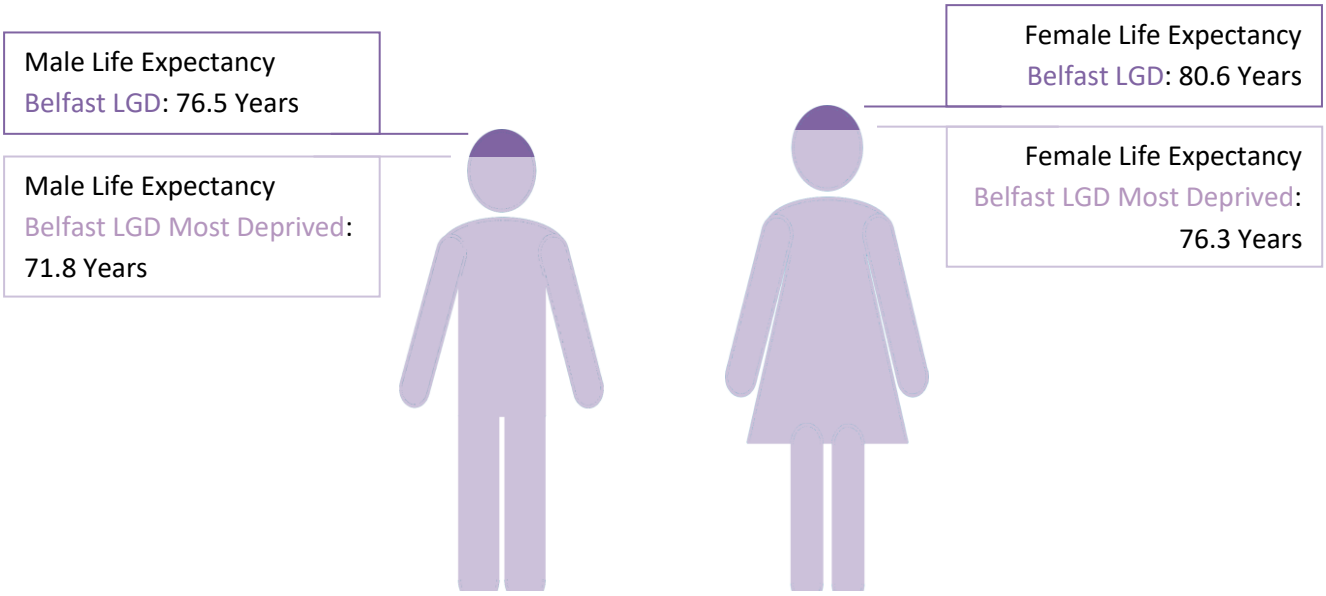


[82] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[83] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Belfast LGD and Belfast LGD's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 4.7 years for males and 4.2 years for females.

Largest Inequality Gaps within Belfast LGD [84]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Belfast LGD when compared with the Belfast LGD average. Exceptions include deaths due to covid, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Belfast LGD for all 19 service-based indicators when compared with the Belfast LGD average, apart from the overall dental registration rate which was higher in the Trust's most deprived areas than the Trust overall. The largest inequality gaps observed in the latest year were[85]:

Drug Related Death Rate (105%)	Under 20 Teenage Birth Rate (90%)	Alcohol Specific Death Rate (89%)	Preventable Death Rate (82%)	Alcohol Related Admission Rate (81%)

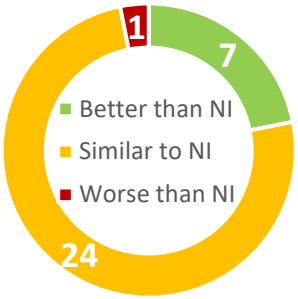
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[84] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[85] Excludes gaps that were not statistically significant.

Causeway Coast & Glens

Local Government District (LGD)

Comparison of Health Outcomes with NI [86]

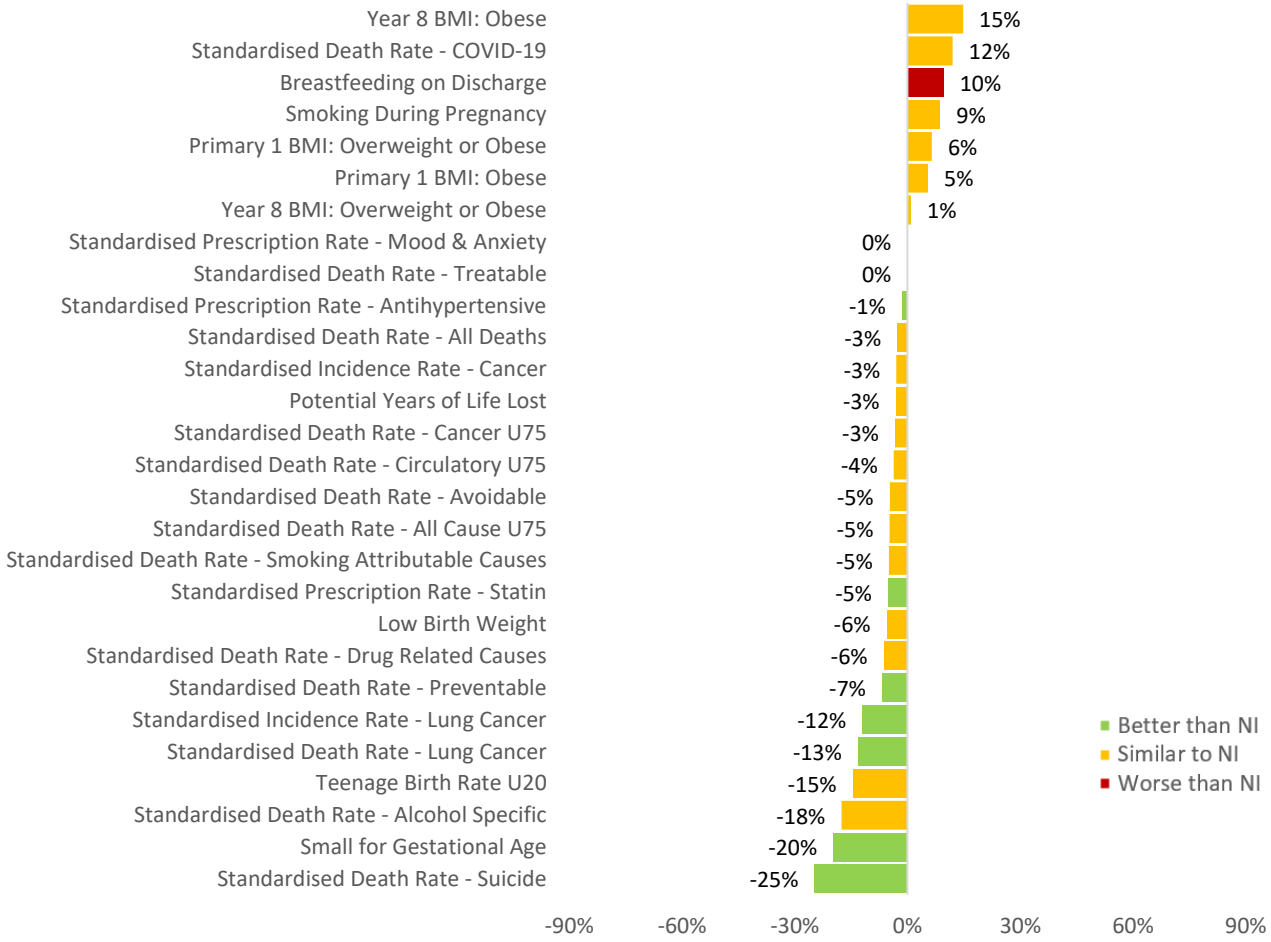


Life Expectancy:

In Causeway Coast & Glens, male life expectancy (79.1 years) was similar to the NI average (78.8 years) and female life expectancy (82.8 years) was also similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Causeway Coast & Glens residents, one was worse than the NI average, 24 were similar to the NI average, and seven were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Causeway Coast & Glens LGD and NI [87]

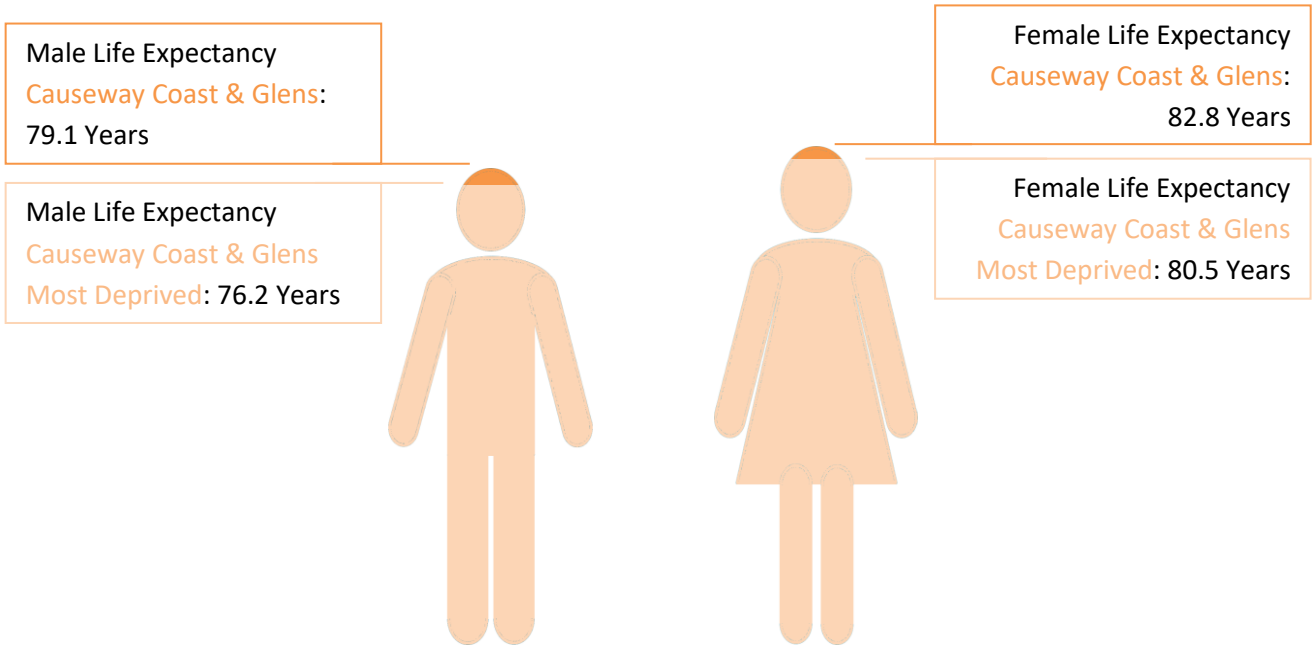


[86] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[87] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Causeway Coast & Glens and Causeway Coast & Glens' 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 2.9 years for males and 2.2 years for females.

Largest Inequality Gaps within Causeway Coast & Glens LGD [88]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Causeway Coast & Glens LGD when compared with the Causeway Coast & Glens LGD average. Exceptions include male life expectancy at age 65, treatable mortality, under 75 cancer and circulatory death rates, cancer incidence rate, deaths due to covid, suicide rate, lung cancer death rate, drug related deaths, low birth weight, under 20 teenage birth rate, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Causeway Coast & Glens LGD for all 19 service-based indicators when compared with the Causeway Coast & Glens LGD average, apart from the day case admission rate, dental filling rates, under 18 dental extraction rate, and the all age dental crowning rate. The largest inequality gaps observed in the latest year were[89]:

Alcohol Specific Death Rate (121%)	Smoking During Pregnancy (96%)	Drug Related Admission Rate (89%)	Alcohol Related Admission Rate (64%)	Preventable Death Rate (51%)

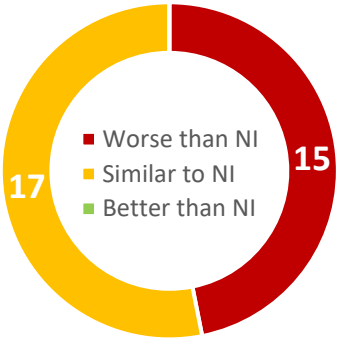
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[88] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[89] Excludes gaps that were not statistically significant.

Derry City & Strabane

Local Government District (LGD)

Comparison of Health Outcomes with NI [90]

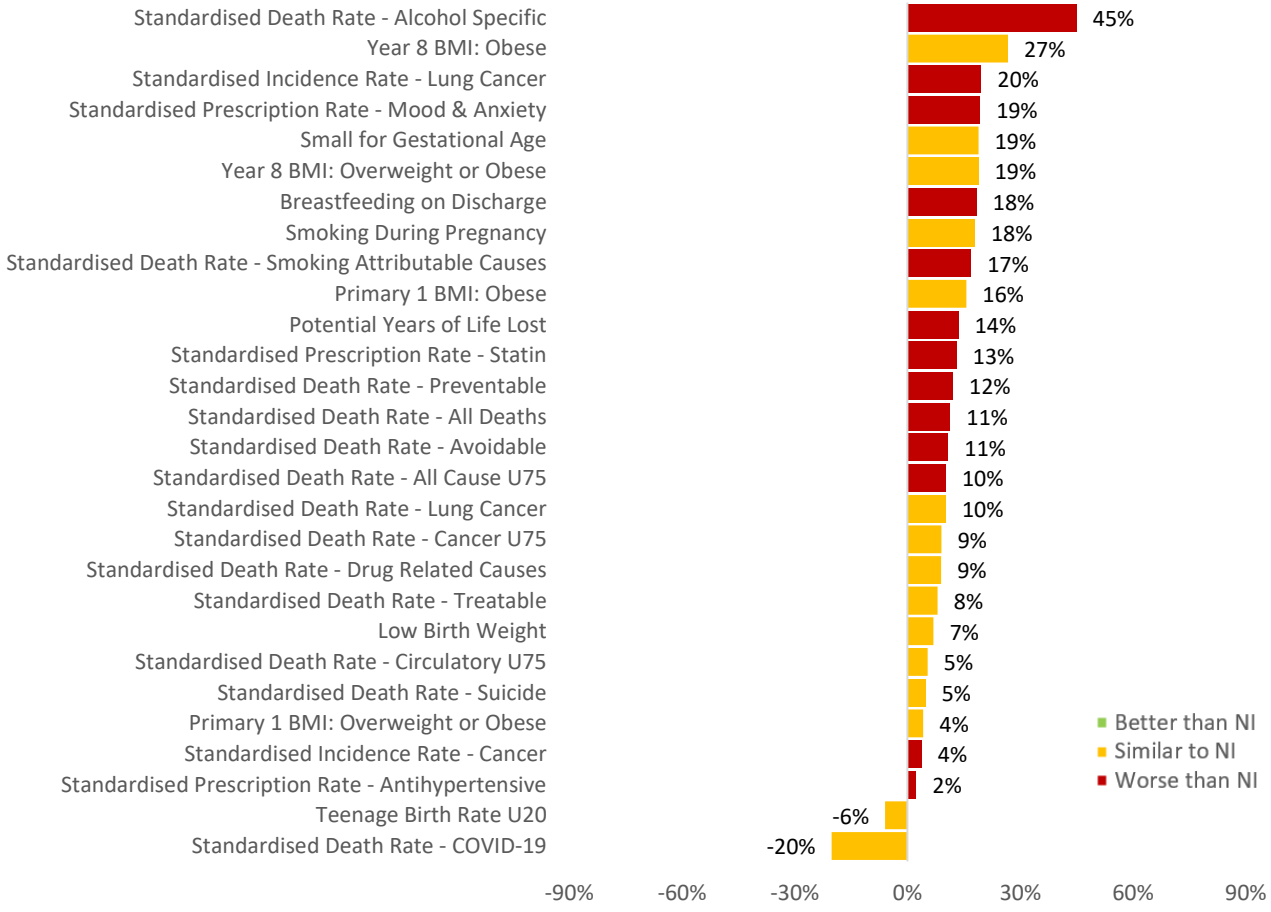


Life Expectancy:

In Derry City & Strabane, male life expectancy (77.4 years) was 1.3 years less than the NI average (78.8 years) and female life expectancy (81.3 years) was 1.2 years less than the average (82.5 years).

Of the 32 health outcome indicators analysed for Derry City & Strabane residents, 15 were worse than the NI average, 17 were similar to the NI average, and none of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Derry City & Strabane LGD and NI [91]

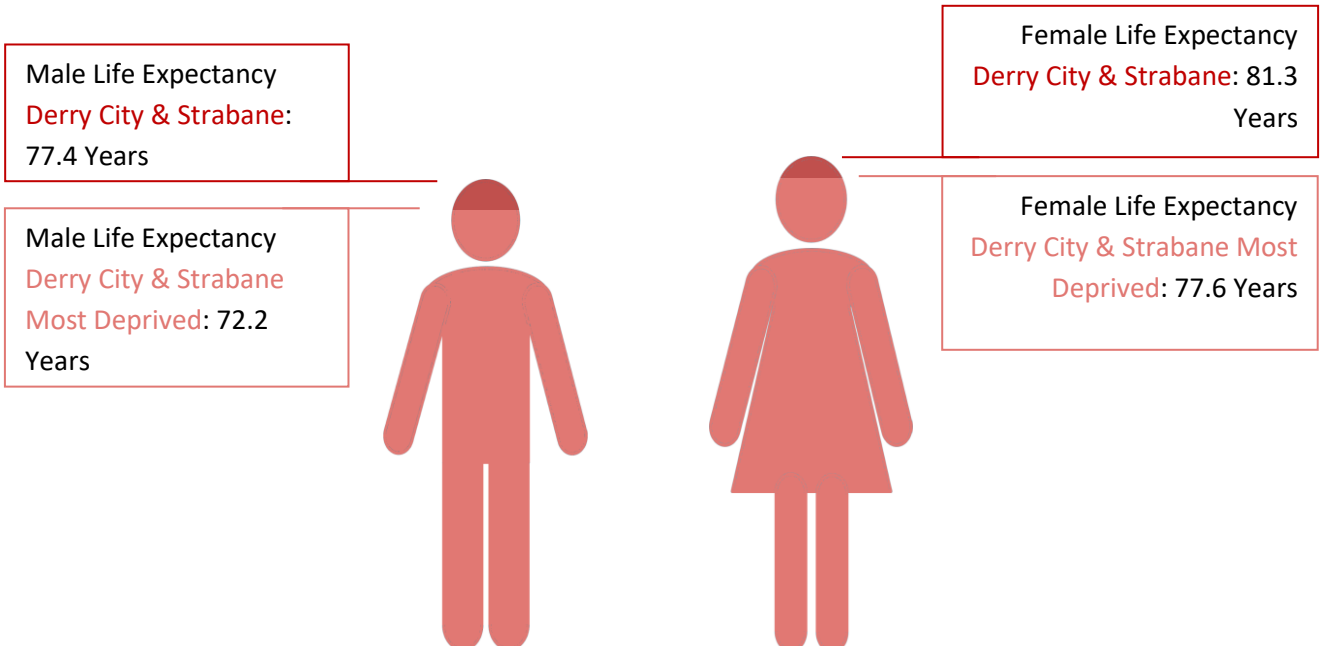


[90] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[91] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Derry City & Strabane and Derry City & Strabane's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 5.2 years for males and 3.6 years for females.

Largest Inequality Gaps within Derry City & Strabane LGD [92]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Derry City & Strabane LGD when compared with the Derry City & Strabane LGD average. Exceptions include deaths due to covid, suicide rate, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Derry City & Strabane LGD for all 19 service-based indicators when compared with the Derry City & Strabane LGD average, apart from the overall dental registration rate, day case admission rate, and under 18 dental extraction rate. The largest inequality gaps observed in the latest year were[93]:

Drug Related Death Rate (146%)	Alcohol Specific Death Rate (127%)	Alcohol Related Admission Rate (113%)	Drug Related Admission Rate (100%)	Under 20 Teenage Birth Rate (96%)

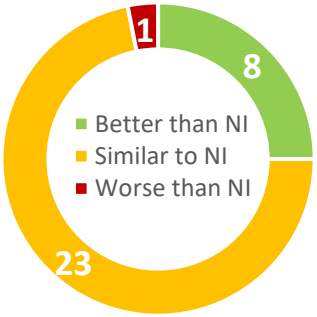
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[92] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[93] Excludes gaps that were not statistically significant.

Fermanagh & Omagh

Local Government District (LGD)

Comparison of Health Outcomes with NI [94]

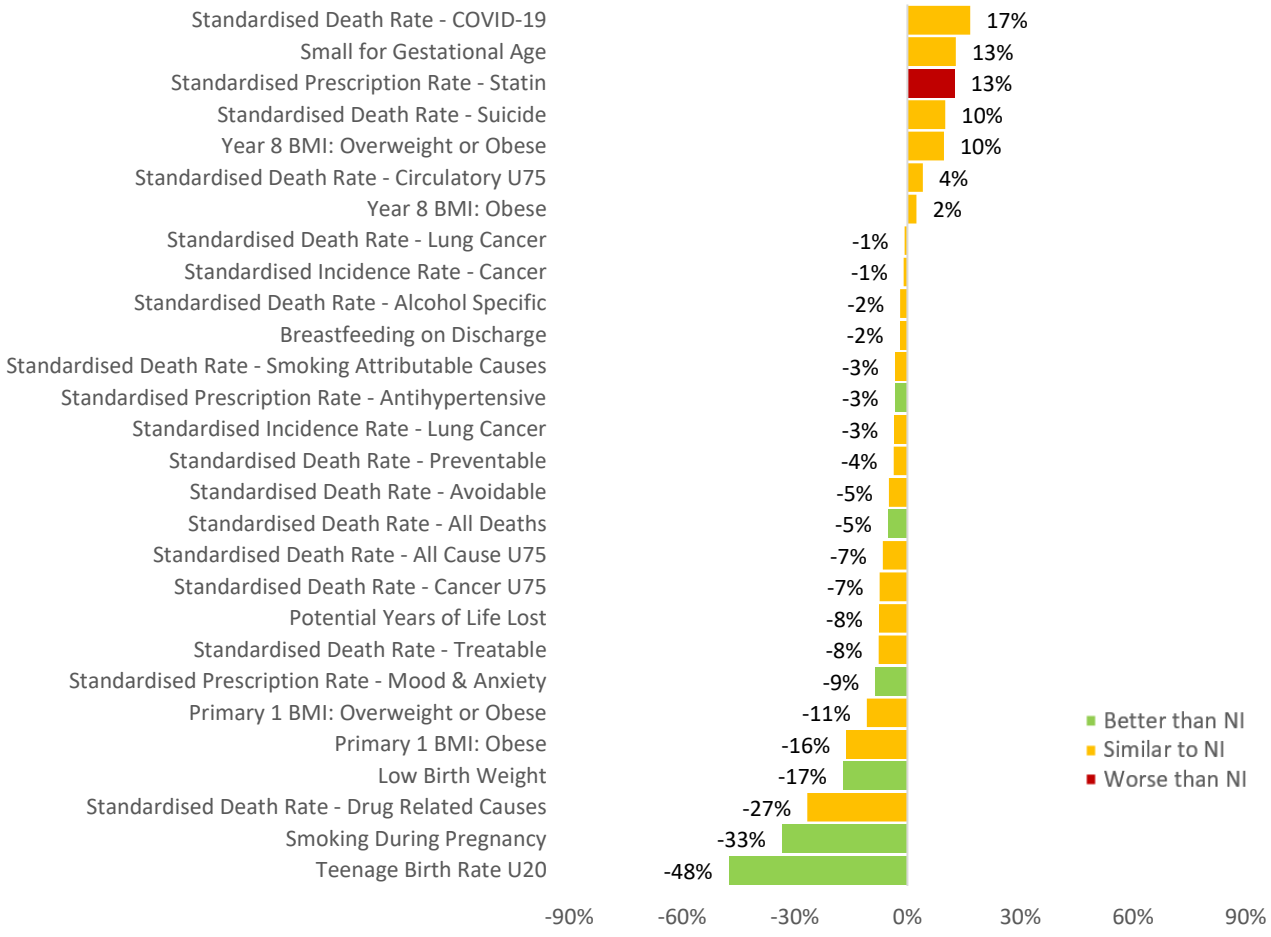


Life Expectancy:

In Fermanagh & Omagh, male life expectancy (79.6 years) was 0.9 years higher than the NI average (78.8 years) and female life expectancy (83.1 years) was similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Fermanagh & Omagh residents, one was worse than the NI average, 23 were similar to the NI average, and eight of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Fermanagh & Omagh LGD and NI [95]

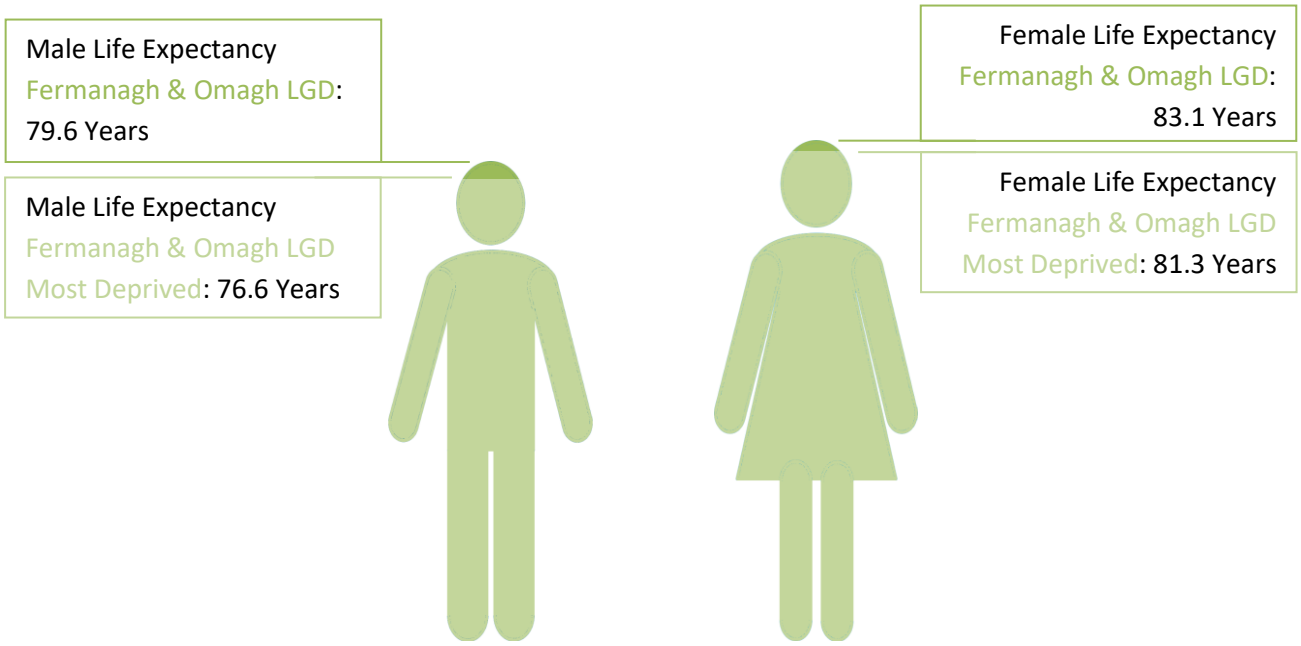


[94] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[95] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Fermanagh & Omagh and Fermanagh & Omagh's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.1 years for males and 1.7 years for females.

Largest Inequality Gaps within Fermanagh & Omagh LGD [96]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Fermanagh & Omagh LGD when compared with the Fermanagh & Omagh LGD average. Exceptions include female life expectancy at birth, male and female life expectancies at age 65, treatable mortality, under 75 circulatory and cancer mortality, a deaths due to covid, suicide rate, smoking attributable death rate, lung cancer death rate, alcohol specific deaths, drug related deaths, smoking during pregnancy, under 20 teenage birth rate, breastfeeding on discharge, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Fermanagh & Omagh LGD for all 19 service-based indicators when compared with the Fermanagh & Omagh LGD average, apart from the all age dental registration rate, all age and under 75 circulatory admission rates, elective inpatient and day case admission rates, under 18 dental filling and extraction rates, and the under 18 dental registration rate. The largest inequality gaps observed in the latest year were[97]:

Alcohol Related Admission Rate (70%)	Drug Related Admission Rate (60%)	Self-Harm Admission Rate (58%)	Lung Cancer Incidence Rate (50%)	Potential Years of Life Lost (36%)

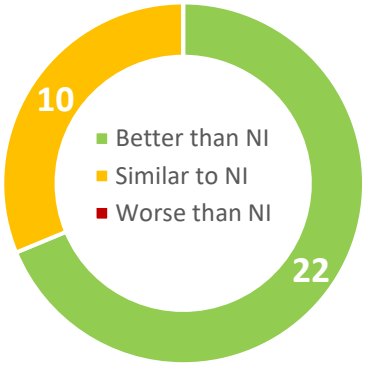
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[96] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[97] Excludes gaps that were not statistically significant.

Lisburn & Castlereagh

Local Government District (LGD)

Comparison of Health Outcomes with NI [98]

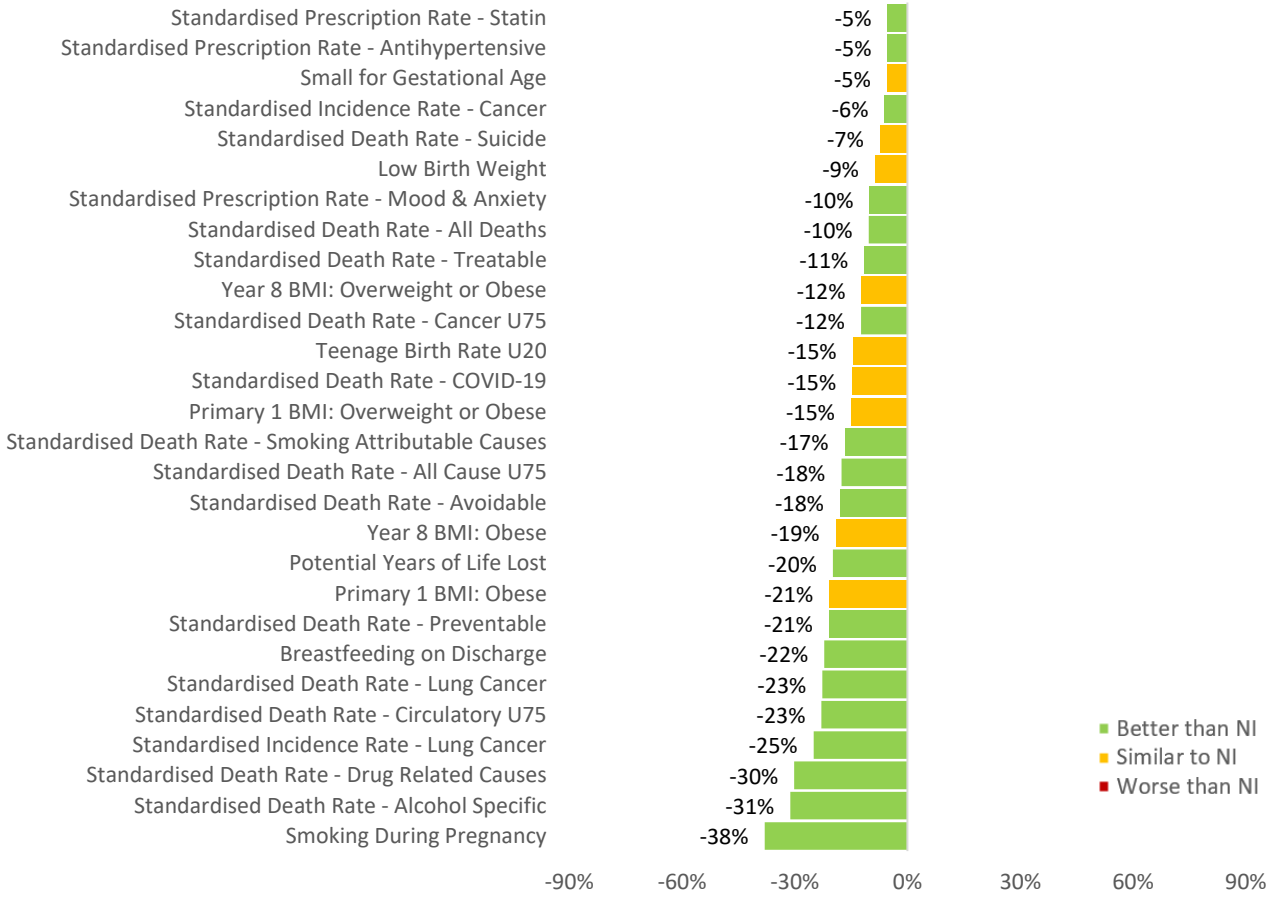


Life Expectancy:

In Lisburn & Castlereagh, male life expectancy (80.9 years) was 2.1 years higher than the NI average (78.8 years) and female life expectancy (83.3 years) was 0.8 years higher than the average (82.5 years).

Of the 32 health outcome indicators analysed for Lisburn & Castlereagh residents, none were worse than the NI average, ten were similar to the NI average, and 22 were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Lisburn & Castlereagh LGD and NI [99]

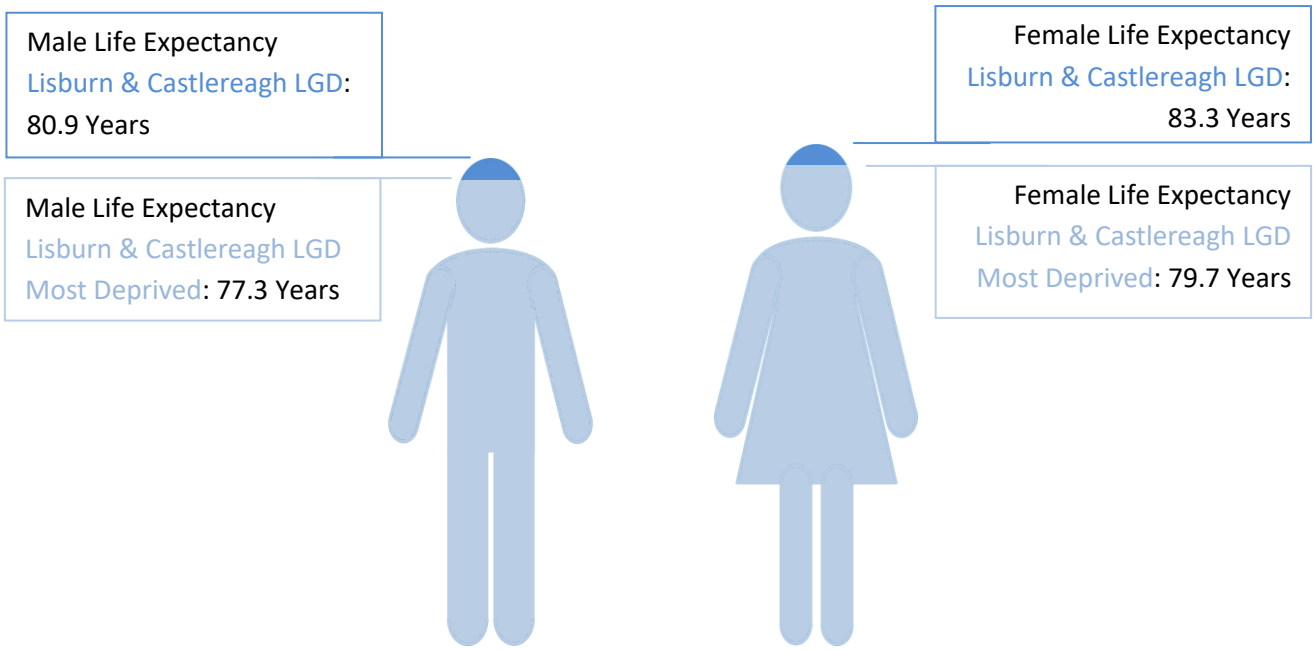


[98] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[99] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Lisburn & Castlereagh LGD and Lisburn & Castlereagh LGD's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 3.6 years for males and 3.6 years for females.

Largest Inequality Gaps within Lisburn & Castlereagh LGD [100]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Lisburn & Castlereagh LGD when compared with the Lisburn & Castlereagh average. Exceptions include male life expectancy at age 65, cancer incidence rate, under 75 circulatory mortality, deaths due to covid, suicide rate, drug related mortality, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Lisburn & Castlereagh LGD for all 19 service-based indicators when compared with the Lisburn & Castlereagh LGD average, apart from elective and day case admission rates, and the under 18 dental extraction rate. The largest inequality gaps observed in the latest year were[101]:

Alcohol Specific Death Rate (135%)	Under 20 Teenage Birth Rate (134%)	Smoking During Pregnancy (101%)	Alcohol Related Admission Rate (96%)	Drug Related Admission Rate (96%)

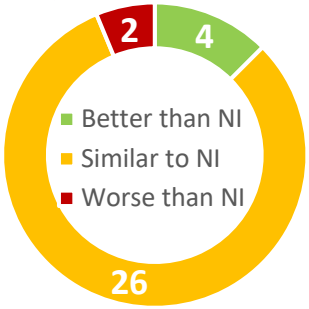
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[100] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[101] Excludes gaps that were not statistically significant.

Mid and East Antrim

Local Government District (LGD)

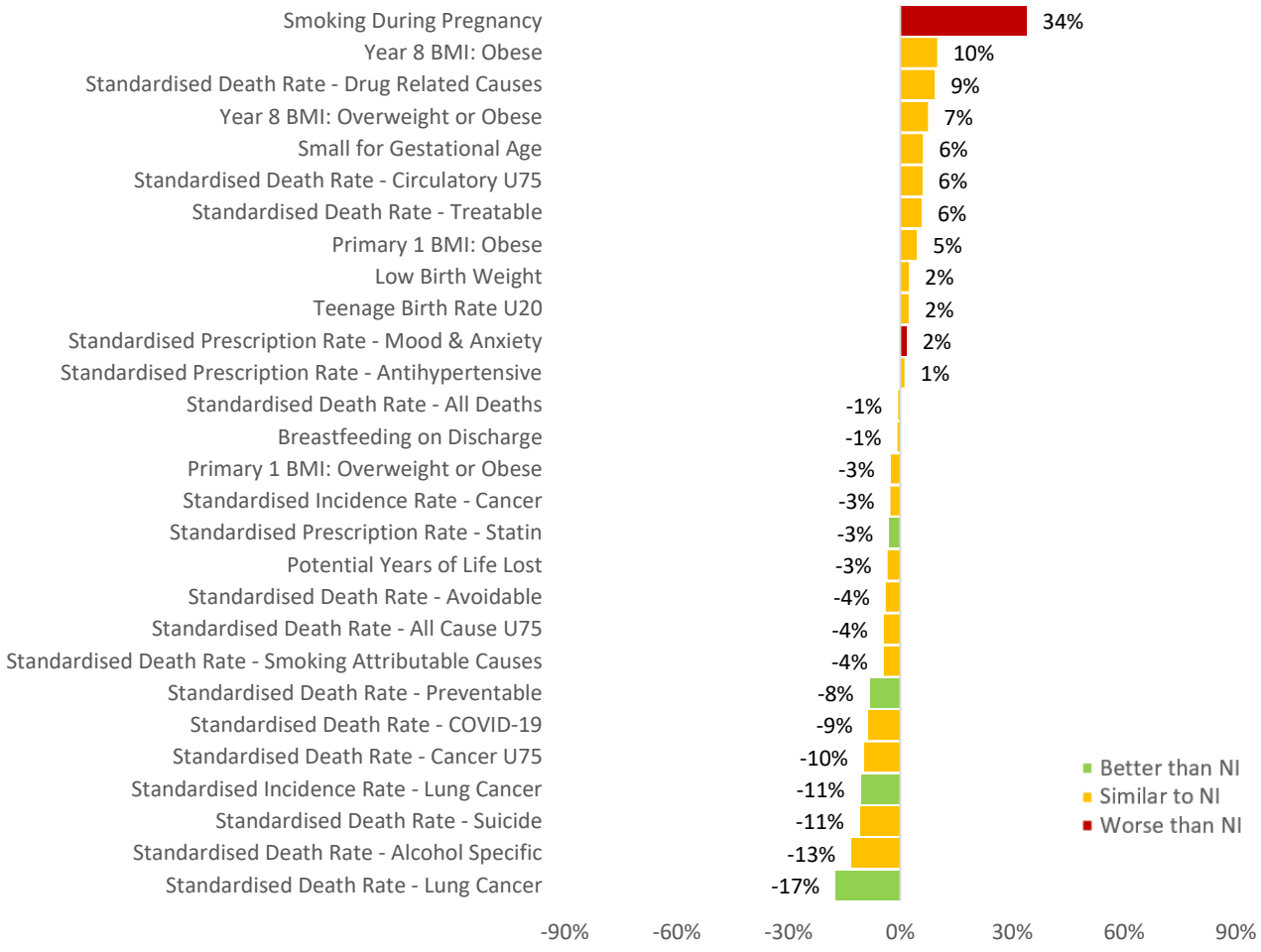
Comparison of Health Outcomes with NI [102]



In the Mid and East Antrim LGD, male life expectancy (78.5 years) was similar to the NI average (78.8 years) and female life expectancy (82.9 years) was similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Mid and East Antrim LGD residents, two were worse than the NI average, 26 were similar to the NI average, and four were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Mid and East Antrim LGD and NI [103]

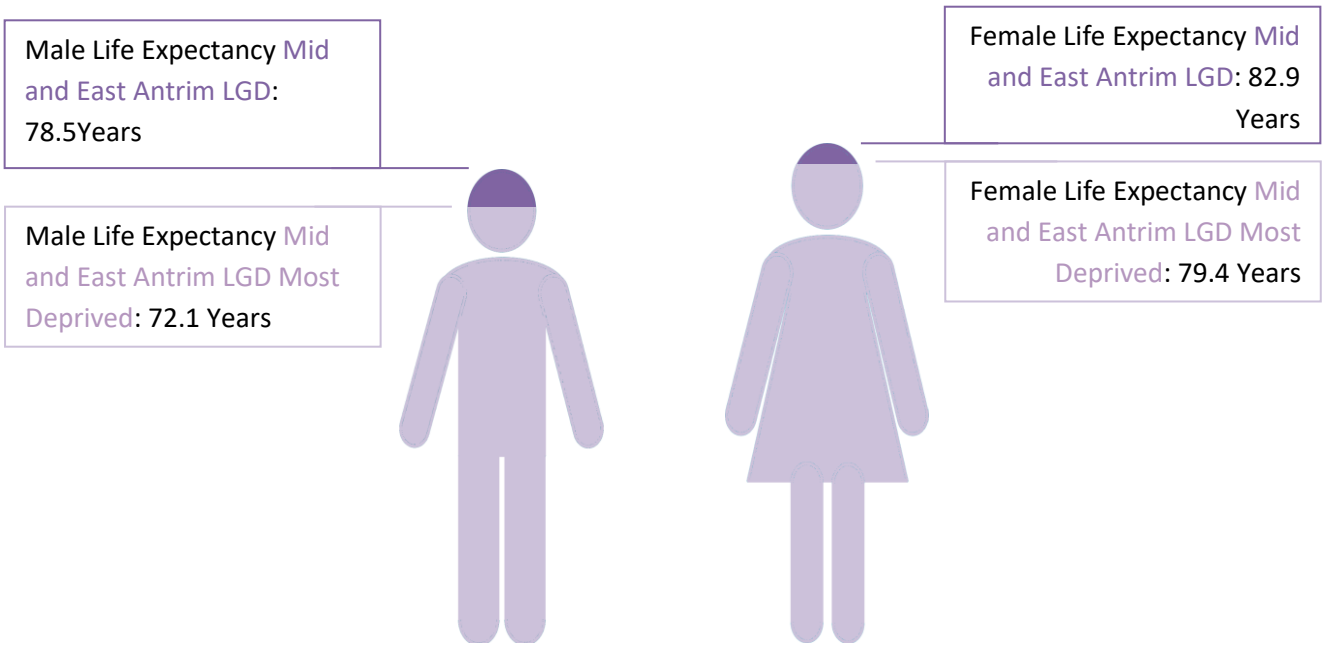


[102] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[103] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Mid and East Antrim LGD and Mid and East Antrim LGD's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 6.4 years for males and 3.5 years for females.

Largest Inequality Gaps within Mid and East Antrim LGD [104]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Mid and East Antrim LGD when compared with the Mid and East Antrim LGD average. Exceptions include under 75 cancer mortality, deaths due to covid, suicide rate, breastfeeding on discharge, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Mid and East Antrim LGD for all 19 service-based indicators when compared with the Mid and East Antrim LGD average, apart from elective inpatient and day case admission rates, under 18 dental filling and extraction rates, and the all age dental crowning rate. The largest inequality gaps observed in the latest year were[105]:

Drug Related Death Rate (193%)	Drug Related Admission Rate (158%)	Self-Harm Admission Rate (139%)	Smoking During Pregnancy (137%)	Alcohol Related Admission Rate (122%)

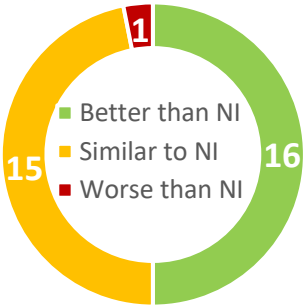
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[104] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[105] Excludes gaps that were not statistically significant.

Mid Ulster

Local Government District (LGD)

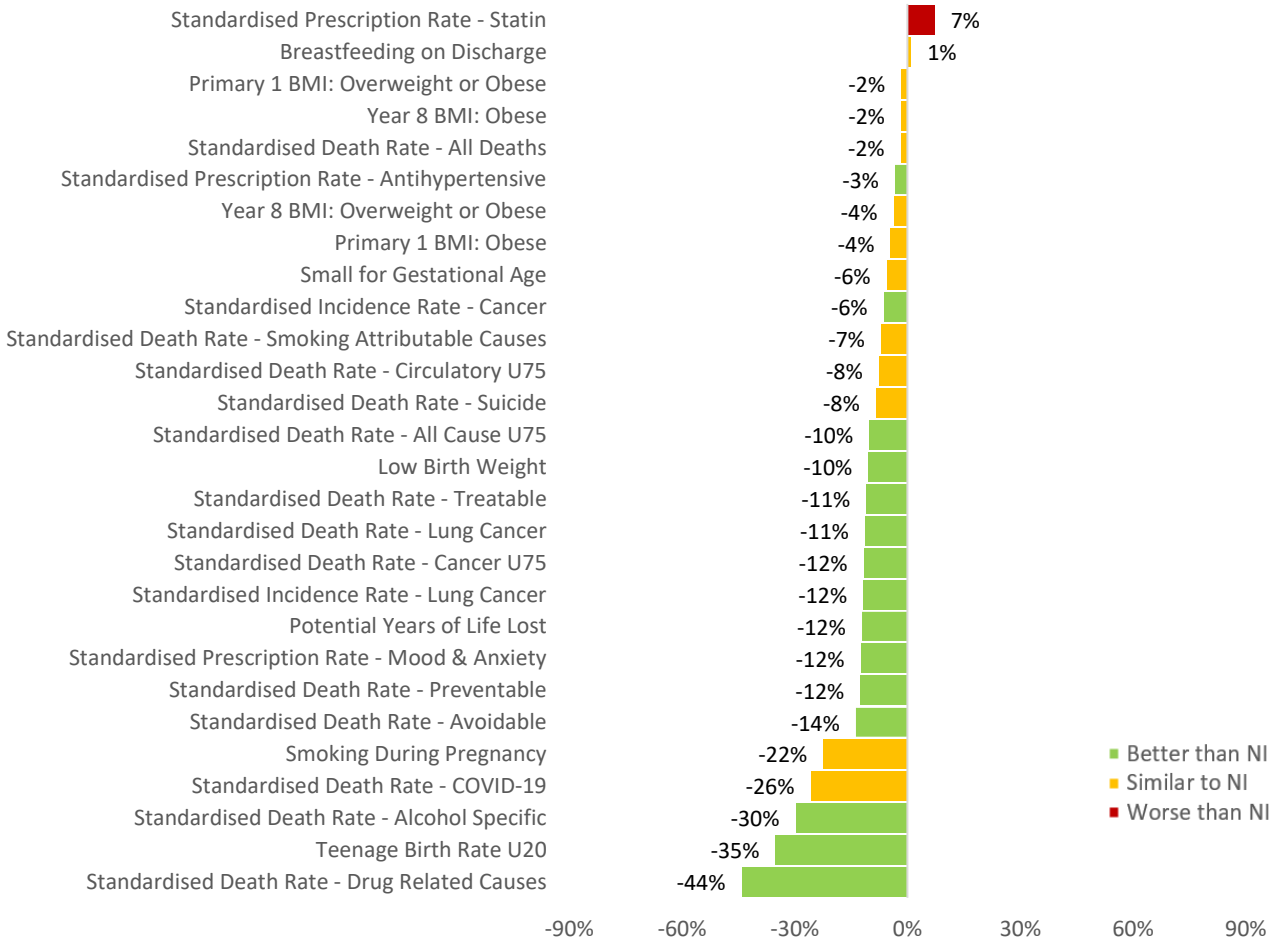
Comparison of Health Outcomes with NI [106]



In the Mid Ulster LGD, male life expectancy (79.3 years) was similar to the NI average (78.8 years) and female life expectancy (83.4 years) was 0.9 years higher than the average (82.5 years).

Of the 32 health outcome indicators analysed for Mid Ulster residents, one was worse than the NI average, 15 were similar to the NI average, and 16 of the health outcomes analysed were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Mid Ulster LGD and NI [107]

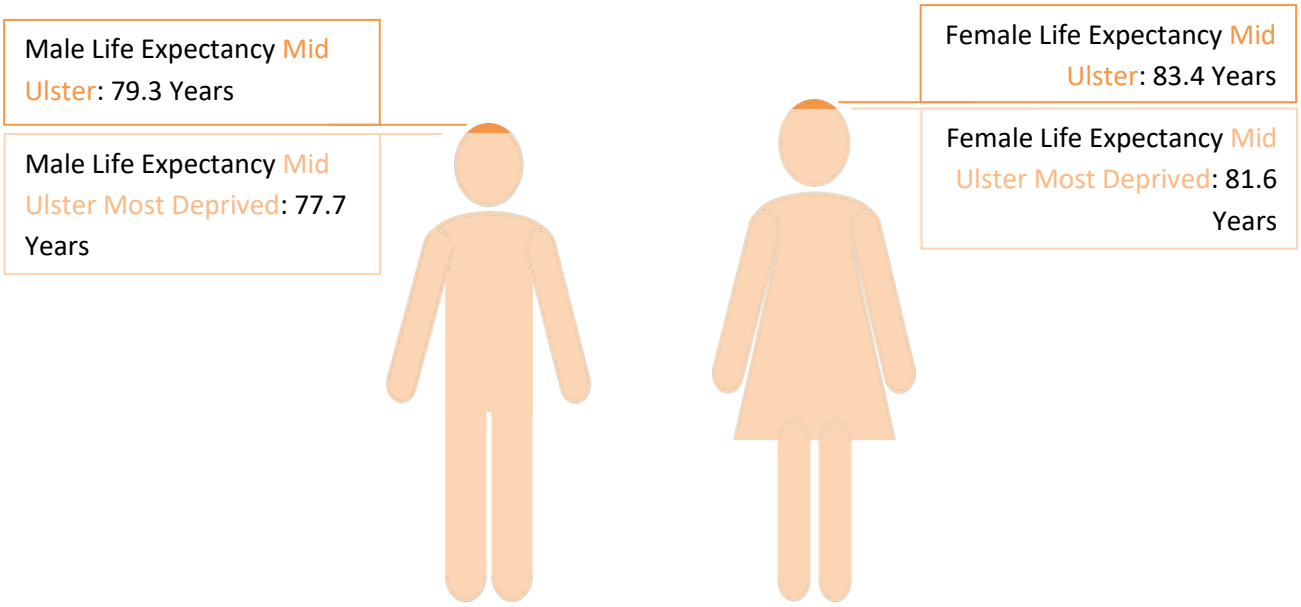


[106] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[107] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Mid Ulster and Mid Ulster's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 1.7 years for males and 1.8 years for females.

Largest Inequality Gaps within Mid Ulster LGD [108]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Mid Ulster LGD when compared with the Mid Ulster LGD average. Exceptions include male life expectancy at birth, male and female life expectancies at age 65, treatable mortality, under 75 cancer and circulatory death rates, cancer incidence rate, deaths due to covid, suicide rate, alcohol specific mortality, smoking attributable mortality, lung cancer incidence and mortality, drug related mortality, smoking during pregnancy, under 20 teenage birth rate, breastfeeding on discharge rate, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant[109]. In addition, rates were higher in the 20% most deprived areas of Mid Ulster LGD for all 19 service-based indicators when compared with the Mid Ulster LGD average, apart from circulatory admission rates, self-harm admissions, under 18 dental extraction rate, and dental registration rates[109]. The largest inequality gaps observed in the latest year were[110]:

Drug Related Admission Rate (66%)	Alcohol Related Admission Rate (53%)	Potential Years of Life Lost (31%)	All Cause Under 75 Death Rate (23%)	Avoidable Death Rate (22%)

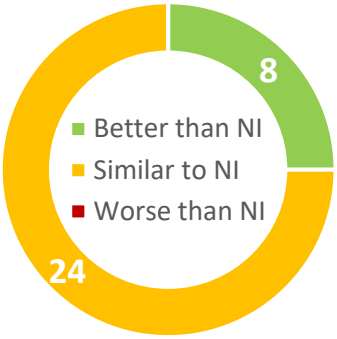
This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[108] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[109] The population size for deprivation quintiles within Mid Ulster LGD are relatively small resulting in notably wide confidence intervals.
[110] Excludes gaps that were not statistically significant.

Newry, Mourne and Down

Local Government District (LGD)

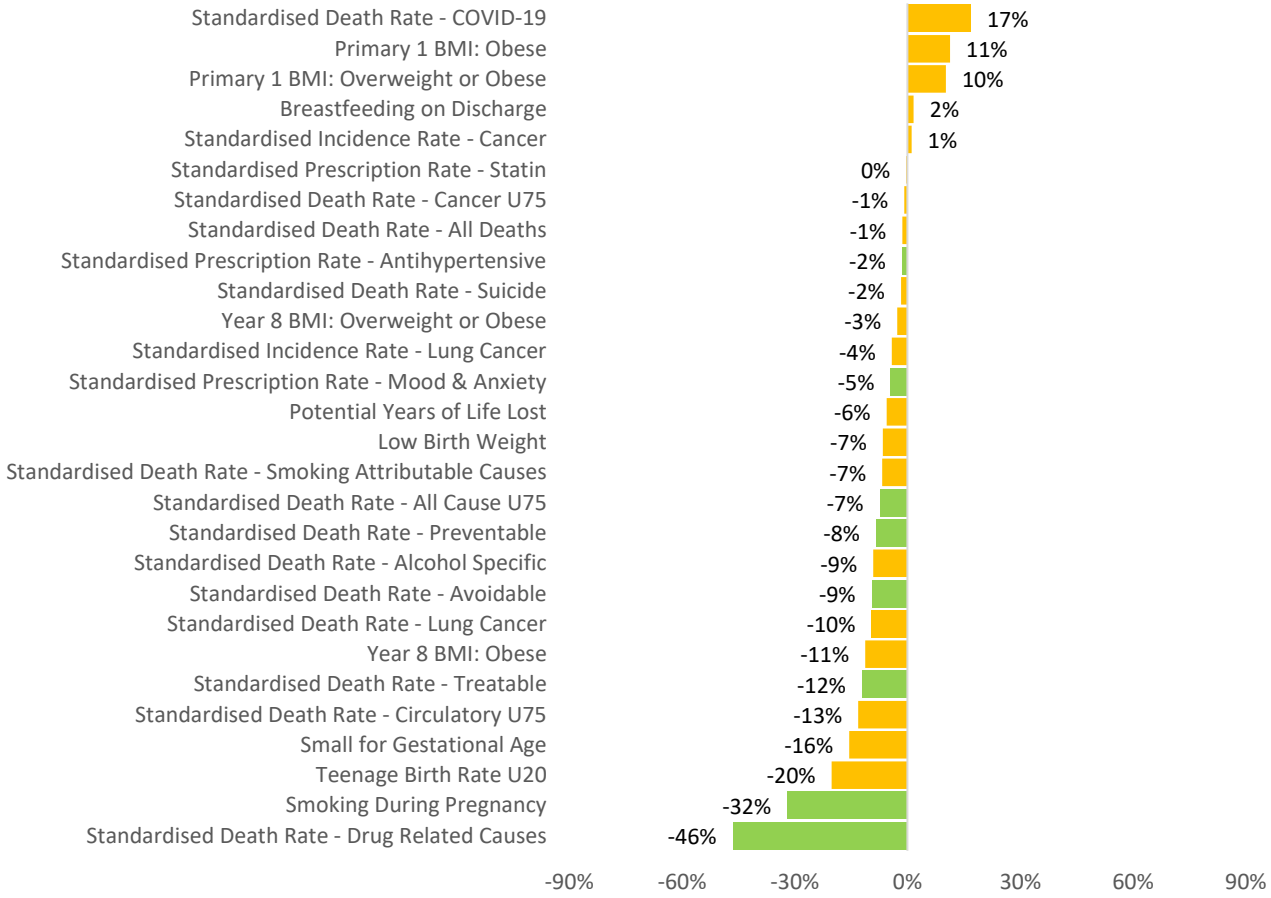
Comparison of Health Outcomes with NI [111]



In Newry, Mourne and Down, male life expectancy (79.0 years) was similar to the NI average (78.8 years) and female life expectancy (82.9 years) was similar to the average (82.5 years).

Of the 32 health outcome indicators analysed for Newry, Mourne and Down residents, none were worse than the NI average, 24 were similar to the NI average, and eight were better than the NI average. Life expectancy at birth and at age 65 gaps included in the chart above have not been displayed in the chart below as they are represented in years.

Gaps in Health Outcomes between Newry, Mourne and Down LGD and NI [112]

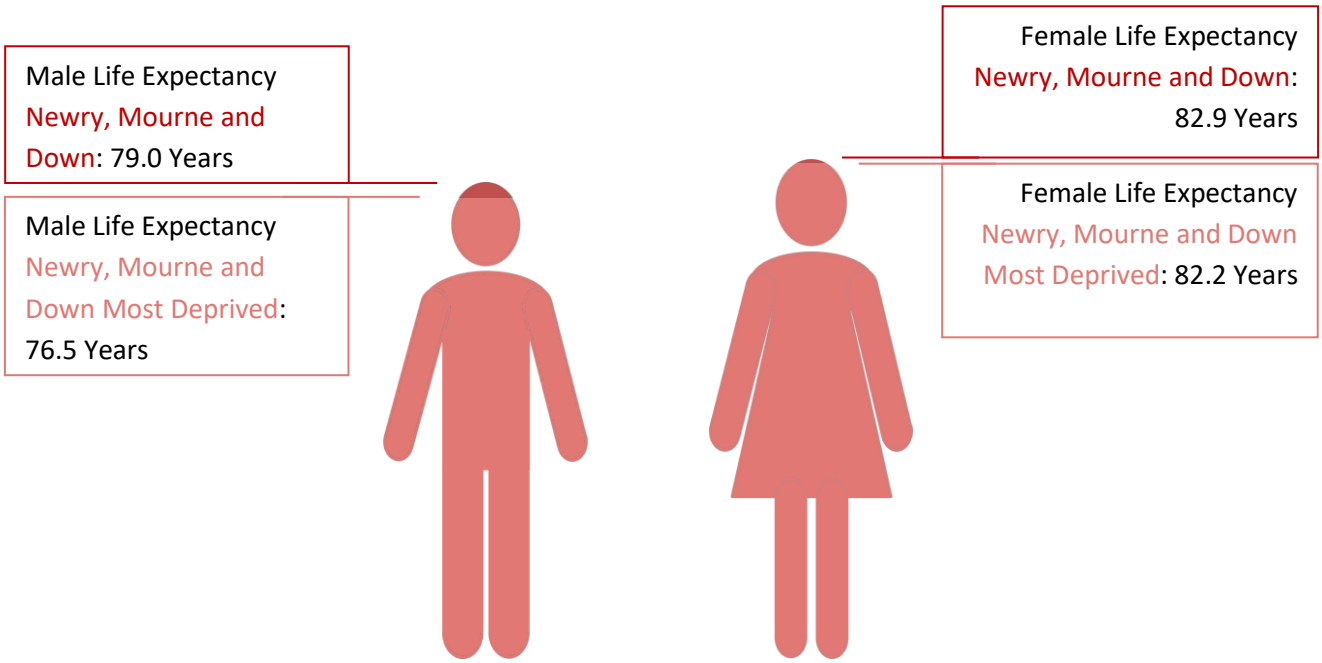


[111] Outcomes relating to service-based indicators, including hospital admissions, have not been presented above as it is not possible to ascertain whether an LGD-NI gap in utilisation of services fully constitutes a difference in health outcomes due to potentially different service provision profiles across different geographic areas. For further information see 'Notes for users', Page 11.

[112] As confidence intervals vary across indicators, some gaps between the LGD and NI are not significant and have therefore been categorised as 'similar to', despite being larger than gaps for other indicators that have been identified as significant (i.e. worse than or better than).

Comparison with LGD Most Deprived Areas

Inequality gaps between the Newry, Mourne and Down and Newry, Mourne and Down's 20% most deprived areas:



Life Expectancy: the gap in life expectancy at birth between the LGD and its 20% most deprived areas was 2.6 years for males and 0.7 years for females.

Largest Inequality Gaps within Newry, Mourne and Down LGD [113]

Across the 32 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Newry, Mourne and Down LGD when compared with the Newry, Mourne and Down LGD average. Exceptions include female life expectancies at birth and age 65, treatable mortality, under 75 cancer and circulatory death rates, deaths due to covid, suicide rate, smoking attributable mortality, lung cancer death rate, drug related mortality, smoking in pregnancy, under 20 teenage birth rate, breastfeeding on discharge, low birth weight, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant. In addition, rates were higher in the 20% most deprived areas of Newry, Mourne and Down LGD for all 19 service-based indicators when compared with the Newry, Mourne and Down LGD average, apart from elective inpatient admission rate, all ages dental filling and crowning rates, under 18 dental extraction rate, and the under 18 dental registration rate. The largest inequality gaps observed in the latest year were[114]:

Alcohol Specific Death Rate (65%)	Self-Harm Admission Rate (51%)	Drug Related Admission Rate (51%)	Alcohol Related Admission Rate (46%)	Preventable Death Rate (35%)

This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[113] Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 11.
[114] Excludes gaps that were not statistically significant.

APPENDICES

APPENDIX A: SOCIAL GRADIENT OF HEALTH

Health inequalities are often considered in terms of the gap between the most and least deprived quintiles of the population. However this does not account for those areas of intermediate levels of deprivation that may also be relatively disadvantaged in terms of their health status. The Marmot Review[115] demonstrated that there is a social gradient in health that runs from top to bottom of the socioeconomic spectrum, meaning that health inequalities affect everyone. There is consistent evidence from throughout the world that people at a socioeconomic disadvantage suffer a heavier burden of illness and have higher mortality rates than their better off counterparts.

Different inequality measures can give information about different aspects of inequalities. Some measures concentrate on the extremes of deprivation such as the most-least deprived (*or absolute*) gap analysis presented in the main body of this report, whilst others include relative inequality gaps across the socioeconomic scale – taking into account the whole population - and can give quite different interpretations of inequalities. Therefore, in addition to the most-least deprived *(or absolute*) gap analysis presented earlier in this report, a social gradient analysis using the Relative Index of Inequalities (RII) has been undertaken to provide a fuller assessment of inequalities.

Absolute gap (most-least deprived gap): This measure describes the absolute difference between the extremes of deprivation. It has the advantage that it is intuitive and straightforward to explain, but the disadvantage that, because it focuses only on the extremes of deprivation, it does not take account of patterns of inequalities observed across the intermediate groups.

Slope Index of Inequality (SII): SII describes the gradient of health observed across the deprivation scale. While the absolute gap shows the difference between two large groups, SII measures the difference in health outcomes between the theoretical most and least deprived individuals, according to linear regression across health outcomes for all deprivation deciles. SII therefore has the advantage of being sensitive to the experience of the entire population, rather than just the extremes of deprivation.

Relative Index of Inequality (RII): The RII describes the gradient of health observed across the deprivation scale, relative to the average for the observed population (by dividing the Slope of Index of Inequality (SII) by the mean). The value of RII tells you the magnitude of inequality in relation to the mean thus representing the proportionate change in the health outcome across the population. It allows inequalities to be compared and contrasted across a number of different health indicators, and also to be monitored over time.

For further information regarding the RII methodology, including how it is calculated, please refer to the NI Health & Social Care Inequalities Monitoring System – Regional 2014 report: https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-regional-2014

[115] *Fair Society, Healthy Lives: The Marmot Review* can be accessed at http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

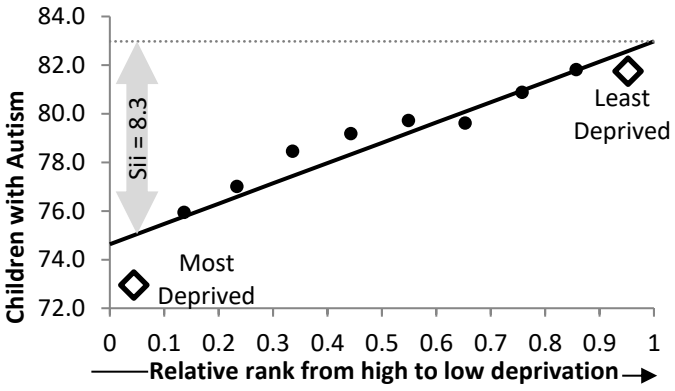
RESULTS

Social gradient analyses were carried out for the majority of indicators included in the HSCIMS. For some indicators this analysis could not be performed due to limitations on the level of data available. An explanatory interpretation of SII results is provided for life expectancy at birth below (it is not appropriate to look at relative gaps for life expectancy and therefore SII is used instead of RII), with a time series for the Absolute Gap (most-least deprived). It should be noted that in this report the SII value tends to be larger when compared with the absolute gap. This is due to the SII calculating across deprivation deciles whereas the absolute gap is calculated across deprivation quintiles which can show different results. An explanatory interpretation of RII results is also provided for all cause mortality (U75), with RII then presented for all other indicators provided in Table 4. Symbols indicating the direction of change in RII and the inequality gap from the absolute gap analysis are also provided in table 4 for each indicator.

Male Life Expectancy at Birth – SII

Year	2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most-Least Deprived)	7.0	6.9	7.3	7.2	7.3
Slope Index of Inequality (SII)	8.0	7.8	8.4	8.2	8.3

For life expectancy values, the Slope Index of Inequality(SII) indicates the absolute gap across the deprivation scale, represented by the gradient of the linear best fit line shown. In 2021-23, male life expectancy at birth indicates a SII gap of 8.3 years. This is higher than that indicated by the absolute gap between the most and least deprived quintiles (7.3 years). Both the absolute gap and SII showed no significant change in the male life expectancy deprivation gap between 2017-19 and 2021-23.



SDR – All Cause Mortality (U75) - RII

Year	2019	2020	2021	2022	2023
Absolute Gap (Most-Least Deprived)	121%	116%	141%	117%	135%
Slope Index of Inequality (SII)	-345	-367	-404	-342	-372
Relative Index of Inequality (RII)	-0.98	-0.96	-1.06	-0.96	-1.07

The Relative Index of Inequality (RII) indicates the relative gap across the deprivation scale. In 2023, mortality rates among those aged below 75 years indicated a deprivation gap of -1.07, meaning that the SII value of -372 deaths per 100,000 population is equivalent to 107% of the average under 75 mortality rate across NI. Both the RII and the absolute gap showed that the deprivation gap remained similar across the analysed period.

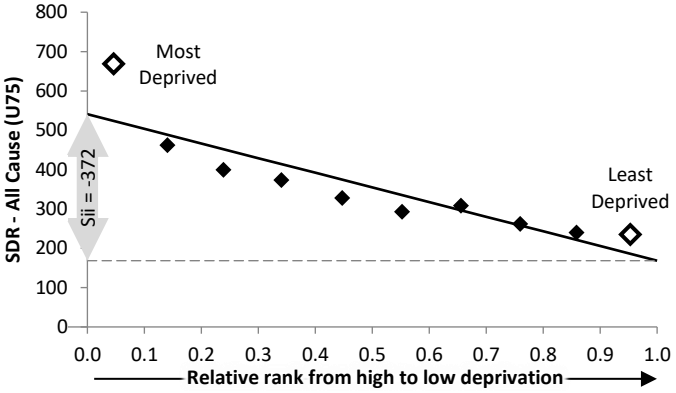


Table 4: Social Gradient Analysis of Indicators

A comparison of the inequality gaps provided in the main body of the report with social gradient results are presented in the table below:

Indicator		Time Series				
Male Life Expectancy at Birth		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	—	7.0	6.9	7.3	7.2	7.3
Slope Index of Inequality (SII)	—	8	7.8	8.4	8.2	8.3
Female Life Expectancy at Birth		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	—	4.9	5.0	5.1	4.8	5.2
Slope Index of Inequality (SII)	◄►	5.5	5.6	5.8	5.7	6.0
Male Life Expectancy at Age 65		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	—	3.1	3.1	3.0	2.9	2.9
Slope Index of Inequality (SII)	—	3.3	3.2	3.2	3.2	3.2
Female Life Expectancy at Age 65		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	◄►	2.6	2.7	2.7	2.8	3.0
Slope Index of Inequality (SII)	◄►	2.7	2.7	2.8	2.9	3.2
SDR-All Deaths		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	—	45%	40%	52%	42%	47%
Relative Index of Inequality (RII)	—	-0.43	-0.38	-0.50	-0.43	-0.44
Potential Years of Life Lost		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	—	129%	125%	133%	130%	140%
Relative Index of Inequality (RII)	—	-1.01	-1.00	-1.05	-1.04	-1.08
SDR- Treatable		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	91%	86%	89%	83%	92%
Relative Index of Inequality (RII)	—	-0.78	-0.76	-0.77	-0.74	-0.80
SDR – Preventable		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	194%	191%	200%	202%	197%
Relative Index of Inequality (RII)	—	-1.31	-1.30	-1.32	-1.34	-1.34
SDR – Avoidable		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	155%	152%	159%	158%	159%
Relative Index of Inequality (RII)	—	-1.13	-1.12	-1.15	-1.15	-1.17
SDR - Circulatory (U75)		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	142%	136%	137%	127%	132%
Relative Index of Inequality (RII)	—	-1.04	-1.02	-1.04	-1.03	-1.10
SDR - Respiratory (U75)		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	248%	277%	252%	230%	231%
Relative Index of Inequality (RII)	—	-1.51	-1.52	-1.51	-1.47	-1.46
SDR - Cancer (U75)		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	71%	70%	74%	74%	78%
Relative Index of Inequality (RII)	—	-0.66	-0.65	-0.66	-0.68	-0.71
SDR - All Cause Mortality (U75)		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	—	121%	116%	141%	117%	135%
Relative Index of Inequality (RII)	—	-0.98	-0.96	-1.06	-0.96	-1.07
SAR - Circulatory		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	—	22%	20%	19%	20%	19%
Relative Index of Inequality (RII)	►◄	-0.22	-0.21	-0.19	-0.17	-0.16

SAR - Circulatory (U75)		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	—	34%	34%	35%	36%	35%
Relative Index of Inequality (RII)	—	-0.35	-0.36	-0.35	-0.35	-0.33
SPR - Antihypertensive		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	—	21%	24%	24%	23%	23%
Relative Index of Inequality (RII)	—	-0.23	-0.26	-0.25	-0.25	-0.24
SPR - Statin		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	—	34%	35%	34%	32%	30%
Relative Index of Inequality (RII)	—	-0.35	-0.36	-0.35	-0.34	-0.31
SAR - Respiratory		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	—	95%	102%	103%	97%	83%
Relative Index of Inequality (RII)	—	-0.76	-0.81	-0.84	-0.81	-0.72
SAR - Respiratory (U75)		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	—	111%	121%	122%	119%	100%
Relative Index of Inequality (RII)	—	-0.88	-0.94	-0.97	-0.97	-0.86
SIR - Cancer		2011-17	2012-18	2013-19	2014-20	2015-21
Absolute Gap (Most–Least Deprived)	—	22%	21%	19%	21%	19%
Relative Index of Inequality (RII)	—	-0.23	-0.23	-0.21	-0.23	-0.22
SDR - COVID-19			2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)			27%	90%	50%	88%
Relative Index of Inequality (RII)			-0.25	-0.63	-0.62	-0.65
SAR - All Admissions		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	36%	39%	39%	35%	35%
Relative Index of Inequality (RII)	—	-0.37	-0.41	-0.40	-0.36	-0.37
SAR - Emergency Admissions		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	▶◀	61%	62%	62%	52%	53%
Relative Index of Inequality (RII)	—	-0.56	-0.58	-0.58	-0.50	-0.53
SAtR - Emergency Care Attendances		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	55%	59%	57%	54%	53%
Relative Index of Inequality (RII)	—	-0.50	-0.54	-0.52	-0.51	-0.50
SAR - Elective Inpatient Admissions		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	28%	27%	21%	28%	35%
Relative Index of Inequality (RII)	—	-0.30	-0.31	-0.22	-0.30	-0.37
SAR - Day Case Admissions		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	19%	22%	26%	25%	24%
Relative Index of Inequality (RII)	—	-0.22	-0.28	-0.29	-0.26	-0.26
SAR – Self-Harm Admissions		2015/16-2019/20	2016/17-2020/21	2017/18-2021/22	2018/19-2022/23	2019/20-2023/24
Absolute Gap (Most–Least Deprived)	▶◀	216%	189%	170%	154%	148%
Relative Index of Inequality (RII)	▶◀	-1.43	-1.31	-1.22	-1.17	-1.17
Standardised Suicide Rate		2017-19	2018-20	2019-21	2020-22	2021-23
Absolute Gap (Most–Least Deprived)	◀▶	130%	100%	116%	173%	193%
Relative Index of Inequality (RII)	—	-1.07	-0.93	-0.99	-1.17	-1.26
SPR - Mood & Anxiety		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	—	66%	67%	66%	66%	67%
Relative Index of Inequality (RII)	—	-0.63	-0.63	-0.62	-0.62	-0.62

SAR - Alcohol Related Causes		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	►◄	277%	276%	272%	250%	225%
Relative Index of Inequality (RII)	►◄	-1.75	-1.71	-1.68	-1.60	-1.54
SDR - Alcohol Specific		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	◄►	318%	306%	342%	334%	356%
Relative Index of Inequality (RII)	—	-1.84	-1.86	-1.89	-1.88	-1.89
SDR - Smoking Attributable Causes		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	97%	97%	99%	101%	100%
Relative Index of Inequality (RII)	—	-0.79	-0.79	-0.80	-0.82	-0.82
SIR - Lung Cancer		2011-17	2012-18	2013-19	2014-20	2015-21
Absolute Gap (Most–Least Deprived)	—	159%	162%	149%	153%	147%
Relative Index of Inequality (RII)	—	-1.16	-1.18	-1.16	-1.17	-1.15
SDR - Lung Cancer		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	►◄	160%	151%	152%	153%	151%
Relative Index of Inequality (RII)	►◄	-1.19	-1.17	-1.16	-1.17	-1.15
SAR - Drug Related Causes		2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Absolute Gap (Most–Least Deprived)	—	240%	227%	216%	213%	236%
Relative Index of Inequality (RII)	—	-1.50	-1.46	-1.43	-1.47	-1.64
SDR - Drug Related Causes		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	—	399%	363%	307%	392%	387%
Relative Index of Inequality (RII)	►◄	-2.09	-2.02	-1.87	-1.98	-1.92
SDR - Drug Misuse		2015-19	2016-20	2017-21	2018-22	2019-23
Absolute Gap (Most–Least Deprived)	◄►	461%	414%	445%	503%	495%
Relative Index of Inequality (RII)	—	-2.14	-2.09	-2.16	-2.18	-2.13
Smoking During Pregnancy		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	◄►	340%	374%	440%	410%	503%
Relative Index of Inequality (RII)	—	-1.69	-1.72	-1.84	-1.90	-1.58
Teenage Birth Rate (U20)		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	►◄	514%	603%	360%	421%	430%
Relative Index of Inequality (RII)	—	-1.97	-2.02	-1.72	-1.69	-2.02
Breastfeeding on Discharge		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	►◄	46%	48%	47%	42%	37%
Relative Index of Inequality (RII)	►◄	0.73	0.73	0.74	0.63	0.48
Low Birth Weight		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	◄►	44%	50%	55%	54%	93%
Relative Index of Inequality (RII)	◄►	-0.53	-0.62	-0.63	-0.55	-0.66
Small for Gestational Age		2019	2020	2021	2022	2023
Absolute Gap (Most–Least Deprived)	—	78%	65%	65%	56%	72%
Relative Index of Inequality (RII)	►◄	-0.74	-0.63	-0.66	-0.52	-0.57
Primary 1 BMI: Obese		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)				129%	130%	91%
Relative Index of Inequality (RII)				-0.91	-0.76	-0.74
Primary 1 BMI: Overweight or Obese		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)				48%	40%	35%
Relative Index of Inequality (RII)				-1.56	-1.54	-1.61

Year 8 BMI: Obese		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)		127%			94%	125%
Relative Index of Inequality (RII)		-0.75			-0.76	-0.74
Year 8 BMI: Overweight or Obese		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)		52%			47%	47%
Relative Index of Inequality (RII)		-2.01			-1.54	-1.61
Standardised Dental Filling Rate		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	50%	22%	30%	44%	49%
Relative Index of Inequality (RII)	—	-0.46	-0.24	-0.31	-0.41	-0.44
Standardised Dental Filling Rate (U18)		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	56%	27%	39%	57%	58%
Relative Index of Inequality (RII)	—	-0.49	-0.23	-0.35	-0.49	-0.52
Standardised Dental Extraction Rate		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	►◄	159%	151%	161%	108%	115%
Relative Index of Inequality (RII)	►◄	-1.10	-1.05	-1.13	-0.84	-0.87
Standardised Dental Extraction Rate (U18)		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	►◄	16%	1%	11%	7%	8%
Relative Index of Inequality (RII)	►◄	-0.13	0.05	-0.09	-0.04	-0.07
Standardised Dental Crowning Rate		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	►◄	54%	8%	19%	35%	42%
Relative Index of Inequality (RII)	—	-0.48	-0.09	-0.20	-0.34	-0.37
Standardised Dental Registration Rate		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	►◄	3%	2%	1%	0%	0%
Relative Index of Inequality (RII)	►◄	0.05	0.04	0.03	0.01	0.01
Standardised Dental Registration Rate (U18)		2019/20	2020/21	2021/22	2022/23	2023/24
Absolute Gap (Most–Least Deprived)	—	11%	11%	11%	10%	11%
Relative Index of Inequality (RII)	—	0.15	0.15	0.15	0.13	0.14

Changes in Inequality Gaps

In the majority of indicators, there was an agreement in the assessment of change between the absolute gap and the slope index of inequality or relative index of inequality.

The absolute deprivation gap of the following indicator remained constant while the social gradient analysis showed that the inequality widened:

- Female Life Expectancy at birth

The absolute deprivation gap of the following indicators remained constant while the social gradient analysis showed that the inequality narrowed:

- SAR – Circulatory
- SDR – Drug Related
- Small for Gestational age

The absolute deprivation gap of the following indicators widened while the social gradient analysis showed no change in the inequality gap:

- Standardised Suicide rate
- SDR – Alcohol Specific
- SDR – Drug Misuse
- Smoking During Pregnancy

The absolute deprivation gap of the following indicators narrowed while the social gradient analysis showed no change in the inequality gap:

- SAR - Emergency Admissions
- Teenage Birth Rate (U20)
- Standardised Dental Crowning Rate

Ranking of Inequality Gaps

The table below displays, in rank order from largest to smallest, the eight indicators with the largest inequality gaps as identified by RII and absolute gap analysis. As can be seen, all eight indicators identified in each analysis were the same, with a few differences in the rank order of these inequality gaps. The 'Rank Change' column in the below table refers to how the ranking of indicators according to the size of the inequality gaps changes when analysed by RII compared with the absolute gap analysis. For example, in the below table SDR – Drug related Causes has the fourth largest absolute gap, but the third largest RII gap. Therefore, its rank change is 1 with the 'v' symbol indicating the RII rank is decreased (moved down 1 places) compared with the absolute gap rank.

Rank	Absolute Gap	RII	Rank Change
1	Smoking During Pregnancy	SDR - Drug Misuse	1 ^
2	SDR - Drug Misuse	Teenage Birth Rate (U20)	1 ^
3	Teenage Birth Rate (U20)	SDR - Drug Related Causes	1 ^
4	SDR - Drug Related Causes	SDR - Alcohol Specific	1 ^
5	SDR - Alcohol Specific	SAR – Drug Related Causes	1 ^
6	SAR - Drug Related Causes	Primary 1 BMI: Overweight or Obese	3 ^
7	SDR - Respiratory (U75)	Smoking During Pregnancy	6 v
8	SAR - Alcohol Related Causes	SAR - Alcohol Related Causes	

It should be noted that life expectancy gaps have not been included in the ranking of inequality gaps above. This is because proportionately, life expectancy gaps are comparatively lower to those ranking highest in the table above. However, as the gap refers to years of life, and as life expectancy is an overarching indicator of health status it is a vital statistic of high importance and reducing this gap is considered a high priority.[116]

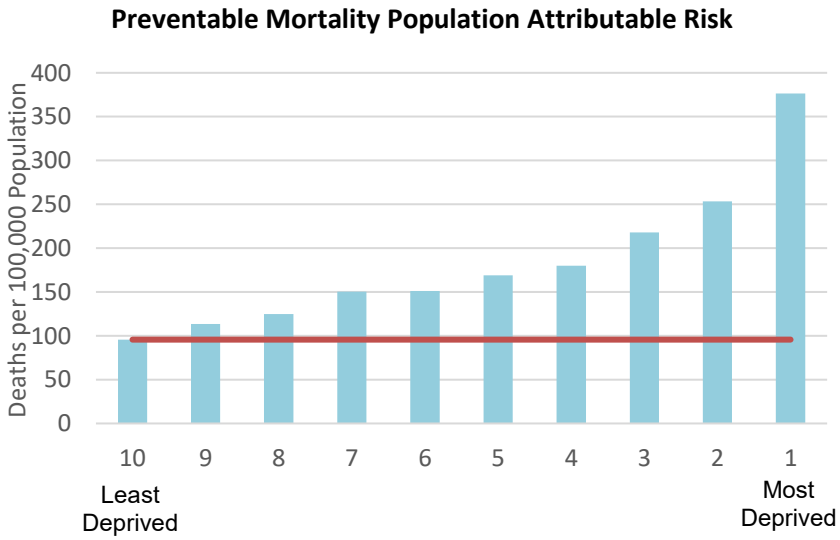
[116] Life expectancy inequality gaps are included as key overarching indicators of the public health strategic framework 'Making Life Better' www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health

APPENDIX B: POPULATION ATTRIBUTABLE RISK (PAR) OF DEPRIVATION

Population Attributable Risk (PAR) measures the proportion of a disease/outcome (i.e. prevalence, mortality, admissions etc.) in the population that is attributable to deprivation and thus could be eliminated if deprivation were eliminated. This allows us to determine the proportional decrease in alcohol-related admissions in the population for example, in the hypothetical situation that all individuals had the same rate of alcohol-related admission as those in the highest socioeconomic category (least deprived deprivation decile). The PAR is calculated as the rate of disease in the overall population minus the rate in the unexposed group (least deprived).

PAR has been calculated in the table below for a number of health outcomes. As can be seen, the PAR percentage for preventable mortality in 2019-23 was 47% which indicates that almost half of preventable deaths in Northern Ireland were attributable to deprivation. This is reflected in the chart below showing the standardised death rate for preventable mortality by deprivation decile, with the proportion of deaths above the red line totalling the 47% of preventable deaths attributable to deprivation.

Indicator[117]	%PAR
Teenage Birth Rate (U20)	78%
SDR - Alcohol Related Causes (U75)	62%
SDR - Suicide	51%
SDR - Preventable	47%
SDR - Respiratory (U75)	43%
SAR - Alcohol Related Causes	42%
SDR - Avoidable	42%
SIR - Lung Cancer	41%
SAR - Self-Harm Admissions	37%
SDR - Circulatory (U75)	37%
SDR - Cancer (U75)	26%
SAR - Emergency	20%



[117] Caution should be taken as analysis includes indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 10

APPENDIX C: ADDITIONAL INDICATORS

The tables below refer to additional indicators which form part of the HSCIMS that have not been included in the main body of the report. For each indicator the figures are presented for NI, the 20% most deprived areas, the 20% least deprived areas and the most-least deprived inequality gap.

Median Fire Response Times[118]	2019/20	2020/21	2021/22	2022/23	2023/24
Time (Minutes: Seconds)	All	All	All	All	All
NI	00:08:15	00:08:39	00:08:41	00:08:32	00:08:46
Most Deprived	00:06:42	00:07:00	00:06:57	00:06:44	00:07:00
Least Deprived	00:08:09	00:08:32	00:08:55	00:08:53	00:08:56
Most-Least Deprived	-18%	-18%	-22%	-24%	-22%

Median Ambulance Response Times[118,119,120,121]	2020	2021	2022	2023	2024
Time (Minutes: Seconds)	All	All	All	All	All
NI	00:17:14	00:24:37	00:23:11	00:25:17	00:27:02
Most Deprived	00:14:26	00:21:17	00:18:15	00:19:27	00:23:35
Least Deprived	00:17:51	00:27:33	00:24:32	00:27:30	00:31:35
Most-Least Deprived	-19%	-23%	-26%	-29%	-25%

Looked After Children	2019	2020	2021	2022	2023
Rate per 1,000 population under 18 years	All	All	All	All	All
NI	6.0	6.3	6.4	6.6	6.9
Most Deprived	10.7	12.3	13.5	14.2	14.8
Least Deprived	1.6	2.0	1.8	1.9	1.9
Most-Least Deprived	575%	526%	648%	664%	658%

Autism Prevalence in School Age Children[122]	2020/21	2021/22	2022/23	2023/24	2024/25
Rate per 100,000 population	All	All	All	All	All
NI	4,490	4,675	5,039		5,879
10% Most Deprived	6,133	6,343	7,044		8,111
10% Least Deprived	4,101	4,012	4,191		4,751
10% Most-Least Deprived	50%	58%	68%		71%
20% Most Deprived	5,890	6,185	6,920		7,931
20% Least Deprived	4,399	4,405	4,611		5,182
20% Most-Least Deprived	34%	40%	50%		53%

[118] Evidence shows that emergency times are correlated more with location such as urban/rural than deprivation.
[119] In 2019/20, a new Clinical Response Model (CRM) programme was introduced along with a new set of ambulance categories in line with the national Ambulance Response Programme (ARP). Therefore, information from 2019/20 onwards is calculated differently and cannot be directly compared with previous years.
[120] COVID-19 surges may have influenced response times, through increased calls and/or greater staff absences rates.
[121] Please note that these statistics are presented for analysis of inequality gaps only and differ from the official statistics on Ambulance Response Times included within Department's annual 'Hospital Statistics: Emergency Care Activity' report. Please refer to the official statistics when assessing response times in line with the Clinical Response Model targets.
[122] Rates for the most and least deprived deciles and the 10% most and 10% Most-Least Deprived gap have also been provided as these are published within the Department of Health's official statistical report on Autism Prevalence in School Age Children 'The prevalence of autism (including Asperger's Syndrome) in school age children in Northern Ireland'. Data for 2023/24 was unavailable due to strike action.

Standardised Death Rate – All Cause (5-Year) Deaths per 100,000 population	2015-19 All	2016-20 All	2017-21 All	2018-22 All	2019-23 All
NI	1,014	1,020	1,027	988	1,018
Most Deprived	1,257	1,261	1,276	1,257	1,269
Least Deprived	876	885	883	865	873
Most-Least Deprived	44%	42%	45%	45%	45%

Non-standardised Death Rate – Suicide Deaths per 100,000 population	2017-19 All	2018-20 All	2019-21 All	2020-22 All	2021-23 All
NI	11.3	11.6	11.6	11.5	11.5
Most Deprived	17.9	17.9	18.5	19.0	18.9
Least Deprived	7.9	9.0	8.6	7.0	6.5
Most-Least Deprived	128%	98%	115%	170%	192%

Standardised Dental Filling Rate - Individuals Rate per 100,000 population	2019/20 All	2020/21 All	2021/22 All	2022/23 All	2023/24 All
NI	20,446	6,951	11,706	15,610	14,813
Most Deprived	22,048	6,889	11,924	16,408	15,728
Least Deprived	18,256	6,391	10,579	13,868	12,951
Most-Least Deprived	21%	8%	13%	18%	21%

Standardised Dental Filling Rate - Individuals (U18) Rate per 100,000 population	2019/20 All	2020/21 All	2021/22 All	2022/23 All	2023/24 All
NI	16,534	4,909	8,941	12,729	12,271
Most Deprived	18,569	4,976	9,252	14,039	13,420
Least Deprived	13,560	4,318	7,544	10,332	9,798
Most-Least Deprived	37%	15%	23%	36%	37%

Standardised Dental Extraction Rate - Individuals Rate per 100,000 population	2019/20 All	2020/21 All	2021/22 All	2022/23 All	2023/24 All
NI	5,419	3,270	4,385	4,832	4,447
Most Deprived	7,337	4,385	5,983	6,552	6,065
Least Deprived	4,071	2,399	3,212	3,531	3,234
Most-Least Deprived	80%	83%	86%	86%	88%

Standardised Dental Extraction Rate - Individuals (U18) Rate per 100,000 population	2019/20 All	2020/21 All	2021/22 All	2022/23 All	2023/24 All
NI	3,991	2,101	3,064	3,616	3,650
Most Deprived	4,438	2,136	3,318	3,804	3,988
Least Deprived	3,531	1,947	2,793	3,331	3,352
Most-Least Deprived	26%	10%	19%	14%	19%

Standardised Dental Crowning Rate - Individuals Rate per 100,000 population	2019/20 All	2020/21 All	2021/22 All	2022/23 All	2023/24 All
NI	1,443	342	580	807	764
Most Deprived	1,792	355	633	956	885
Least Deprived	1,266	356	578	760	680
Most-Least Deprived	42%	0%	9%	26%	30%

APPENDIX D: URBAN-RURAL ANALYSIS

Urban-Rural analysis included below is based on the 2015 NISRA Urban-Rural classification. Further information regarding urban-rural classification can be found on the NISRA webpage at https://www.nisra.gov.uk/support/geography/urban-rural-classification.

A positive inequality gap means that the health outcomes in urban areas are worse than in the rural areas.

Summary of findings[123]

Compared with the rural areas, urban areas experienced worse outcomes across the majority of indicators analysed, however fire and ambulance response times continue to remain higher in rural areas.

Outcomes that were significantly worse in urban areas than rural areas

Male Life Expectancy at Birth	SAR Respiratory	SDR Lung Cancer
Female Life Expectancy at Birth	SAR Respiratory (U75)	Cigarette Smoking
Male Healthy Life Expectancy	SIR Cancer	E-Cigarette Use
Female Healthy Life Expectancy	SAR All	SAR Drug Related
Female Disability Free Life Expectancy	SAR Emergency	SDR Drug Related
Male Disability Free Life Expectancy	SAtR Emergency Care	SDR Drug Misuse
Male Life Expectancy at 65	SAR Day Case	Smoking During Pregnancy
Female Life Expectancy at 65	SAR Self Harm	Teenage Birth Rate
Good/Very Good General Health	SPR Mood & Anxiety	Low Birth Weight
SDR – All Deaths	High GHQ19 Score	Small for Gestational Age
PYLL	High Levels of Anxiety	P1 Obese
SDR Treatable	Loneliness	Dental Crownings
SDR Preventable	SAR Alcohol Related	Dental Registrations
SDR Avoidable	SDR Alcohol Specific	Dental Registrations (U18)
SDR Circulatory (U75)	Drinking 3 or more days a week	SPR Antihypertensive
SDR Respiratory (U75)	SDR Smoking Attributable	SDR Cancer (U75)
SDR All Cause (U75)	SIR Lung Cancer	SPR Statin

Outcomes that were significantly better in urban areas than rural areas

Ambulance Response Times	Dental Fillings (U18)	Dental Extractions (U18)
Fire Response Times		

Outcomes that were similar (or not significantly different) in urban areas and rural areas

Longstanding Illness	SAR Circulatory	SDR – COVID-19
Limiting Longstanding Illness	SAR Circulatory (U75)	Five-A-Day
Infant Mortality Rate	Drinking Prevalence	Y8 Obese
SAR Elective Inpatient Admissions	Drinking at least once a week	Y8 Overweight or Obese
SDR Suicide	Breastfeeding on Discharge	P1 Overweight or Obese
Dental Fillings	Dental Extractions	

Figures for each indicator for NI, Rural areas, Urban areas, Mixed Urban-Rural areas and the Urban-Rural Gap, are provided within the accompanying downloadable tables: https://www.health-ni.gov.uk/articles/health-inequalities-statistics

[123] Caution should be taken as analysis Includes all indicators including outcomes relating to service-based indicators. For further information see 'Notes for users', Page 10

APPENDIX E: TECHNICAL NOTES & DEFINITIONS

Indicators

There are 70 indicators included in the Northern Ireland analyses for the current report, with an additional 11 indicators included within Appendix C. Not all indicators are assessed at each level of geography (see Table 5), and dependent on the number of years data available, or any potential quality issues, assessments may not be made on all aspects of an indicator.

Due to random fluctuations in events over time, it is often necessary to aggregate more than one year of data for indicators, in order to ensure stability. The number of years of information that are required to aggregate for each indicator is informed by both the number of events and also an assessment of its annual variability.

Standardisation Methods

A number of indicators included in this report have been age standardised to allow the comparison of rates between populations with different age structures by relating them to a standard population, in this case the 2013 European Standard Population (90+ version). In most circumstances direct standardisation is used which not only allows the comparison of disease and death rates across both areas and time, but also to assess the relative burden of disease in a population.

Indicator Stability/Confidence Intervals

Indicator stability at the regional level does not mean that an indicator is also stable at the lower geographic levels of HSC Trust, LGD or DEA. To ensure robustness of the data, confidence intervals were calculated for rates for the most recent year at each geographic level, including the 20% most deprived Trust and LGD areas. The confidence interval for each standardised rate was assessed, in terms of its size and in relation to other comparable rates for other geographical areas, i.e. the Belfast Trust average and its 20% most deprived Trust areas. As a result of these assessments not all 70 indicators examined at the regional level were deemed robust enough to be presented at the sub-regional level. Of these 70 indicators; 53 were found suitable to be published at the HSC Trust level and 51 at the LGD level. A full list of indicators and the level analysed can be found in Table 5.

Confidence intervals are used to quantify the imprecision in the estimate of a particular value. Specifically it quantifies the imprecision that results from random variation in the estimation of the value. In many cases the source of this random variation is sampling, for example in Healthy Life Expectancy, as any measurement taken from a sample provides an imprecise estimate of the true population value. In public health many indicators are based on what can be considered to be complete data sets and not samples, e.g. age standardised mortality rates based on death registers. In these instances the imprecision arises not as a result of sampling variation but of ‘natural’ variation. The indicator is considered to be the outcome of a stochastic process, i.e. one which can be influenced by the random occurrences that are inherent in the world around us. In such instances the value actually observed is only one of the set that could occur under the same circumstances. Generally in public health, it is the underlying circumstances or process that is of interest and the actual value observed gives only an imprecise estimate of this ‘underlying risk’.

Review of Suicide Statistics in Northern Ireland

Following a quality exercise between NISRA Vital Statistics Unit and the Coroners' Service, to better understand drug related deaths and intent, improvements have been made in order to reduce the number of deaths coded as 'Undetermined'. This process highlighted that some deaths coded as 'Undetermined' would be better classified as 'Drug-related', 'Accidental' or 'Intentional self-harm and event of undetermined intent (Suicide)'. The review of suicide statistics was completed in autumn 2022. A statistical discontinuity now exists for these categories from 2015 onwards preventing comparisons with data that exists prior to the review. Further information on this review and detailed statistics on the number of suicides registered each year in Northern Ireland can be accessed at https://www.nisra.gov.uk/publications/suicide-statistics.

Use of Suicide Statistics in this Publication

The age standardised suicide death rate included within this report has replaced the non-age standardised suicide death rate included in previous reports to bring it in line with the agreed UK National Statistics reporting methodology and definition which includes deaths from Self-inflicted Injury for persons aged 10 and over as well as Events of Undetermined Intent for those aged 15 and over. The codes used to define the suicide figures are included in the table below:

ICD-10 Code for Underlying Cause Code	Description	Notes
X60-84, Y87.0	Self-inflicted Injury (Intentional self-harm)	Aged 10 years+
Y10-Y34, Y87.2	Events of Undetermined Intent	Aged 15 years+

Data limitations because of introduction of Encompass system

Encompass is a new electronic patient record system that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. It aims to create better experiences for patients, service users and staff by bringing together information from various existing systems that do not currently communicate effectively. The programme was launched in the South Eastern Health and Social Care Trust (HSCT) on 9th November 2023, and is being rolled out on a phased basis across the other Trusts throughout 2024/25. As a result of the new system being introduced, there are a number of limitations to figures presented in this report relating to hospital-based systems which are detailed below.

Hospital Admissions Data Limitations: Admissions figures for 2023/24 should be treated with caution as they include some South Eastern HSCT data that has been sourced from encompass which are considered to be 'official statistics in development'. Due to data recording differences on encompass, for South Eastern HSCT, the number of regular attender finished consultant episodes are slightly lower than expected as these have been recorded as day cases as opposed to regular attenders.

Maternity Data Limitations: Maternity data on or after 9th November 2023 in South Eastern HSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, South Eastern HSCT data included within the 2023 figures for smoking in pregnancy, breastfeeding on discharge, low birth weight, and small for gestational age maternity indicators only includes data up until that point. As many residents from outside of the South Eastern trust area utilise maternity services within the Trust, the limitation does not apply solely to South Eastern trust residents. As a result, sub-regional analysis of the above indicators is limited up to and including 2022.

Table 5: HSCIMS Indicators Analysed at Northern Ireland (NI), HSC Trust, and LGD level

INDICATOR	NI	Trust	LGD
Male Life Expectancy at Birth	●	●	●
Female Life Expectancy at Birth	●	●	●
Male Life Expectancy at Age 65	●	●	●
Female Life Expectancy at Age 65	●	●	●
Male Healthy Life Expectancy	●		
Female Healthy Life Expectancy	●		
Male Disability Free Life Expectancy	●		
Female Disability Free Life Expectancy	●		
Very Good / Good General Health	●		
Long-term Conditions	●		
Limiting long-term Conditions	●		
Standardised Death Rate – All Deaths	●	●	●
Potential Years of Life Lost –All	●	●	●
Standardised Death Rate – Treatable	●	●	●
Standardised Death Rate – Preventable	●	●	●
Standardised Death Rate – Avoidable	●	●	●
Standardised Death Rate - Circulatory (U75)	●	●	●
Standardised Death Rate - Respiratory (U75)	●	●	
Standardised Death Rate - Cancer (U75)	●	●	●
Standardised Death Rate - All Cause Mortality (U75)	●	●	●
Standardised Admission Rate –Circulatory	●	●	●
Standardised Admission Rate - Circulatory (U75)	●	●	●
Standardised Prescription Rate – Antihypertensive	●	●	●
Standardised Prescription Rate – Statin	●	●	●
Standardised Admission Rate – Respiratory	●	●	●
Standardised Admission Rate - Respiratory (U75)	●	●	●
Standardised Incidence Rate – Cancer	●	●	●
Standardised Death Rate – COVID-19	●	●	●
Standardised Admission Rate - All Admissions	●	●	●
Standardised Admission Rate - Emergency Admissions	●	●	●
Standardised Attendance Rate - Emergency Care	●	●	●
Standardised Admission Rate - Elective Inpatient Admissions	●	●	●
Standardised Admission Rate - Day Case Admissions	●	●	●
Standardised Admission Rate – Self-Harm Admissions	●	●	●
Crude Death Rate – Suicide	●	●	●
Standardised Prescription Rate - Mood & Anxiety	●	●	●
High GHQ12 Score	●		
High levels of Anxiety	●		
Loneliness	●		
Standardised Admission Rate - Alcohol Related Causes	●	●	●
Standardised Death Rate - Alcohol Specific Causes	●	●	●
Drinking Prevalence	●		
Drinking At Least Once A Week	●		
Drinking 3 or More Days A Week	●		
Standardised Death Rate - Smoking Attributable Causes	●	●	●
Smoking Prevalence	●		
e-Cigarette Use	●		
Standardised Incidence Rate - Lung Cancer	●	●	●
Standardised Death Rate - Lung Cancer	●	●	●
Standardised Admission Rate - Drug Related Causes	●	●	●
Standardised Death Rate - Drug Related Causes	●	●	●
Standardised Death Rate - Drug Misuse	●	●	
Infant Mortality Rate	●		
Smoking During Pregnancy	●	●	●
Teenage Birth Rate (U20)	●	●	●

INDICATOR	NI	Trust	LGD
Breastfeeding on Discharge	●	●	●
Low Birth Weight	●	●	●
Small for Gestational Age	●	●	●
Primary 1 BMI: Obese	●	●	●
Primary 1 BMI: Obese & Overweight	●	●	●
Year 8 BMI: Obese	●	●	●
Year 8 BMI: Obese & Overweight	●	●	●
Five-a-Day	●		
Standardised Dental Filling Rate	●	●	●
Standardised Dental Filling Rate (U18)	●	●	●
Standardised Dental Extraction Rate	●	●	●
Standardised Dental Extraction Rate (U18)	●	●	●
Standardised Dental Crowning Rate	●	●	●
Standardised Dental Registration Rate	●	●	●
Standardised Dental Registration Rate (U18)	●	●	●

Methodology for Assessing Sub-regional Health Inequality Gaps

When making comparisons between Trust/LGD areas and the NI average, outcomes relating to service-based indicators, including hospital admissions, have been presented as 'higher than', 'lower than' or 'similar to'. For health outcome indicators, e.g., mortality rates, comparisons have been presented as 'better than', 'worse than' or 'similar to'. This is due to difficulties in ascertaining whether any differences in rates for service-based indicators are due to differences in demand (i.e., health of the population), or, because of access difficulties. All figures relating to service-based indicators should be treated with caution as they may also be impacted by external factors that are not reflective of service demand. As unmet demand is not accounted for in the data, these indicators should therefore be viewed as indicators of service provision rather than demand.

In order to provide an assessment of the Trust/LGD to NI inequality gaps, for the most recent year, analysis was performed to indicate whether the Trust/LGD average was better than, similar to, or worse than the NI average. Or in the case of service-based indicators, higher than, similar to or lower than. If the Trust/LGD average of the health outcome had overlapping confidence intervals with the NI average, then the health outcome was reported as being similar to the NI average. Where confidence intervals did not overlap, the Trust/LGD average of the health outcome was reported as being either better or worse (or higher or lower) than the NI average. This methodology was employed for all standardised rates (i.e. death, admission, incidence, and prescription rates), life expectancies, and potential years of life lost.

For those health outcomes which did not have confidence intervals associated with them, such as teenage birth rate, a Z Score (range of +/- 2.5%) was calculated for each health outcome value and if this range overlapped when comparing two areas, the health outcomes were considered to be similar. This methodology was used to identify any health outcomes which were notably worse or better than the NI average. As with all of our observations of differences between areas and assessments of changes over time, conclusions are open to interpretation.

Mortality Rates

For simplicity of understanding, mortality figures are based on the single main underlying cause of death classification, but a death can be due to a variety of different causes. This can lead to an underestimation of the impact of common conditions associated with multiple causes of death (e.g. diabetes, influenza and pneumonia). All death figures used in the HSCIMS are based on the year that the death was registered and not necessarily the year in which the death occurred. While the vast majority of deaths are registered shortly after death, there may be a delay in registering some deaths. It is important to note that registration-based figures build in delays arising from system wide processes which can drive annual fluctuations in the series. Every death reported to the Coroner is carefully considered and is influenced by several factors specific to each case. These include whether the Coroner orders a post mortem, whether an inquest is required, the complexity of each case, and the number of cases reported to and being investigated by the Coroner at any point in time. Events such as infant death, drug related deaths or suicide are usually referred to a coroner and this legal process can take some time.

Population

Population is a vital part of rate calculations; a change to the size of a population or its age distribution will impact on rates and subsequently inequality gaps. For instance, overall yearly deaths in Northern Ireland remained between 14,903 and 17,254 from the turn of the century up to 2023, yet up to and including 2019, mortality rates had been generally been falling – this can be partially explained by the growing and ageing Northern Ireland population. Between 2008 and 2023 for example, the population grew from 1,779,152 to 1,920,382; an increase of 141,230 persons (7.9%). During this time the proportion of the population aged 65 and over increased from 14% (247,500 persons) in 2008 to 18% (342,482 persons) in 2023.

Small Area Population Estimates

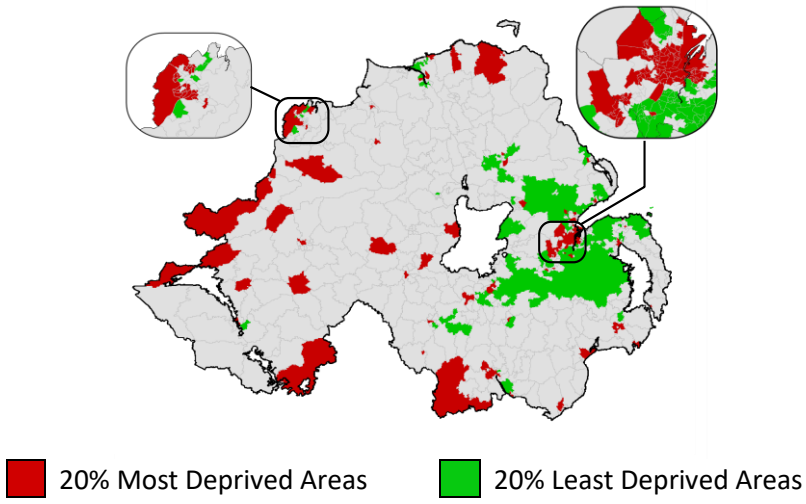
Population estimates at a relatively small geographic area level (i.e. Super Output Area (SOA) and Small Area (SA)), by age and gender, are used to calculate many of the HSCIMS indicators for deprivation quintiles and urban/rural. However, with the release of the 2021 NI Census, SAs and SOAs have been replaced by Data Zones (DZ) and Super Data Zones (SDZ) which do not map to the latest NI Multiple Deprivation Measure or Urban-Rural classification. As such, population estimates produced for NI are no longer available at this level and it has therefore been necessary for Information Analysis Directorate (IAD) to produce in-house SA and SOA estimates. This has been done by using the latest NISRA mid-year estimates for LGDs to inflate 2020 small area population estimates. These reworked estimates are validated by a process of integrity checks with higher level age and geography population totals published by NISRA.

Deprivation Classification

The deprivation classification used in this report is based on the Northern Ireland Multiple Deprivation Measure (NIMDM) produced by NISRA. The 20% most and least deprived areas are defined according to the NIMDM 2017.[124]

Although the 2017 NIMDM is available at small area level it was decided to continue using the SOA classification within the HSCIMS to ensure continuity and comparability with the back series of data and across indicators. In addition, all analysis presented is based on multiple deprivation rather than any specific deprivation domain.

Chart 1 – 20% Most and least deprived areas in Northern Ireland according to the 2017 NIMDM



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Drug Related Admissions and Mortality

Please note that some observations may be due to changes in drug misuse behaviours among the population. There are ongoing concerns about polydrug misuse and the misuse of prescription drugs and new psychoactive substances. It appears that a significant cohort are engaging in increasingly risky behaviours, with an acute increase in related harms.

Childhood Obesity

The data cleansing parameters applied to the calculation of childhood obesity figures has been refined from 2017/18 onwards. Therefore, figures should be treated with caution when making comparisons.

Year 8 BMI assessments have been reintroduced into this report after being temporarily removed for several years due to recording and data quality issues between 2018/19 and 2021/22. BMI assessments are not available for 2019/20 and 2020/21 school years for Primary 1 and, 2020/21 and 2021/22 school years for Year 8 BMI assessments, as the number of measurements recorded was negatively impacted by school closures due to the COVID-19 pandemic. Assessments of change in the inequality gaps have therefore not been provided. In addition, Year 8 BMI data for 2018/19 and 2019/20 does not include measurements across all HSC Trusts therefore figures for these years should be treated with caution.

[124] https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017

Deaths due to COVID-19

The rate of deaths due to COVID-19 in NI in 2022 was much lower than in the previous two years. It is important to note this when assessing comparisons between different areas as the lower numbers present a greater chance of an inflated significant difference between areas. This was particularly evident the Newry, Mourne and Down LGD which had a significantly higher rate than the NI average in 2022.

To put this into context, the rate of deaths due to COVID-19 in 2022 in NI was 39 deaths per 100,000 population, and in Newry ,Mourne & Down LGD it was 52 deaths per 100,000 population (33% higher). However, in 2021 the rate in Newry ,Mourne & Down LGD was similar to the NI average and in 2020, the rate in Newry ,Mourne & Down LGD was 32% lower than the NI rate (all data included within the downloadable tables). This highlights the irregular pattern of this outcome at sub-regional levels which needs to be considered within the context of the latest figures.

Sources of Information

Table 6: Indicator data sources

Information	Main Data Source(s)
Deaths and births	General Register Office (GRO), Vital Statistics & Administrative Research and Support Branch (VARS), NI Statistics and Research Agency (NISRA)
Hospital Admissions	Hospital Inpatient System, Hospital Information Branch (HIB), Information Analysis Directorate (IAD), Department of Health (DoH)
Hospital Attendances	SYMPHONY & EEMS, Hospital Information Branch (HIB), Information Analysis Directorate (IAD), Department of Health (DoH)
General health, longstanding illness (including limiting), smoking and alcohol prevalence, e-cigarette use, GHQ12, anxiety, loneliness, and five-a-day	NI Health Survey, Public Health Information & Research Branch (PHIRB), Information Analysis Directorate (IAD), Department of Health (DoH)
Prescriptions	Electronic Prescribing Eligibility System (EPES), Business Services Organisation (BSO)
Cancer Incidence	Northern Ireland Cancer Registry Live Database (collected from HSC Trusts), NI Cancer Registry (NICR)
Smoking during pregnancy, breastfeeding, low birth weight, small for gestational age, healthy birth weight	NI Maternity System (NIMATS)
Childhood overweight/obesity	Child Health System (CHS)
Dental Indicators	Electronic Data Input (EDI), FPPS Dental Portal, HS45, Business Services Organisation (BSO)
Fire response times	NI Fire and Rescue Service (NIFRS) Data Hub, NIFRS
Ambulance response times	NI Ambulance Service (NIAS) Data Hub, NIAS
Interim Life Tables	Office for National Statistics (ONS)
NI Mid-Year Population Estimates	NI Statistics and Research Agency (NISRA)
NI Household Population Estimates	NI Statistics and Research Agency (NISRA)
European Standard Population (ESP) 2013	Eurostat
Deprivation classification	NI Multiple Deprivation Measure 2017 (NISRA)
Urban-rural classification	NI Statistics and Research Agency (NISRA)
Looked after Children	OC2 Community Information Return, Community Information Branch (CIB), Information Analysis Directorate (IAD), Department of Health (DoH)
Children with Autism	NI School Census, Community Information Branch (CIB), Information Analysis Directorate (IAD), Department of Health (DoH)

Indicator Definitions

Disease Classification - The indicators making up the HSCIMS are classified using the International Classification of Disease, 10th revision (ICD-10). This is the standard diagnostic tool for epidemiology, health management and clinical purposes, including the analysis of the general health situation of population groups.

A complete listing of ICD-10 codes can be found at the following web link:
https://www.who.int/standards/classifications/classification-of-diseases

Life Expectancy & General Health	
Life Expectancy at Birth	The expected years of life at time of birth based on mortality patterns in the period in question. It is based on the average death rates over a three-year period. Presented separately for males and females.
Life Expectancy at Age 65	The expected years of life at age 65 based on mortality patterns in the period in question. It is based on the average death rates over a three-year period. Presented separately for males and females.
Healthy Life Expectancy (HLE)	This is the average number of years a person can expect to live in good health. HLE provides an estimate of lifetime spent in 'Very Good' or 'Good' health, calculated using respondents' perception of their own health according to the Health Survey Northern Ireland (HSNI). HLE excludes communal establishments. All urban/rural analysis prior to 2016 is based on the 2005 urban-rural classification. Please note that due to the coronavirus (COVID-19) pandemic, data collection between 2020/21 and 2022/23 for the HSNI moved from face-to-face interviewing to telephone mode. This may have influenced the responses given by respondents. In addition, the sample size was lower as a result and children were not included. To ensure the figures remained as representative as possible of the entire population, data relating to children in 2019 was held constant from 2020 to 2022.
Disability Free Life Expectancy (DFLE)	This is the average number of years a person can expect to live disability free. DFLE provides an estimate of lifetime spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the HSNI. DFLE excludes communal establishments. All urban/rural analysis prior to 2016 is based on the 2005 urban-rural classification. It should be noted that the health survey question used to determine longstanding illness changed from 2012/13 onward by making specific reference to mental health conditions in addition to physical. The new question is based on the UK harmonised principle for long-lasting health conditions and illness. This change may have affected responses to the question and subsequently impacted on DFLE figures. For further information contact PHIRB (details on reverse of publication). Please note that due to the coronavirus (COVID-19) pandemic, data collection between 2020/21 and 2022/23 for the HSNI moved from face-to-face interviewing to telephone mode. This may have influenced the responses given by respondents. In addition, the sample size was lower as a result and children were not included. To ensure the figures remained as representative as possible of the entire population, data relating to children in 2019 was held constant from 2020 to 2022.

Very Good / Good General Health	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that rated that their general health as either 'Good' or 'Very Good' in response to the question 'How is your health in general, would you say it was: Very Good, Good, Fair, Poor or Very Poor?'.
Long-term Conditions	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that answered 'Yes' to the question 'Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?'.
Limiting Long-term Conditions	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that answered 'Yes' to the question 'Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?' and 'Yes' to the question 'Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?'.
Pregnancy & Early Years	
Teenage Birth Rate (U20)	The number of births in an area to teenage mothers (i.e. Between 13 and 19 years of age) expressed per 1,000 females.
Smoking during Pregnancy	The proportion of all live births, where the Health and Care Number (HCN) of the mother is recorded, that were to mothers that reported smoking during pregnancy. Data is based on smoking status as recorded at the earliest available antenatal booking appointment. As this indicator is self-reported, it may be subject to a degree of under-reporting. Figures for 2018 onwards have been revised due to a change in methodology and quality assurance processes, and therefore differ slightly from previous editions of this report.
Low Birth Weight	The proportion of all live births where the HCN of the mother is recorded and the birth weight of the child was less than 2,500g.
Breastfeeding on Discharge	The proportion of all live births, where the HCN of the mother is recorded, that were being breastfed on discharge from hospital. Figures include mothers' breastfeeding their child as well as using complementary feeding.
Small for Gestational Age	The proportion of all live births, where the HCN of the mother is recorded, that were small-for-gestational age (SGA). This is when an infant is born with a birth weight less than the 10th percentile, on a chart customised for maternal characteristics, for gestational age in body weight. Birth weight percentile is only available from 2019 onwards due to insufficient recording levels prior to 2019.
Admissions	
Hospital Inpatient System (HIS)	Admissions data used to calculate rates are provided by the Hospital Information Branch and are extracted from the Hospital Inpatient System (HIS). All mental health specialities have been excluded from the data. Figures are based on number of admissions and not individuals. Further information and definition on inpatient and day case activity is available at https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity.
Standardised Admission Rate (SAR)	This is calculated by standardising (using the direct method) the average admission rate in NI (over a predefined period) due to specified ICD-10 classification codes (may also be age specific) to the 2013 European Standard Population (ESP).
Indicator Name	
- All Admissions	Includes all acute inpatient and day case admissions (excluding regular day and night attenders, hospital transfers and other (maternity/delivery episodes)). Deaths and discharges have been used as an approximation for admissions.
- Emergency Admissions	A patient for whom admission is unpredictable and at short notice because of clinical need. All non-elective acute admissions excluding maternity, other and not known.

- Elective Inpatient Admissions	A patient for whom the decision to admit could be separated in time from the actual admission. Does not include day cases, not to be confused with elective admissions (which include day cases)
- Day Case Admissions	A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient and is not counted as a day case admission.
- Circulatory	Selected according to International Classification of Disease (ICD-10) codes I00-I99 identified within the primary diagnostic field only.[125]
- Circulatory U75	ICD-10 codes I00-I99, under 75 years of age (identified within the primary diagnostic field only).
- Respiratory	ICD-10 codes J00-J99 (identified within the primary diagnostic field only).
- Respiratory U75	ICD-10 codes J00-J99, under 75 years of age (identified within the primary diagnostic field only).
- Alcohol Related Causes	Alcohol related causes included in Table 8 identified within the primary diagnostic field or any of the first 6 secondary diagnoses fields. Figures include inpatients and day cases and excludes regular attenders.
- Drug Related Causes	Drug related causes included in Table 10 identified within the primary diagnostic field or any of the first 6 secondary diagnoses fields. Figures include inpatients and day cases and excludes regular attenders.
- Self-Harm Admissions	ICD-10 codes X60-84 and Y87.0 identified within the primary diagnostic field or any of the first 6 secondary diagnoses fields. This indicator was developed to complement the suicide information; however, it does not provide a complete picture of the problem of self-harm (or parasuicide) as in many instances, self-harm does not result in an acute admission to hospital. It should be noted that there have been a range of additional infrastructure provided to support people presenting with self-harm. These programmes may be contributing to the decrease in self-harm admissions.
Attendances	
SYMPHONY & EEMS	Attendance data used to calculate rates are provided by the Hospital Information Branch and are from the two administrative systems used by emergency departments in Northern Ireland (SYMPHONY & EEMS). Figures are based on number of attendances and not individuals. Further information on emergency care activity is available at https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics.
Indicator Name	
- Emergency Care Attendances	New and unplanned review attendances at all Emergency Departments (Types 1 - 3). Data for RVH-RAES (Eye Casualty) not included prior to 2018/19. This relates to any patient who presents without appointment to an emergency care department. This differs from an emergency admission where a patient is admitted to an acute hospital by various routes, including through an emergency care department or via a General Practitioner. Rates for the Standardised Attendance Rate – Emergency Care have been revised in the current publication as a result of a quality assurance exercise. Values for previous years may therefore not match with earlier versions of the Health Inequalities Annual Report.

[125] For a listing and explanation of topology or site codes see: International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, World Health Organisation, Geneva. Or view online at: https://www.who.int/standards/classifications/classification-of-diseases

Mortality	
Infant Mortality Rate	The number of infant deaths per 1,000 live births. Infant deaths refer to all deaths in the first year of life.
Potential Years of Life Lost (PYLL)	This is calculated by summing the deaths occurring at each age and multiplying this with the number of years a person of that age could have been expected to live. It is a summary measure of premature mortality, weighting deaths occurring at younger ages, which are, a priori, preventable. It uses the average age-specific life expectancy for each five-year age band as the age to which a person in that age band might be expected to live.
Suicide (CDR) *Not age standardised as it was found to make little or no difference whilst introducing a new confidence interval*	The number of deaths by intentional self-harm and events of undetermined intent per 100,000 population ICD-10 codes X60-X84, Y87.0, Y10-Y34, Y87.2.
Standardised Death Rate (SDR)	This is calculated by directly age standardising the average death rate in NI over a given period, due to specific causes of death (selected according to ICD-10 classification) to the 2013 European Standard Population (ESP). Some death rates relate to those under the age of 75 as indicators of premature mortality for specific diseases.
Indicator Name	
- All Cause U75	All causes, under 75 years of age
- All Age All Cause	All causes
- Treatable	Causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (i.e. after the onset of disease, to reduce case-fatality) – see Table 7 for full list of causes.
- Preventable	Causes of death that can be mainly avoided through effective public health and primary prevention interventions (i.e. before the onset of diseases/injuries, to reduce incidence) – see Table 7 for full list of causes.
- Avoidable	Avoidable deaths are all those defined as preventable and treatable – see Table 7 for full list of causes.
- Circulatory U75	ICD-10 codes I00-I99, under 75 years of age.
- Respiratory U75	ICD-10 codes J00-J99, under 75 years of age.
- Cancer U75	ICD-10 codes C00-C97, under 75 years of age.
- Lung Cancer	ICD-10 codes C33-C34.
- COVID-19	In this report deaths due to COVID-19 are defined as 'deaths due to COVID-19' and use the same International Classification of Disease Tenth Revision (ICD-10) codes as reported by NISRA within the Registrar General Annual Report i.e. ICD-10 codes U07.1, U07.2 and U10.9
- Alcohol Specific	Alcohol Specific causes – see Table 9 for full list of causes.
- Drug Related Causes	Drug related causes – see Table 10 for full list of causes.
- Drug Misuse	Deaths related to drug misuse – see Table 11 for full list of causes.
- Smoking Attributable Causes	Deaths due to Smoking attributable causes– see Table 12 for full list of causes.
Alcohol & Smoking	
Cigarette Smoking	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that indicated that they currently smoke cigarettes nowadays.
Electronic Cigarette Use	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that indicated that they currently use electronic cigarettes nowadays.
Drinking Prevalence	This is the proportion of adult respondents (aged 18+) within the Health Survey Northern Ireland that indicated that they drink alcohol nowadays, including drinks they brew or make at home.

Drinking at Least Once a Week	This is the proportion of adult respondents (aged 18+) within the Health Survey Northern Ireland that indicated that they drink alcohol at least once a week in response to the question 'Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?'.
Drinking 3 or More Days a Week	This is the proportion of adult respondents (aged 18+) within the Health Survey Northern Ireland that indicated that they drink alcohol three or more days a week in response to the question 'Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?'.
Mental Health and Wellbeing	
High GHQ12 Score	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that had a high GHQ12 score. The General Health Questionnaire (GHQ) is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. An overall score of between zero and twelve is constructed, with a score of 4 or more being classified as a respondent with a possible psychiatric disorder and referred to as a 'high GHQ12 score'.
High levels of anxiety	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that showed signs of high levels of anxiety in response to the question, 'Overall, how anxious did you feel yesterday?'. Levels are calculated using ONS reporting cut-offs (Very low = 0-1; Low = 2-3; Medium = 4-5; High = 6-10).
Loneliness	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that showed signs of loneliness in response to the questions, 'How often do you feel that you lack companionship?', 'How often do you feel isolated from others?', 'How often do you feel left out?'. Answers to questions combined with scores for each question as follows: 1 Hardly ever or never, 2 Some of the time, and, 3 Often. A score of 3-5 denotes not showing signs of loneliness, whereas score 6-9 denotes showing signs of loneliness.
Cancer Incidence	
Northern Ireland Cancer Registry (NICR)	Cancer incidence numbers are extracted from the NICR's "live" database, and hence are continuously updated. As a result, an earlier extract taken at a later date may supply slightly different results. Therefore, although the overall trend will be the same, previously published data and data published elsewhere may have rates that vary slightly to what is published is here.
Northern Ireland Cancer Registry (NICR) Standardised Incidence Rate (SIR)	NICR publish official Standardised Incidence Rates (SIRs), however the HSCIMS publishes at further levels to allow for assessment of inequality gaps between different areas/population groups, including deprivation analysis. This is calculated by standardising (using the direct method) the average incidence rate in NI (over seven years) due to specified ICD-10 classification codes to the 2013 European Standard Population (ESP). As data is sourced from a live dataset that is subject to change, NICR annually provides the latest ten years of data to provide the latest picture. As a result, historical figures within this report are subject to change.
Indicator Name	**ICD-10 Classification**
- Cancer	ICD-10 codes C00-C97, excluding C44 (non-melanoma skin cancer which is quite common, in most cases easily treated and rarely fatal).
- Lung Cancer	ICD-10 codes C33 and C34.

Prescriptions	
Electronic Prescribing Eligibility System (EPES)	Prescription data is extracted from the EPES which is maintained by Business Services Organisation (BSO). The data provided covers drugs dispensed in primary care only, and includes prescriptions issued by all types of prescribers including doctors, nurses and dentists, and all those issued and dispensed by pharmacists, dispensing doctors and appliance suppliers. Drugs prescribed and dispensed in hospital cannot be captured centrally due to the use of different IT systems.
Standardised Prescription Rate (SPR)	This is calculated by standardising (using the direct method) the average prescription rate (over one year) in NI for people dispensed predefined prescription drugs, to the 2013 European Standard Population (ESP). Rates refer to number of persons prescribed a drug and does not include multiple prescriptions.
Indicator Name	**British National Formulary (BNF) code**
- Antihypertensive	Drugs included are those with a BNF code of 2.2.1, 2.4, 2.5.5.1, 2.5.5.2 and 2.6.2
- Statin	Drugs included are those with a BNF code of 2.12
- Mood & Anxiety Disorders	Drugs included are those with a BNF code of 4.1.2 and 4.3

Diet and Dental Health	
Childhood Overweight and Obese	Height and weight information is extracted from the Child Health System (CHS) and converted into a Body Mass Index (BMI) score for each pupil. The BMI can be categorized using International Growth Charts as determined by the International Obesity Taskforce (IOTF) which consider age and gender, allowing the identification of those who are overweight or obese. Records are analysed based on two criteria: Date of Exam within the Primary 1 or Year 8 school year: 01/09/XX-31/08/XX Date of Birth for Primary 1 or Year 8 pupils: 02/07/XX - 01/07/XX For data since 2017/18, additional data cleansing parameters have been applied.
Five-a-Day	This is the proportion of adult respondents (aged 16+) within the Health Survey Northern Ireland that indicated that they consumed five fruit and vegetables portions per day in response to the questions 'On average how many portions of fruit do you eat each day?', and 'On average how many portions of salad or vegetables do you eat each day?'.
Dental indicators	Data on the number of fillings, extractions, crownings and individuals registered with a dentist are supplied by Business Services Organisation (BSO). Dental indicators are age standardised using population data sourced from NISRA, as with the majority of other indicators used in this publication. Dental indicators for fillings, extractions and crownings only includes paid treatments carried out by General Dental Service (GDS) dentists. These indicators do not include private work or secondary care activity, including work carried out by the Community Dental Service. Please note that for each dental indicator there is a possibility that individuals may be counted in two age groups, if they had a birthday between two or more separate procedures within the same year. This occurs in only a small number of cases (typically around 2% or less) but should be considered when interpreting data.
Standardised dental indicator rate	This is calculated by standardising (using the direct method) the indicator value in NI (over a predefined period) to the 2013 ESP.

Indicator Name	CHS Data
- Primary 1 BMI: Obese	The proportion of children in Primary 1 classified as obese.
- Primary 1 BMI: Overweight or Obese	The proportion of children in Primary 1 classified as overweight or obese.
- Year 8 BMI: Obese	The proportion of children in Year 8 classified as obese.
- Year 8 BMI: Overweight or Obese	The proportion of children in Year 8 classified as overweight or obese.
Indicator Name	**BSO Data**
- Standardised Dental Filling Rate	Total number of fillings per 100,000 population.
- Standardised Dental Filling Rate (U18)	Total number of fillings in under 18s per 100,000 population.
- Standardised Dental Filling Rate – Individuals	Individuals receiving one or more fillings per 100,000 population.
- Standardised Dental Filling Rate – Individuals (U18)	Individuals aged under 18 receiving one or more fillings per 100,000 population.
- Standardised Dental Extraction Rate	Total number of extractions per 100,000 population.
- Standardised Dental Extraction Rate (U18)	Total number of extractions in under 18s per 100,000 population.
- Standardised Dental Extraction Rate – Individuals	Individuals receiving one or more extractions per 100,000 population.
- Standardised Dental Extraction Rate – Individuals (U18)	Individuals aged under 18 receiving one or more extractions per 100,000 population.
- Standardised Dental Crowning Rate	Total number of crownings per 100,000 population.
- Standardised Dental Crowning Rate – Individuals	Individuals receiving one or more crownings per 100,000 population.
- Standardised Dental Registration Rate	Individuals registered with a dentist per 100,000 population
- Standardised Dental Registration Rate (U18)	Individuals aged under 18 registered with a dentist per 100,000 population

Additional Indicators	
Median Fire Response Time	The median response time taken by the Northern Ireland Fire and Rescue Service (NIFRS) to respond to an incident. The 'response time' is measured as the 'time of the call to NIFRS Regional Control Centre' to 'the time the 1st Appliance books in attendance' at the incident. Calculations are based on the time taken for NIFRS to respond to each incident within a one year time period. The median i.e. midpoint value is reported rather than the simple average as it is unaffected by atypically long or short response times. For consistency the methodology used in this report is the one used in previous years. However the measuring of response times has been revised for internal reports. When measuring performance internally the Data Hub removes any incidents were the response time is less than one minute or greater than one hour to avoid outliers skewing performance.

Median Ambulance Response Time	The median time taken by the appropriate response vehicle to respond to an incident. Calculations are based on the time taken to respond to each incident within a one month time period (August). This data refers to CAT1, CAT1(T) and CAT2 emergency responses, excluding Healthcare Professionals (HCP) calls. The median i.e. midpoint value is reported rather than the simple average as it is unaffected by atypically long or short response times.
Looked after Children	The number of looked after children per 100,000 population (under 18 years of age) by location prior to last entering care. Data was extracted from the annual OC2 Community Information Return, which includes children who have been in care continuously for twelve months or longer at 30th September.
Autism Prevalence in School Age Children	The number of children with Autism or Asperger Syndrome per 100,000 children in compulsory grant-aided education. Data extracted from the NI School Census.

ICD-10 Classification Tables

The table below lists the revised ICD-10 classification codes of all causes of death considered avoidable, with indication as to which are considered treatable, preventable or both. This definition was implemented following an Office for National Statistics (ONS) consultation,[126] on the latest definition of avoidable mortality as proposed by the Organisation for Economic Co-operation and Development (OECD).[127] All avoidable mortality indicators, including the back series, are based on the new definition. The previous definition, for use with the additional indicators in Appendix C, can be found in Table 13. Within the OECD definition, recently COVID-19 has been added to the definition in the new category "Provisional assignment of new diseases".

Table 7: Treatable, Preventable & Avoidable Causes

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Infectious Diseases				
Intestinal Diseases	A00-A09	0-74		•
Diphtheria, Tetanus, Poliomyelitis	A35, A36, A80	0-74		•
Whooping cough	A37	0-74		•
Meningococcal infection	A39	0-74		•
Sepsis due to streptococcus pneumonia and sepsis due to haemophilus influenza	A40.3, A41.3	0-74		•
Haemophilus influenza infections	A49.2	0-74		•
Sexually transmitted infections (except HIV/AIDS)	A50-A60, A63, A64	0-74		•
Varicella	B01	0-74		•
Measles	B05	0-74		•
Rubella	B06	0-74		•
Viral Hepatitis	B15-B19	0-74		•
HIV/AIDS	B20-B24	0-74		•
Malaria	B50-B54	0-74		•
Haemophilus and pneumococcal meningitis	G00.0, G00.1	0-74		•
Tuberculosis	A15-A19, B90, J65	0-74	• (50%)	• (50%)
Scarlet fever	A38	0-74	•	
Sepsis	A40 (excl. A40.3),A41 (excl. A41.3)	0-74	•	
Cellulitis	A46, L03	0-74	•	
Legionnaires disease	A48.1	0-74	•	
Streptococcal and enterococci infection	A49.1	0-74	•	
Other meningitis	G00.2, G00.3, G00.8, G00.9	0-74	•	
Meningitis due to other and unspecified causes	G03	0-74	•	

[126] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/methodologies/avoidablemortalityinenglandandwalesqmi#important-points

[127] http://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Cancer				
Lip, oral cavity and pharynx cancer	C00-C14	0-74		•
Oesophageal cancer	C15	0-74		•
Stomach cancer	C16	0-74		•
Liver cancer	C22	0-74		•
Lung cancer	C33-C34	0-74		•
Mesothelioma	C45	0-74		•
Skin (melanoma) cancer	C43	0-74		•
Bladder cancer	C67	0-74		•
Cervical cancer	C53	0-74	• (50%)	• (50%)
Colorectal cancer	C18-C21	0-74	•	
Breast cancer (Female only)	C50	0-74	•	
Uterus cancer	C54,C55	0-74	•	
Testicular cancer	C62	0-74	•	
Thyroid cancer	C73	0-74	•	
Hodgkin's disease	C81	0-74	•	
Lymphoid leukaemia	C91.0, C91.1	0-74	•	
Benign neoplasm	D10-D36	0-74	•	
Endocrine and metabolic diseases				
Nutritional deficiency anaemia	D50-D53	0-74		•
Diabetes mellitus	E10-E14	0-74	• (50%)	• (50%)
Thyroid disorders	E00-E07	0-74	•	
Adrenal disorders	E24-E25 (except E24.4), E27	0-74	•	
Diseases of the nervous system				
Epilepsy	G40,G41	0-74	•	
Diseases of the circulatory system				
Aortic aneurysm	I71	0-74	• (50%)	• (50%)
Hypertensive diseases	I10-I13, I15	0-74	• (50%)	• (50%)
Ischaemic heart diseases	I20-I25	0-74	• (50%)	• (50%)
Cerebrovascular diseases	I60-I69	0-74	• (50%)	• (50%)
Other atherosclerosis	I70, I73.9	0-74	• (50%)	• (50%)
Rheumatic and other heart diseases	I00-I09	0-74	•	
Venous thromboembolism	I26, I80, I82.9	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Diseases of the respiratory system				
Influenza	J09-J11	0-74		•
Pneumonia due to Streptococcus pneumonia or Haemophilus influenza	J13-J14	0-74		•
Chronic lower respiratory diseases	J40-J44	0-74		•
Lung diseases due to external agents	J60-J64, J66-J70, J82, J92	0-74		•
Upper respiratory infections	J00-J06, J30-J39	0-74	•	
Pneumonia, not elsewhere classified or organism unspecified	J12, J15, J16- J18	0-74	•	
Acute lower respiratory infections	J20-J22	0-74	•	
Asthma and bronchiectasis	J45-J47	0-74	•	
Adult respiratory distress syndrome	J80	0-74	•	
Pulmonary oedema	J81	0-74	•	
Abscess of lung and mediastinum pyothorax	J85, J86	0-74	•	
Other pleural disorders	J90, J93, J94	0-74	•	
Diseases of the digestive system				
Gastric and duodenal ulcer	K25-K28	0-74	•	
Appendicitis	K35-K38	0-74	•	
Abdominal hernia	K40-K46	0-74	•	
Cholelithiasis and cholecystitis	K80-K81	0-74	•	
Other diseases of gallbladder or biliary tract	K82-K83	0-74	•	
Acute pancreatitis	K85.0, K85.1, K85.3, K85.8, K85.9	0-74	•	
Other diseases of pancreas	K86.1, K86.2, K86.3, K86.8, K86.9	0-74	•	
Diseases of the genitourinary system				
Nephritis and nephrosis	N00-N07	0-74	•	
Obstructive uropathy	N13, N20-N21, N35	0-74	•	
Renal failure	N17-N19	0-74	•	
Renal colic	N23	0-74	•	
Disorders resulting from renal tubular dysfunction	N25	0-74	•	
Unspecified contracted kidney, small kidney of unknown cause	N26-N27	0-74	•	
Inflammatory diseases of genitourinary system	N34.1, N70-N73, N75.0, N75.1, N76.4, N76.6	0-74	•	
Prostatic hyperplasia	N40	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Pregnancy, childbirth and perinatal period				
Tetanus neonatorum	A33	0-74		•
Obstetrical tetanus	A34	0-74		•
Pregnancy, childbirth and the puerperium	O00-O99	0-74	•	
Certain conditions originating in the perinatal period	P00-P96	0-74	•	
Congenital malformations				
Certain congenital malformations (neural tube defects)	Q00, Q01, Q05	0-74		•
Congenital malformations of the circulatory system (heart defects)	Q20-Q28	0-74	•	
Adverse effects of medical and surgical care				
Drugs, medicaments and biological substances causing adverse effects in therapeutic use	Y40-Y59	0-74	•	
Misadventures to patients during surgical and medical care	Y60-Y69,Y83-Y84	0-74	•	
Medical devices associated with adverse incidents in diagnostic and therapeutic use	Y70-Y82	0-74	•	
Injuries				
Transport Accidents	V01-V99	0-74		•
Accidental Injuries	W00-X39, X46-59	0-74		•
Intentional self-harm	X66-X84	0-74		•
Event of undetermined intent	Y16-Y34	0-74		•
Assault	X86-Y09	0-74		•
Alcohol related and drug-related deaths				
Alcohol specific disorders and poisonings	E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15	0-74		•
Other alcohol related disorders	K73, K74.0-K74.2, K74.6	0-74		•
Drug disorders and poisonings	F11-F16, F18-F19, X40-X44, X85, Y10-Y14	0-74		•
Intentional self-poisoning by drugs	X60-X64	0-74		•
Provisional assignment of new diseases				
COVID-19	U07.1 - U07.2, U10.9	0-74		•

Table 8: Admissions – Alcohol Related Causes[128]

ICD-10 code	Description
E24.4	Alcohol induced Pseudo-Cushing's syndrome
E51.2	Wernicke's Encephalopathy
F10	Mental and Behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K85.2	Alcohol-induced acute pancreatitis
K86.0	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
P04.3	Foetus and newborn affected by maternal use of alcohol
Q86.0	Foetal alcohol syndrome (dysmorphic)
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol use

[128] The definition for admissions due to alcohol related causes was updated for 2017/18 to include ICD Code K85.2: alcohol-induced chronic pancreatitis.

Table 9: Deaths – Alcohol Specific Causes

ICD-10 code	Description
E24.4	Alcohol-induced pseudo-Cushing's syndrome
F10	Mental and Behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcohol myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K85.2	Alcohol-induced acute pancreatitis
K86.0	Alcohol induced chronic pancreatitis
Q86.0	Fetal alcohol syndrome (dysmorphic)
R78.0	Excess alcohol blood levels
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Table 10: Admissions and Deaths – Drug Related Causes

ICD-10 code	Description
F11-16, F18-F19	Mental and Behavioural disorders due to drug use (excluding alcohol and tobacco)
X40-44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-14	Poisoning by drugs, medicaments and biological substances, undetermined intent

Table 11: Deaths – Drugs Misuse

ICD-10 code	Description
F11-16, F18-F19	Mental and Behavioural disorders due to drug use (excluding alcohol, tobacco and volatile substances)
Deaths due to the following categories *and* where a drug controlled under the Misuse of Drugs Act 1971 was mentioned;	
X40-44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-14	Poisoning by drugs, medicaments and biological substances, undetermined intent

Table 12: Deaths – Smoking Attributable Causes[129]

	ICD-10 Codes	Age	Attributable Proportion Male	Female
Cancers which can be caused by smoking				
Upper respiratory sites	C10	35+	36%	31%
Upper respiratory sites	C11 & C30-C31	35+	23%	19%
Upper respiratory sites	C14	35+	59%	54%
Oesophagus	C15	35+	38%	31%
Stomach	C16	35+	16%	13%
Colorectal	C18-C20	35+	9%	7%
Liver	C22	35+	11%	9%
Pancreas	C25	35+	17%	14%
Larynx	C32	35+	69%	63%
Trachea, Lung, Bronchus	C33-C34	35+	73%	68%
Breast	C50	35+		3%
Cervical	C53	35+		15%
Kidney and Renal Pelvis	C64	35+	15%	12%
Kidney and Renal Pelvis	C65-C66	35+	35%	30%
Bladder	C67	35+	39%	34%
Myeloid leukaemia	C92	35+	12%	9%
Malignant leukaemia	C43-C44	50+	21%	
Cardiovascular diseases				
Ischaemic heart disease	I20-I25	35 - 54	38%	37%
	I20-I25	55 - 64	38%	39%
	I20-I25	65 - 74	16%	18%
	I20-I25	75+	15%	14%
Venous thromboembolism	I26, I80-I82	35+	7%	5%
Stroke	I60-I67	35+	11%	14%
Aortic aneurysm	I71	35+	20%	18%
Peripheral arterial disease	I73.9	35+	34%	29%
Respiratory diseases				
Tuberculosis	A15-A19	35+	9%	8%
Obstructive sleep apnoea	G47.3	35+	15%	13%
Influenza - microbiologically confirmed	J09, J10	35+	46%	42%
Influenza - clinically diagnosed	J11	35+	6%	5%
Pneumonia	J12-J18	35+	17%	15%
Chronic obstructive pulmonary disease	J40-J44, J47	35+	55%	48%
Adult asthma	J45-J46	35+	10%	8%
Idopathic Pulmonary fibrosis	J84.1	35+	9%	8%

[129] This definition is based on the latest Public Health England methodology (https://www.gov.uk/government/statistics/local-tobacco-control-profiles-for-england-july-2021/local-tobacco-control-profiles-for-england-short-statistical-commentary-july-2021#:~:text=admissions%20(new%20method)-,Main%20findings,period%20(2017%20to%202019)) and estimates the impact of the latest NI smoking trends on observed mortality. The attributable proportions presented are representative of 2022 and will vary to a degree each year based on smoking prevalence statistics for the year in question.

Mental health				
Alzheimer's disease	G30	35+	8%	7%
Vascular dementia	F01	35+	5%	5%
All-cause dementia	F02, F03	35+	5%	5%
Depression	F32, F33	35+	10%	9%
Psychosis	F28, F29	35+	17%	15%
Schizophrenia	F20-F25	35+	18%	16%
Bulimia	F50.2	35+	19%	17%
Binge-eating disorder	F50.81	35+	28%	23%
Other diseases				
Diabetes	E11	35+	10%	8%
Cataract	H25	35+	13%	10%
Age-related macular degeneration	H35.3-H52.4	35+	13%	12%
Hearing loss	H90, H91	35+	15%	13%
Barrett's oesophagus	K22.7	35+	17%	13%
Crohn’s disease	K50	35+	12%	10%
Psoriasis	L40	35+	25%	20%
Rheumatoid arthritis	M05-M06	35+	15%	13%
Systemic lupus erythematosis	M32	35+	15%	12%
Low back pain	M54.5	35+	3%	2%
Chronic kidney disease	N18 (exc. N18.5)	35+	10%	8%
End-stage renal disease	N18.5	35+	23%	19%
Hip fracture	S72.0-S72.2	35+		5%
Surgical site infection	Y83, T81.4	35+	12%	11%

The table below lists the previous definition for all causes of death considered avoidable, with indication as to which are considered amenable, preventable or both. This list is for use with the additional indicators in Appendix C.

Table 13: Amenable, Preventable and Avoidable Mortality (Previous ONS Definition).

Condition Group & Cause	ICD-10 Codes	Age	Amenable	Preventable
Infections				
Tuberculosis	A15-A19, B90	0-74	•	•
Selected invasive bacterial and protozoal infections	A38-A41, A46, A48.1, B50-B54, G00, G03, J02, L03	0-74	•	
Hepatitis C	B17.1, B18.2	0-74	•	•
Pertussis (whooping cough)	A37	0-14	•	•
Measles	B05	1-14	•	•
Rubella	B06	0-14		•
Other infections (Diphtheria, Tetanus, Poliomyelitis and Varicella)	A35, A36, A80, B01	0-19	•	•
Intestinal infections	A00-A09	0-14	•	
HIV/AIDS	B20-B24	All	•	•
Neoplasms				
Malignant neoplasm of lip, oral cavity and pharynx	C00-C14	0-74		•
Malignant neoplasm of oesophagus	C15	0-74		•
Malignant neoplasm of stomach	C16	0-74		•
Malignant neoplasm of colon and rectum	C18-C21	0-74	•	•
Malignant neoplasm of liver	C22	0-74		•
Malignant neoplasm of trachea, bronchus and lung	C33-C34	0-74		•
Malignant melanoma of skin	C43	0-74	•	•
Mesothelioma	C45	0-74		•
Malignant neoplasm of breast	C50	0-74	•	•
Malignant neoplasm of cervix uteri	C53	0-74	•	•
Malignant neoplasm of bladder	C67	0-74	•	
Malignant neoplasm of thyroid gland	C73	0-74	•	
Hodgkin's disease	C81	0-74	•	
Leukaemia	C91, C92.0	0-44	•	
Malignant neoplasm of testis	C62	0-74	•	
Malignant neoplasm of unspecified parts of uterus and body of uterus	C54-C55	0-44	•	
Benign neoplasms	D10-D36	0-74	•	
Nutritional, endocrine and metabolic				
Diabetes mellitus	E10-E14	0-74	•	•
Diseases of Thyroid	E00-E07	0-74	•	
Addison's Disease	E27.1	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Amenable	Preventable
Drug use disorders				
Alcohol related diseases, excluding external causes	F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74 (excl. K74.3-K74.5), K86.0	0-74		•
Illicit drug use disorders	F11-F16, F18-F19	0-74		•
Neurological disorders				
Epilepsy and status epilepticus	G40-G41	0-74	•	
Cardiovascular diseases				
Rheumatic and other valvular heart disease	I01-I09	0-74	•	
Hypertensive diseases	I10-I15	0-74	•	
Ischaemic heart disease	I20-I25	0-74	•	•
DVT with pulmonary embolism	I26, I80.1-I80.3, I80.9, I82.9	0-74		•
Cerebrovascular diseases	I60-I69	0-74	•	
Aortic aneurysm and dissection	I71	0-74		•
Respiratory diseases				
Influenza (including swine flu)	J09-J11	0-74	•	•
Pneumonia	J12-J18	0-74	•	
Chronic obstructive pulmonary disorder	J40-J44	0-74	•	•
Asthma	J45-J46	0-74	•	
Selected respiratory diseases	J00-J06, J20-J22, J30-J39	1-14	•	
Digestive disorders				
Gastric and duodenal ulcer	K25-K28	0-74	•	
Acute abdomen, appendicitis, intestinal obstruction, cholecystitis/lithiasis, pancreatitis, hernia	K35-K38, K40-K46, K80-K83, K85, K86.1-K86.9, K91.5	0-74	•	
Genitourinary disorders				
Nephritis and nephrosis	N00-N07, N17-N19, N25-N27	0-74	•	
Obstructive uropathy and prostatic hyperplasia	N13, N20-N21, N35, N40, N99.1	0-74	•	
Maternal and infant				
Complications of perinatal period	P00-P96, A33	All	•	
Congenital malformations of the circulatory system	Q20-Q28	0-74	•	
Spina Bifida	Q05	0-74		•
Unintentional injuries				
Transport Accidents	V01-V99	All		•
Accidental Injury	W00-X59	All		•
Intentional injuries				
Suicide and self inflicted injuries	X60-X84, Y10-Y34	All		•
Homicide/Assault	X85-Y09, U50.9	All		•
Misadventures to patients during surgical and medical care	Y60-Y69, Y83-Y84	All	•	•

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Presenting the latest official estimates of life expectancy in Northern Ireland and an examination of the causes that contribute to the change in life expectancy over time, as well as the differentials between gender and deprivation classification and across HSC Trusts and Local Government Districts. The latest figures for life expectancy at 65, healthy life expectancy and disability-free life expectancy are also included.
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